



# Undergraduate Academic Record Forensic Medicine & Toxicology

The Tamil Nadu  
Dr. M.G.R. Medical University,  
Chennai

**The Tamil Nadu Dr. M.G.R.  
Medical University,  
Chennai**



**Under Graduate Academic Record  
Department of Forensic Medicine &  
Toxicology**



Thanking....



“I thank all the illustrious faculty of Forensic Medicine in the Medical Schools of this University for their conscientious effort”

Dr.Sudha Seshayyan

UNIVERSITY ROLL NO.: \_\_\_\_\_

# CERTIFICATE

This is to certify that

Mr. \_\_\_\_\_ / \_\_\_\_\_ Miss

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University Registration No. \_\_\_\_\_ has satisfactorily attended and completed all academic activities as assigned in this academic record as per the guidelines prescribed under the Tamil Nadu Dr.M.G.R Medical University in subject of Forensic Medicine.

**Professor & Head**

**Department of Forensic Medicine**

**Date:**

**Place:**

| Number                                                                                                                                                       | COMPETENCY<br>The student should be able to                                                                                                                          | Domain<br>K/S/A/C | Level<br>K/KH/<br>SH/P | Core<br>(Y/N) | Suggested Teaching<br>Learning method                   | Suggested<br>Assessment method            | Number<br>required<br>to certify<br>P | Vertical Integration  | Horizontal<br>Integration |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|---------------|---------------------------------------------------------|-------------------------------------------|---------------------------------------|-----------------------|---------------------------|
| <b>Topic: Skills in Forensic Medicine &amp; Toxicology</b> <b>Number of competencies: (22)</b> <b>Number of procedures that require certification: (NIL)</b> |                                                                                                                                                                      |                   |                        |               |                                                         |                                           |                                       |                       |                           |
| FM14.1                                                                                                                                                       | Examine and prepare Medico-legal report of an injured person with different etiologies in a simulated/ supervised environment                                        | S                 | SH/P                   | Y             | Bedside clinic (ward/ casualty), Small group discussion | Log book/ Skill station/ Viva voce / OSCE |                                       |                       |                           |
| FM14.2                                                                                                                                                       | Demonstrate the correct technique of clinical examination in a suspected case of poisoning & prepare medico-legal report in a simulated/ supervised environment      | S                 | SH                     | Y             | Bedside clinic (ward/casualty), Small Group discussion  | Log book/ Skill station/ Viva voce / OSCE |                                       | General Medicine      |                           |
| FM14.3                                                                                                                                                       | Assist and demonstrate the proper technique in collecting, preserving and dispatch of the exhibits in a suspected case of poisoning, along with clinical examination | S                 | SH                     | Y             | Bedside clinic, Small Group discussion, DOAP session    | Skill lab/ Viva voce                      |                                       | General Medicine      |                           |
| FM14.4                                                                                                                                                       | Conduct and prepare report of estimation of age of a person for medico-legal and other purposes & prepare medico-legal report in a simulated/ supervised environment | S                 | KH                     | Y             | Small group discussion, Demonstration                   | Log book/ Skill station/ Viva voce / OSCE |                                       |                       |                           |
| FM14.5                                                                                                                                                       | Conduct & prepare post-mortem examination report of varied etiologies (at least 15) in a simulated/ supervised environment                                           | S                 | KH                     | Y             | Small group discussion, Autopsy, DOAP session           | Log book/ Skill station/ Viva voce / OSCE |                                       |                       |                           |
| FM14.6                                                                                                                                                       | Demonstrate and interpret medico-legal aspects from examination of hair (human & animal) fibre, semen & other biological fluids                                      | S                 | KH                     | Y             | Small group discussion, Lecture                         | Log book/ Skill station/ Viva voce / OSCE |                                       |                       |                           |
| FM14.7                                                                                                                                                       | Demonstrate & identify that a particular stain is blood and identify the species of its origin                                                                       | S                 | KH                     | Y             | Small group discussion, Lecture                         | Log book/Skill station/Viva voce          |                                       | Pathology, Physiology |                           |
| FM14.8                                                                                                                                                       | Demonstrate the correct technique to perform and identify ABO & RH blood group of a person                                                                           | S                 | SH                     | Y             | Small group discussion, DOAP session                    | Log book/Skill station/Viva voce          |                                       | Pathology, Physiology |                           |
| FM14.9                                                                                                                                                       | Demonstrate examination of & present an opinion after examination of skeletal remains in a simulated/ supervised environment                                         | S                 | SH                     | Y             | Small group discussion, DOAP session                    | Log book/Skill station/Viva voce          |                                       |                       |                           |

| Number  | COMPETENCY<br>The student should be able to                                                                                                                                                                                                                                                                                                                                                                                                                                      | Domain<br>K/S/A/C | Level<br>K/KH/<br>SH/P | Core<br>(Y/N) | Suggested Teaching<br>Learning method                 | Suggested<br>Assessment method               | Number<br>required<br>to certify<br>P | Vertical Integration | Horizontal<br>Integration |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|---------------|-------------------------------------------------------|----------------------------------------------|---------------------------------------|----------------------|---------------------------|
| FM14.10 | Demonstrate ability to identify & prepare medicolegal inference from specimens obtained from various types of injuries e.g. contusion, abrasion, laceration, firearm wounds, burns, head injury and fracture of bone                                                                                                                                                                                                                                                             | S                 | KH                     | Y             | Small group discussion, DOAP session                  | Log book/Skill station/<br>Viva voce/ OSPE   |                                       |                      |                           |
| FM14.11 | To identify & describe weapons of medicolegal importance which are commonly used e.g. lathi, knife, kripa, axe, gandas, gupta, farsha, dagger, bhalla, razor & stick.<br>Able to prepare report of the weapons brought by police and to give opinion regarding injuries present on the person as described in injury report/ PM report so as to connect weapon with the injuries.<br>(Prepare injury report/ PM report must be provided to connect the weapon with the injuries) | S                 | KH                     | Y             | Small group discussion, DOAP session                  | Log book/Skill station/<br>Viva voce/ OSPE   |                                       |                      |                           |
| FM14.12 | Describe the contents and structure of bullet and cartridges used & to provide medico-legal interpretation from these                                                                                                                                                                                                                                                                                                                                                            | S                 | KH                     | Y             | Small group discussion, DOAP session                  | Log book/ Skill station/Viva voce            |                                       |                      |                           |
| FM14.13 | To estimate the age of foetus by post-mortem examination                                                                                                                                                                                                                                                                                                                                                                                                                         | S                 | KH                     | Y             | Small group discussion, DOAP session                  | Theory/ Clinical assessment/ Viva voce       |                                       |                      |                           |
| FM14.14 | To examine & prepare report of an alleged accused in rape/unnatural sexual offence in a simulated/ supervised environment                                                                                                                                                                                                                                                                                                                                                        | S                 | KH                     | Y             | Small group discussion, DOAP session                  | Log book/ Skill station/<br>Viva voce / OSCE |                                       |                      |                           |
| FM14.15 | To examine & prepare medico-legal report of a victim of sexual offence/unnatural sexual offence in a simulated/ supervised environment                                                                                                                                                                                                                                                                                                                                           | S                 | KH                     | Y             | Small group discussion, DOAP session                  | Log book/ Skill station/<br>Viva voce / OSCE |                                       |                      |                           |
| FM14.16 | To examine & prepare medico-legal report of drunk person in a simulated/ supervised environment                                                                                                                                                                                                                                                                                                                                                                                  | S                 | KH                     | Y             | Small group discussion, Bed side clinic, DOAP session | Log book/ Skill station/<br>Viva voce / OSCE |                                       |                      |                           |
| FM14.17 | To identify & draw medico-legal inference from common poisons e.g. dhatura, castor, cannabis, opium, aconite copper sulphate, pesticides compounds, marking nut, oleander, Nux vomica, aubur seeds, Snakes, capsicum, calotropis, lead compounds & tobacco.                                                                                                                                                                                                                      | S                 | KH                     | Y             | Small group discussion, DOAP session                  | Log book/ Viva voce                          |                                       |                      |                           |

| Number                                                                                                                                                                                                                                                                                                                                                                                   | COMPETENCY<br>The student should be able to                                                                                                                                                                                                                                | Domain<br>K/S/A/C | Level<br>K/KH/<br>SH/P | Core<br>(Y/N) | Suggested Teaching<br>Learning method                                  | Suggested<br>Assessment method            | Number<br>required<br>to certify<br>P | Vertical Integration | Horizontal<br>Integration |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|---------------|------------------------------------------------------------------------|-------------------------------------------|---------------------------------------|----------------------|---------------------------|
| FM14.18                                                                                                                                                                                                                                                                                                                                                                                  | To examine & prepare medico-legal report of a person in police, judicial custody or referred by Court of Law and violation of human rights as requirement of NHRC, who has been brought for medical examination                                                            | S                 | KH                     | Y             | Small group discussion, DOAP session                                   | Log book/ Skill station/ Viva voce / OSCE |                                       |                      |                           |
| FM14.19                                                                                                                                                                                                                                                                                                                                                                                  | To identify & prepare medico-legal inference from histo-pathological slides of Myocardial Infarction, pneumonitis, tuberculosis, brain infarct, liver cirrhosis, brain haemorrhage, bone fracture, Pulmonary oedema, brain oedema, soot particles, diatoms & wound healing | S                 | KH                     | Y             | Small group discussion, DOAP session                                   | Log book/ Skill station/ Viva voce        |                                       |                      |                           |
| FM14.20                                                                                                                                                                                                                                                                                                                                                                                  | To record and certify dying declaration in a simulated/ supervised environment                                                                                                                                                                                             | S                 | KH                     | Y             | Small group discussion, Role Play, Bed side clinic DOAP session        | Log book/ Skill station/ Viva voce /OSCE  |                                       |                      |                           |
| FM14.21                                                                                                                                                                                                                                                                                                                                                                                  | To collect, preserve, seal and dispatch exhibits for DNA-Finger printing using various formats of different laboratories.                                                                                                                                                  | S                 | KH                     | Y             | Small group discussion, Lecture                                        | Log book/ Skill station/Viva voce         |                                       |                      |                           |
| FM14.22                                                                                                                                                                                                                                                                                                                                                                                  | To give expert medical/ medico-legal evidence in Court of law                                                                                                                                                                                                              | S                 | KH                     | Y             | Small group discussion, Lecture, DOAP session, role play, Court Visits | Log book/ Viva voce/OSCE                  |                                       |                      |                           |
| <b>Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication.</b><br><b>Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,</b><br><b>Column F: DOAP session – Demonstrate, Observe, Assess, Perform.</b><br><b>Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation</b> |                                                                                                                                                                                                                                                                            |                   |                        |               |                                                                        |                                           |                                       |                      |                           |

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## **EXERCISE NO.1 - DYING DECLARATION**

**Competency No. FM14.20**

**To record and certify Dying declaration in a simulated/supervised environment.**

[Core Competency - **Yes**, Domain - **Shows**, Level - **Knows How**]

**Suggested Teaching Learning method** – Small group discussion, Role play, Bed side clinic DOAP session

**Assessment method suggested** – Log book/ skill station/ Viva voce/ OSCE

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                       | <b>Domain</b> | <b>Level</b> |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM14.20.1      | The student should be able to enumerate the differences between Dying declaration & Dying deposition and their implementation in a medico legal case.                                                    | K             | KH           |
| FM14.20.2      | The student should be able to list all the pre-requisites for recording Dying declaration.                                                                                                               | S             | KH           |
| FM14.20.3      | The student should be able to certify Compos mentis of the patient before recording Dying declaration.                                                                                                   | S             | KH           |
| FM14.20.4      | The student should be able to record the Dying declaration (including detailed knowledge about - No oath, language used, leading questions, content, and LTI / signature) as per the standard procedure. | C & S         | KH           |
| FM14.20.5      | The student should be able to describe the Medico legal importance of Dying declaration.                                                                                                                 | S             | KH           |

**FM14.20.1 Enumerate differences between**

**Dying declaration**

**Dying deposition**

**FM14.20.2 Enumerate all the pre requisites for recording Dying declaration in order.**



**FM14.20.3 & FM14.20.4: Recording of Dying declaration.**

Patient Name: Sex: Age:

Address:

Reg. No.: MLC No. P.S: Cr No:

Provisional Diagnosis:

Time & Date of admission:

Location of patient: (ward & hospital)

Identification marks:

1.

2.

Compos Mentis: Pulse: Blood Pressure:

Temperature: Respiratory Rate

GCS: out of 15.

Orientation to time, place and person:

Ability to speak: Ability to hear:

Ability to move head, neck and hands:

Time & date of commencement of recording of statement:

Mode of recording: writing / speech/ gesture/ others

Content of statement: (in patient's own words only)

(Read over the contents to the patient and get his/her confirmation of content)

Signature / Thumb impression of patient:

Time & date of completion of recording of statement:

Name of RMP:

Reg No.:

Signature:

Date:

Seal with Designation:

NB: The statement is sealed and labeled and handed over to the concerned police. Acknowledgment receipt to be taken and maintained.

#### **FM14.20.5 Medico legal importance of Dying declaration.**

1.

2.

## **EXERCISE NO. 2 - LEGAL PROCEDURES**

**Competency No. FM14.22**

**To give expert medical /medico-legal evidence in the Court of law.**

[Core Competency - **Yes**, Domain - **Skill**, Level - **Knows How**]

**Suggested Teaching Learning method** – Small group discussion, Lecture, Role play, DOAP session, Court visits

**Assessment method suggested** – Log book/ Viva voce/ OSCE

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                        | <b>Domain</b> | <b>Level</b> |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM14.22.1      | The student should be able to explain the contents of the summons issued to a doctor to appear in the court of law and discuss its legal importance in a simulated environment.           | S             | KH           |
| FM14.22.2      | The student should be able to define the procedure of taking an oath before giving evidence in a simulated environment.                                                                   | S             | P            |
| FM14.22.3      | The student should be able to identify the designation of all the personnel present in the court of law during evidence recording and their responsibilities in a simulated environment.  | S             | P            |
| FM14.22.4      | The student should be able to outline all his duties in the court of law during - Examination in Chief, Cross examination, Re-examination and Court questions in a simulated environment. | S             | P            |

**a) Fill up the details from the copy of summons given:**

How is the summons delivered to the expert?

Type of the case:

Name & Type of the court:

Date & Time of testimony:

Sections under which the crime is registered:

What is the procedure of refusing a summons?

**b) What is Examination in chief?**

**c) What is Cross examination?**

**d) What is Re Examination?**

### **EXERCISE NO. 3 - EXAMINATION OF BONES AND TEETH**

#### **Competency No. FM3.1**

**IDENTIFICATION:** Define and describe Corpus Delicti, establishment of identity of living persons including race, sex, religion, complexion, stature, age determination using morphology, teeth eruption, decay, bite marks, bones – ossification centres, medico-legal aspects of age.

[Core Competency - **Yes**, Domain - **knowledge**, Level - **Knows How**]

**Suggested Teaching Learning method** – Lecture, Small group discussion, Bedside clinic, DOAP session

**Assessment method suggested** – Written/ Viva voce/ skill assessment

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                                                                                                          | <b>Domain</b> | <b>Level</b> |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM3.1.1        | The student should be able to define Corpus delicti                                                                                                                                                                                                                                         | K             | KH           |
| FM3.1.2        | The student should be able to discuss the importance of establishing the identity of a living person in criminal & civil cases.                                                                                                                                                             | K             | KH           |
| FM3.1.3        | The student should be able to describe identification of race from stature, complexion, hair color, iris and bones.                                                                                                                                                                         | K             | KH           |
| FM3.1.4        | The student should be able to interpret identification of sex by general physical examination with examination of secondary sexual characteristics and bones using all the basic parameters.                                                                                                | K             | KH, SH       |
| FM3.1.5        | The student should be able to determine the age of an individual by general physical examination, secondary sexual characteristics, dental examination (temporary & permanent eruption & decay) and radiological examination of various bones from the state of their ossification centres. | K             | KH, SH       |

### **FM3.1.3**

**(a) Label the parts of a human Skull.**

**(b) Enumerate the differences between the male and female skull:**

**MALE SKULL FEMALE SKULL**

**(C) Label the parts of the Mandible bone.**

**(d) Enumerate the differences between the male and female Mandible:**

**MALE MANDIBLE FEMALE MANDIBLE**

**(e) Label the parts of the pelvic bone.**

**(f) Enumerate the differences between the male and female pelvis:**

**MALE PELVIS      FEMALE PELVIS**



**FM 3.1.5 [a] Mention the age of eruption of the temporary teeth in chronological order.**

**[b] Mention the age of eruption of permanent teeth in chronological order.**

**[c] X-Ray reporting: -**

**i) Wrist joint - Mention the age of appearance and fusion of ossification centers in chronological order:**

**ii) Elbow joint - Mention the age of appearance and fusion of ossification centers in chronological order:**

**iii) Shoulder joint - Mention the age of appearance and fusion of ossification centers in chronological order:**

**iv) Hip joint - Mention the age of appearance and fusion of ossification centers in chronological order:**

**v) Knee joint - Mention the age of appearance and fusion of ossification centers in chronological order:**

**vi) Ankle joint - Mention the age of appearance and fusion of ossification centers in chronological order:**

## **EXERCISE NO. 4 AGE ESTIMATION – DENTITION, X-RAYS**

**Competency No. FM14.4**

**Conduct and prepare report of estimation of age of a person for medico legal and other purposes & prepare medico-legal report in a simulated/supervised environment.**

[Core Competency - **Yes**, Domain - **Skill**, Level - **Knows How**]

**Suggested Teaching Learning method** – Small group discussion, Demonstration

**Assessment method suggested** – Log book/ Skill station/ Viva voce/ OSCE

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                                                                           | <b>Domain</b> | <b>Level</b> |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM14.4.1       | The student should be able to list all the preliminary data of the case of age estimation and should be able to take consent of the subject & write 2 identification marks of case of age estimation in a simulated/supervised environment.                  | C             | KH           |
| FM 14.4.2      | The student should be able to take consent from the subject following the general 'Rules of Consent' in order.                                                                                                                                               | S             | SH           |
| FM14.4.3       | The student should be able to describe general physical examination including the secondary sexual characteristics & estimate the approximate age of the subject in a simulated/supervised environment.                                                      | S             | KH           |
| FM14.4.4       | The student should be able to demonstrate dental examination with its charting & estimate the approximate age from the subject in a simulated/supervised environment in a fixed time.                                                                        | S             | KH           |
| FM14.4.5       | The student should be able to analyze and enumerate the relevant radiological examinations, interpret the radiographs & estimate the approximate age in a simulated/supervised environment correctly.                                                        | S             | KH           |
| FM14.4.6       | The student should be able to incorporate the findings of general physical examination, secondary sexual characteristics, dental parameters and radiological findings and estimate the approximate age of the subject in a simulated/supervised environment. | S             | KH           |
| FM14.4.7       | The student should be able to give the opinion from his observations with Name, signature, designation, date, place with seal in a simulated/supervised environment.                                                                                         | S             | KH           |

**(a) Age estimation in Male**

MLC No :

Place:

Time :

Date:

Sex :

Ref.No.:

Name :

Alleged age:

Address :

Brought & identified by (i)

Consent (of Examinee / guardian):

Identification marks: 1.

2.

**(A) General Physical Examination**

Height                  Weight                  Pulse                  BP

General build & appearance

Chest Circumference

Scalp hair:

Beard / Moustache:

Arcus senilis:

Axillary hair:

Adam's apple:

Voice:

Chest hair:

Pubic hair:

Development of the external genitalia:

**(B) Dental Examination (FDI)**

Temporary teeth

Permanent teeth

**[C] X-ray investigations and findings:**

**Opinion:** From physical, dental & radiological examination of

.....

,

I am of the opinion that the individual named as above is aged above.....years and below.....years.

Date:

Place:

Signature

Name of the Medical Officer

Seal with designation

**(a) Age estimation in Male**

MLC No :

Place:

Time :

Date:

Sex :

Ref.No.:

Name :

Alleged age:

Address:

Brought & identified by (i)

Consent (of Examinee / guardian):

Identification marks: 1.

2.

**(A) General Physical Examination**

Height

Weight

Pulse

BP

General build & appearance

Chest Circumference

Scalp hair:

Beard / Moustache:

Arcus senilis:

Axillary hair:

Adam's apple:

Voice:

Chest hair:

Pubic hair:

Development of the external genitalia:

**(B) Dental Examination (FDI)**

Temporary teeth

Permanent teeth

**[C] X-ray investigations and findings:**

**Opinion:** From physical, dental & radiological examination of.....,

I am of the opinion that the individual named as above is aged above.....years and below .....years.

Date:

Place:

Signature

Name of the Medical Officer

Seal with designation



**(b) Age estimation in Female**

MLC No : Place:  
Time : Date:  
Sex : Ref.No:  
Name : Age as alleged:  
Address:

Brought & identified by (i)

Examined in the presence of .....(Female attendant)

Name & Signature

Consent (of Examinee /guardian):

Identification marks: 1.  
2.

**(A) General Physical Examination**

Height Weight Pulse BP

General build & appearance

Chest circumference

Development of breasts:

Date of menarche:

Date of L.M.P:

Axillary hair:

Pubic hair:

**(B) Dental Examination (FDI)**

Temporary teeth

Permanent teeth

**[C] X-ray investigations and findings:**

**Opinion:** From physical, dental & radiological examination of.....,

I am of the opinion that the individual named as above is aged above.....years and below .....years.

Date:

Place:

Signature

Name of the Medical Officer

Seal with designation

**(b) Age estimation in Female**

MLC No : Place:  
Time : Date:  
Sex : Ref.No:  
Name : Age as alleged:  
Address:

Brought & identified by (i)

Examined in the presence of .....(Female attendant)

Name & Signature

Consent (of Examinee /guardian):

Identification marks: 1.  
2.

**(A) General Physical Examination**

Height Weight Pulse BP

General build & appearance

Chest circumference

Development of breasts:

Date of menarche:

Date of L.M.P:

Axillary hair:

Pubic hair:

**(B) Dental Examination (FDI)**

Temporary teeth

Permanent teeth

**[C] X-ray investigations and findings:**

**Opinion:** From physical, dental & radiological examination of.....,

I am of the opinion that the individual named as above is aged above.....years and below ..... years.

Date:

Place:

Signature

Name of the Medical Officer

Seal with designation

## **EXERCISE NO. 5 SICKNESS & FITNESS CERTIFICATE**

**Competency No. FM1.9**

**Describe the importance of documentation in medical practice in regard to medico legal examination, medical certificates and medico legal reports especially - documents of issuance of sickness and fitness certificate.**

**[Core Competency - Yes, Domain - Knowledge, Level - Knows How]**

**Suggested Teaching Learning method – Lecture, Small Group Discussion**

**Assessment method suggested – Written/ Viva voce**

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                | <b>Domain</b> | <b>Level</b> |
|----------------|-------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM1.9.3        | The student should be able to write a sickness certificate with all the given details in a simulated environment. | K             | KH           |
| FM1.9.4        | The student should be able to write a fitness certificate with all the given details in a simulated environment.  | K             | KH           |

### **Sickness Certificate**

Signature or thumb impression of the patient .....

(To be filled in by the applicant in the presence of the Government Medical Officer or Medical officer)

Identification Marks: -

1.....

2.....

I, Dr....., after careful examination  
of the case certify hereby that.....Mr/ Ms  
.....S/D/W of .....aged about ..... years, residing  
at.....and whose signature/ thumb impression is given above is suffering from  
..... I consider that a period of absence from duty of  
..... with effect from.....is absolutely necessary for the restoration of  
his health.

Place:

Signature & seal of Medical Officer:

Date:

Registration No: .....

(Medical Council of India or State medical council)

### **Fitness Certificate**

Signature or thumb impression of the patient .....

(To be filled in by the applicant in the presence of the Government Medical Officer or Medical officer)

Identification Marks: -

1.....

2.....

I, Dr ..... have carefully examined Mr/Ms ..... S/D/W  
of.....aged about.....years, resident of.....and  
whose signature/thumb impression is given above and found that he/she has completely recovered from  
his/her illness. He/she is now fit to resume duty in government/private service with effect  
from.....

I also certify that before arriving at this decision, I have examined the original medical certificate and statement  
of the case on which leave was granted or extended and have taken them into consideration in arriving at my  
decision.

Place:

Signature & seal of Medical Officer:

Date:

Registration No: .....

(Medical Council of India or State medical council)

## **EXERCISE NO. 6 - MEDICAL CERTIFICATION OF CAUSE OF DEATH**

### **Competency No. FM1.9**

**Describe the importance of documentation in medical practice in regard to medico legal examination, medical certificates and medico legal reports especially-maintenance of patient case records, discharge summary, prescribed registers to be maintained in Health centres - documents for issuance of death certificate - documents of Medical Certification of Cause of Death – Form 4 & 4A.**

[Core Competency - **Yes**, Domain - **Knowledge**, Level - **knows How**]

### **Competency No. FM1.10**

**Select appropriate cause of death in a particular scenario by referring ICD 10 code**

[Core Competency - **Yes**, Domain - **Knowledge**, Level - **knows How**]

### **Competency No. FM1.11**

**Write the correct cause of death certificate as per ICD 10 document.**

[Core Competency - **Yes**, Domain - **Skill**, Level - **Shows How**]

**Suggested Teaching Learning method – Lecture, Small Group Discussion**

**Assessment method suggested – Written/ Viva voce**

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                                                | <b>Domain</b> | <b>Level</b> |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM1.11.1       | The student should be able to write the preliminary particulars of deceased in MCCD form (Name of deceased, sex, age at death) in the columns appropriately.                                                                      | S             | SH           |
| FM1.11.2       | The student should be able to interpret the cause of death from the given case details (Immediate cause of death, antecedent cause of death, other significant condition contributing cause of death) & document it in MCCD form. | S             | SH           |
| FM1.11.3       | The student should be able to determine the manner of death from the given case details (Natural, Accident, Suicide, Homicide, pending investigation) & document it in MCCD form correctly.                                       | S             | SH           |
| FM1.11.4       | The student should be able to determine whether death was related to pregnancy /delivery or not & document it in MCCD form correctly.                                                                                             | S             | SH           |



Name of the Hospital: \_\_\_\_\_

I hereby certify that the person whose particulars are given below died in the hospital in Ward No. \_\_\_\_\_ on Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_ AM/PM

| NAME OF DECEASED |                                 |      |                                    |      |                                   |      | For use of Statistical Office           |
|------------------|---------------------------------|------|------------------------------------|------|-----------------------------------|------|-----------------------------------------|
| Age at Death     |                                 |      |                                    |      |                                   |      |                                         |
| Sex              | If 1 year or more, age in years |      | If less than 1 year, age in months |      | If less than 1 month, age in days |      | If less than 1 day, age in hours        |
|                  |                                 |      |                                    |      |                                   |      |                                         |
| CAUSE OF DEATH   |                                 |      |                                    |      |                                   |      |                                         |
| Cause Type       | Death of Cause Group            |      | Death Cause Sub-Group              |      | Disease                           |      | Interval between onset and death approx |
| Immediate Cause  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
| Antecedent Cause |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
| Other            |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |

|                                 |                           |
|---------------------------------|---------------------------|
| <b>Manner of Death:</b> Natural | How did the injury occur? |
|---------------------------------|---------------------------|

## Homicide

Pending in

female, was pregnancy

If Yes, was there a delivery?

Dr Name

Medical Attendant Certifying the cause of death

Date of Verification:      /      /

**FORM NO. 4 (See Rule 7)**  
**MEDICAL CERTIFICATE OF CAUSE OF DEATH**  
(Hospital In-Patients. Not to be used for still births)  
To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospital: \_\_\_\_\_

I hereby certify that the person whose particulars are given below died in the hospital in Ward No. \_\_\_\_\_ on Date     /     /     at     AM/PM

|                  |  |                                 |      |                                    |      |                                   |      |                                         |  |
|------------------|--|---------------------------------|------|------------------------------------|------|-----------------------------------|------|-----------------------------------------|--|
| NAME OF DECEASED |  |                                 |      |                                    |      |                                   |      | For use of Statistical Office           |  |
| Age at Death     |  |                                 |      |                                    |      |                                   |      |                                         |  |
| Sex              |  | If 1 year or more, age in years |      | If less than 1 year, age in months |      | If less than 1 month, age in days |      | If less than 1 day, age in hours        |  |
|                  |  |                                 |      |                                    |      |                                   |      |                                         |  |
| CAUSE OF DEATH   |  |                                 |      |                                    |      |                                   |      |                                         |  |
| Cause Type       |  | Death of Cause Group            |      | Death Cause Sub-Group              |      | Disease                           |      | Interval between onset and death approx |  |
| Immediate Cause  |  |                                 |      |                                    |      |                                   |      |                                         |  |
|                  |  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |  |
|                  |  |                                 |      |                                    |      |                                   |      |                                         |  |
|                  |  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |  |
|                  |  |                                 |      |                                    |      |                                   |      |                                         |  |
| Antecedent Cause |  |                                 |      |                                    |      |                                   |      |                                         |  |
|                  |  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |  |
|                  |  |                                 |      |                                    |      |                                   |      |                                         |  |
|                  |  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |  |
|                  |  |                                 |      |                                    |      |                                   |      |                                         |  |
| Other            |  |                                 |      |                                    |      |                                   |      |                                         |  |
|                  |  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |  |
|                  |  |                                 |      |                                    |      |                                   |      |                                         |  |
|                  |  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |  |

**Manner of Death:** Natural

## Accident

## Homicide

## Pending investigation

If deceased was a female, was pregnancy the death associated with?

If Yes, was there a delivery?

Dr Name

Medical Attendant Certifying the cause of death

Date of Verification:      /      /

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To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospital: \_\_\_\_\_

I hereby certify that the person whose particulars are given below died in the hospital in Ward No. \_\_\_\_\_ on Date     /     /     at     AM/PM

| NAME OF DECEASED |                                 |      |                                    |      |                                   |      | For use of Statistical Office           |
|------------------|---------------------------------|------|------------------------------------|------|-----------------------------------|------|-----------------------------------------|
| Age at Death     |                                 |      |                                    |      |                                   |      |                                         |
| Sex              | If 1 year or more, age in years |      | If less than 1 year, age in months |      | If less than 1 month, age in days |      | If less than 1 day, age in hours        |
|                  |                                 |      |                                    |      |                                   |      |                                         |
| CAUSE OF DEATH   |                                 |      |                                    |      |                                   |      |                                         |
| Cause Type       | Death of Cause Group            |      | Death Cause Sub-Group              |      | Disease                           |      | Interval between onset and death approx |
| Immediate Cause  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
| Antecedent Cause |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
| Other            |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |

**Manner of Death:** Natural

## Accident

## Homicide

## Pending investigation

If deceased was a female, was pregnancy the death associated with?

If Yes, was there a delivery?

Dr Name

Medical Attendant Certifying the cause of death

Date of Verification:      /      /

**FORM NO. 4 (See Rule 7)**  
**MEDICAL CERTIFICATE OF CAUSE OF DEATH**  
 (Hospital In-Patients. Not to be used for still births)  
 To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospital: \_\_\_\_\_

I hereby certify that the person whose particulars are given below died in the hospital in Ward No. \_\_\_\_\_ on Date     /     /     at     AM/PM

| NAME OF DECEASED |                                 |      |                                    |      |                                   |      | For use of Statistical Office           |
|------------------|---------------------------------|------|------------------------------------|------|-----------------------------------|------|-----------------------------------------|
| Age at Death     |                                 |      |                                    |      |                                   |      |                                         |
| Sex              | If 1 year or more, age in years |      | If less than 1 year, age in months |      | If less than 1 month, age in days |      | If less than 1 day, age in hours        |
|                  |                                 |      |                                    |      |                                   |      |                                         |
| CAUSE OF DEATH   |                                 |      |                                    |      |                                   |      |                                         |
| Cause Type       | Death of Cause Group            |      | Death Cause Sub-Group              |      | Disease                           |      | Interval between onset and death approx |
| Immediate Cause  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
| Antecedent Cause |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
| Other            |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |

**Manner of Death:** Natural

## Accident

## Homicide

## Pending investigation

If deceased was a female, was pregnancy the death associated with?

If Yes, was there a delivery?

Dr Name

Medical Attendant Certifying the cause of death

Date of Verification:      /      /

**FORM NO. 4 (See Rule 7)**  
**MEDICAL CERTIFICATE OF CAUSE OF DEATH**  
(Hospital In-Patients. Not to be used for still births)  
To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospital: \_\_\_\_\_

I hereby certify that the person whose particulars are given below died in the hospital in Ward No. \_\_\_\_\_ on Date     /     /     at     AM/PM

| NAME OF DECEASED |                                 |      |                                    |      |                                   |      | For use of Statistical Office           |
|------------------|---------------------------------|------|------------------------------------|------|-----------------------------------|------|-----------------------------------------|
| Age at Death     |                                 |      |                                    |      |                                   |      |                                         |
| Sex              | If 1 year or more, age in years |      | If less than 1 year, age in months |      | If less than 1 month, age in days |      | If less than 1 day, age in hours        |
|                  |                                 |      |                                    |      |                                   |      |                                         |
| CAUSE OF DEATH   |                                 |      |                                    |      |                                   |      |                                         |
| Cause Type       | Death of Cause Group            |      | Death Cause Sub-Group              |      | Disease                           |      | Interval between onset and death approx |
| Immediate Cause  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
| Antecedent Cause |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
| Other            |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |
|                  |                                 |      |                                    |      |                                   |      |                                         |
|                  |                                 | ICD- |                                    | ICD- |                                   | ICD- |                                         |

**Manner of Death:** Natural

## Accident

## Homicide

## Pending investigation

If deceased was a female, was pregnancy the death associated with?

If Yes, was there a delivery?

Dr Name

Medical Attendant Certifying the cause of death

Date of Verification:      /      /

## **EXERCISE – 7 INJURY REPORT WRITING**

### **Competency No. FM14.1**

**Examine and prepare Medico-legal report of an injured person with different etiologies in a simulated/supervised environment.**

**[Core Competency - Yes, Domain - Skill, Level - Shows How/Perform]**

**Suggested Teaching Learning method** – Bedside clinic (ward/ casualty), Small group discussion

**Assessment method suggested** – Log book/ Skill station/ Viva voce/ OSCE

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                           | <b>Domain</b> | <b>Level</b> |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM14.1.1       | The student should be able to document all the preliminary data, history and two identification marks in the case of an injured person with different etiologies in a simulated/supervised environment.      | C             | SH           |
| FM14.1.2       | The student should be able to take consent from the subject following the general 'Rules of Consent' in order in a simulated/supervised environment.                                                         | C & S         | SH           |
| FM14.1.3       | The student should be able to identify the injuries with different etiologies in a simulated/supervised environment correctly.                                                                               | S             | SH           |
| FM14.1.4       | The student should be able to describe the injuries with different etiologies with all the given dimensions & with reference to nearby anatomical landmarks in a simulated/supervised environment correctly. | S             | SH           |
| FM14.1.5       | The student should be able to interpret the type of the weapon which can cause different injuries in a simulated/supervised environment correctly.                                                           | S             | SH           |
| FM14.1.6       | The student should be able to interpret the nature of the injuries (Simple/Grievous) with different etiologies in a simulated/supervised environment correctly.                                              | S             | SH           |
| FM14.1.7       | The student should be able to give the opinion from his observations with Name, signature, designation, date, place with seal in a simulated/supervised environment.                                         | S             | SH           |

**Define Injury (Sec 44 IPC):**

**Define Hurt (Sec 319 IPC):**

**Define Grievous Hurt (Sec 320 IPC):**

## INJURY REPORT

M.L.C. No. \_\_\_\_\_

Date: \_\_\_\_\_

Name \_\_\_\_\_ S/D/W of \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Police Station \_\_\_\_\_ Cr.No \_\_\_\_\_

Date & Time of Examination \_\_\_\_\_

Referred By \_\_\_\_\_ Brought By \_\_\_\_\_

Identification marks 1. \_\_\_\_\_  
2. \_\_\_\_\_

Brief History \_\_\_\_\_

| Sr. No. | Type of Injury | Size | Situation | Type of weapon used | Nature | Duration | Remarks |
|---------|----------------|------|-----------|---------------------|--------|----------|---------|
|         |                |      |           |                     |        |          |         |

LT IMPRESSION of person examined

NAME & SIGNATURE OF M.O With Seal



## INJURY REPORT

M.L.C. No. \_\_\_\_\_

Date: \_\_\_\_\_

Name \_\_\_\_\_ S/D/W of \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Police Station \_\_\_\_\_ Cr.No \_\_\_\_\_

Date & Time of Examination \_\_\_\_\_

Referred By \_\_\_\_\_ Brought By \_\_\_\_\_

Identification marks: 1. \_\_\_\_\_  
2. \_\_\_\_\_

Brief History \_\_\_\_\_

| Sr. No. | Type of Injury | Size | Situation | Type of weapon used | Nature | Duration | Remarks |
|---------|----------------|------|-----------|---------------------|--------|----------|---------|
|         |                |      |           |                     |        |          |         |

LT IMPRESSION of person examined

NAME & SIGNATURE OF M.O With Seal

## INJURY REPORT

M.L.C. No. \_\_\_\_\_

Date: \_\_\_\_\_

Name \_\_\_\_\_ S/D/W of \_\_\_\_\_ (Surname) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Police Station \_\_\_\_\_

Date & Time of Examination \_\_\_\_\_

Referred By \_\_\_\_\_ Brought By \_\_\_\_\_

Mark of Identification (at least two) \_\_\_\_\_

Brief History \_\_\_\_\_

| Sr. No. | Type of Injury | Size | Situation | Type of weapon used | Nature | Duration | Remarks |
|---------|----------------|------|-----------|---------------------|--------|----------|---------|
|         |                |      |           |                     |        |          |         |

LT IMPRESSION of person examined

NAME & SIGNATURE OF M.O With Seal

## INJURY REPORT

M.L.C. No. \_\_\_\_\_

Date: \_\_\_\_\_

Name \_\_\_\_\_ S/D/W of \_\_\_\_\_ (Surname) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Police Station \_\_\_\_\_

Date & Time of Examination \_\_\_\_\_

Referred By \_\_\_\_\_ Brought By \_\_\_\_\_

Mark of Identification (at least two) \_\_\_\_\_

Brief History \_\_\_\_\_

| Sr. No. | Type of Injury | Size | Situation | Type of weapon used | Nature | Duration | Remarks |
|---------|----------------|------|-----------|---------------------|--------|----------|---------|
|         |                |      |           |                     |        |          |         |

LT IMPRESSION of person examined

NAME & SIGNATURE OF M.O With Seal

## INJURY REPORT

M.L.C. No. \_\_\_\_\_

Date: \_\_\_\_\_

Name \_\_\_\_\_ S/D/W of \_\_\_\_\_ (Surname) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Police Station \_\_\_\_\_

Date & Time of Examination \_\_\_\_\_

Referred By \_\_\_\_\_ Brought By \_\_\_\_\_

Mark of Identification (at least two) \_\_\_\_\_

Brief History \_\_\_\_\_

| Sr. No. | Type of Injury | Size | Situation | Type of weapon used | Nature | Duration | Remarks |
|---------|----------------|------|-----------|---------------------|--------|----------|---------|
|         |                |      |           |                     |        |          |         |

LT IMPRESSION of person examined

NAME & SIGNATURE OF M.O With Seal

## **EXERCISE – 8 EXAMINATION OF A CASE OF SUSPECTED POISONING**

**Competency No. FM14.2**

**Demonstrate the correct technique of clinical examination in a suspected case of poisoning & prepare medico legal report in a simulated/supervised environment.**

[Core Competency - **Yes**, Domain - **Skill**, Level - **Shows How**]

**Suggested Teaching Learning method** – Bedside clinic (ward/ casualty), Small group discussion

**Assessment method suggested** – Log book/ Skill station/ Viva voce/ OSCE

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                                 | <b>Domain</b> | <b>Level</b> |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM14.2.1       | The student should be able to obtain appropriate history and document all the preliminary data & including two identification marks in a case of suspected poisoning in a simulated/supervised environment.        | C             | SH           |
| FM14.2.2       | The student should be able to take consent from the subject following the general 'Rules of Consent' in order in a simulated/supervised environment.                                                               | A             | SH           |
| FM 14.2.3      | The student should be able to describe the assessment of the condition of the patient with the appropriate methods of physical examination in a suspected case of poisoning in a simulated/supervised environment. | C & S         | SH           |
| FM 14.2.4      | The student should be able to prepare a medico legal report by analyzing all the findings after physical examination in a suspected poisoning case in simulated/supervised environment.                            | S             | SH           |
| FM 14.2.5      | The student should be able to interpret and determine the nature of the injuries (Simple/Grievous) in a suspected case of poisoning in a simulated/supervised environment.                                         | S             | SH           |
| FM 14.2.6      | The student should be able to infer the opinion with particular date, signature, Name, designation, seal in a simulated/supervised environment.                                                                    | S             | SH           |

## CERTIFICATION OF A CASE OF SUSPECTED POISONING

### Department of Forensic Medicine and Toxicology

MLR No. \_\_\_\_\_ Date & Time of examination \_\_\_\_\_

Name \_\_\_\_\_ S/D/W of \_\_\_\_\_

Age \_\_\_\_\_ years Gender \_\_\_\_\_

Address \_\_\_\_\_

Brought by \_\_\_\_\_ Relation \_\_\_\_\_

#### Consent

I am willing for my medicolegal examination. I have not been examined earlier. I have been explained that the result of the examination may go in my favor or against.

Signature/Thumb impression of the person/guardian

#### Identification marks:

- 1.
- 2.

**Brief history of the case:** (Name of the person giving history \_\_\_\_\_)

(Including symptoms, quantity, route, manner of exposure, date & time of onset)

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#### Findings of Medical Examination

Clothings \_\_\_\_\_

Pulse \_\_\_\_\_/min      B.P \_\_\_\_\_mm/Hg      Respiratory rate \_\_\_\_\_/min

Temperature \_\_\_\_\_deg C      GCS \_\_\_\_\_

|                                   |                 |             |             |
|-----------------------------------|-----------------|-------------|-------------|
| Consciousness                     | Fully conscious | Drowsy      | Unconscious |
| Orientation (time, place, person) | Well oriented   | Disoriented |             |
| Memory (recent/remote)            | Intact          | Impaired    |             |
| Mental status                     | Normal          | Depressed   | Agitated    |

|                                        |                                                                                                    |                                |                     |
|----------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
|                                        | Delirious                                                                                          | Seizures (generalized/partial) |                     |
| Condition of skin                      | Flushed<br>Rash<br>Discolored                                                                      | Pale<br>Blisters               | Dry<br>Perspiration |
| Needle/bite marks                      | Absent                                                                                             | Present (describe)             |                     |
| Eyes (conjunctivae)                    | Normal                                                                                             | Congested                      |                     |
| Pupils                                 | Normal                                                                                             | Dilated                        | Constricted         |
| Mouth/lips/tongue                      | Normal<br>Bitten                                                                                   | Moist<br>Discolored            | Dry                 |
| Smell from expired breath              | Absent<br>Present (garlicky/kerosene-like/fruity/rotten eggs/phenolic/burnt rope/bitter almonds/ ) |                                |                     |
| Vomit (note colour, odor, amount)      |                                                                                                    |                                |                     |
| Urine/stool (note colour, consistency) |                                                                                                    |                                |                     |

### Systemic examination

Central nervous system\_\_\_\_\_

Reflexes\_\_\_\_\_

Chest\_\_\_\_\_

Abdomen\_\_\_\_\_

**Material preserved:** blood/ urine/ vomitus/ stool/ clothes/ suicidal note (if found)

**Advice**\_\_\_\_\_

**Opinion** is reserved till receipt of chemical examiner's report with regards to the kind of poison

Place\_\_\_\_\_

Signature of the doctor

Date\_\_\_\_\_

Name, Designation and Seal

## **EXERCISE – 9 EXAMINATION OF WEAPON**

**Competency No. FM14.11**

**To identify & describe weapons of medico legal importance which are commonly used eg.lathi, knife – single and double edged, axe, hammer, dagger, rope, razor, iron rod and wooden stick.**

**Able to prepare report of the weapons brought by police and to give opinion regarding injuries present on the person as described in injury report/ PM report so as to connect weapon with the injuries. (Prepared injury report/PM report must be provided to connect the weapon with the injuries)**

**[Core Competency - Yes, Domain - Skill, Level - Knows How]**

**Suggested Teaching Learning method –** Small group discussion. DOAP session

**Assessment method suggested –** Log book/ Skill station/ Viva voce/ OSPE

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                                         | <b>Domain</b> | <b>Level</b> |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM 14.11.1     | The student should be able to identify and describe in detail the parts of commonly used weapons eg. lathi, knife – single and double edged, axe, hammer, dagger, rope, razor, iron rod and wooden stick.                  | K             | K            |
| FM 14.11.2     | The student should be able to demonstrate the mechanism of production of various injuries by commonly used weapons eg. lathi, knife– single and double edged, axe, hammer, dagger, rope, razor, iron rod and wooden stick. | S             | KH           |
| FM 14.11.3     | The student should be able to connect the injuries present in the given injury report/post mortem report to the type of weapon that could have caused the injury.                                                          | S             | KH           |



## **EXAMINATION OF WEAPON**

**a) Draw and label a lathi & enumerate possible injuries.**

**b) Draw and label a knife – single and double edged& enumerate possible injuries.**

**c) Draw and label an axe & enumerate possible injuries.**

**e) Draw and label a hammer& enumerate possible injuries.**

**f) Draw and label a dagger & enumerate possible injuries.**

**g) Draw and label a rope & enumerate possible injuries.**

**h) Draw and label a razor & enumerate possible injuries.**

**i) Draw and label an iron rod & enumerate possible injuries.**

**j) Draw and label a wooden stick & enumerate possible injuries.**

**Competency No. FM2.21**

**Mechanical Asphyxia:** Describe and discuss different types of hanging and strangulation including clinical findings, causes of death, post mortem findings and medico legal aspects of death due to hanging and strangulation including examination, preservation and dispatch of ligature material.

[Core Competency - **Yes**, Domain - **Knows**, Level - **Knows How**]

**Suggested Teaching Learning method** – Lecture/ Small group discussion, Autopsy DOAP session

**Assessment method suggested** – Written/ Viva voce/ OSPE

| SLO No.  | SPECIFIC LEARNING OBJECTIVE                                                                                                                                                        | Domain | Level |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| FM2.21.3 | The student should be able to demonstrate the appropriate technique of preserving the ligature material in cases of hanging and strangulation.                                     | K      | KH    |
| FM2.21.4 | The student should be able to demonstrate the proper technique of sealing, labeling and forwarding the preserved ligature material to F.S.L in cases of hanging and strangulation. | K      | KH    |

**a) Draw and label method of preservation of ligature.**

**Competency No. FM14.12**

**Describe the contents and structure of bullet and cartridges used & to provide medico-legal interpretation from these.**

**[Core Competency - Yes, Domain - Skill, Level - Knows How]**

**Suggested Teaching Learning method** – Small group discussion, DOAP session

**Assessment method suggested** – Log book/ Skill station/ Viva voce

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                    | <b>Domain</b> | <b>Level</b> |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM14.12.1      | The student should be able to identify and list all the parts of the cartridge of smooth bored firearm.                                                                               | S             | KH           |
| FM14.12.2      | The student should be able to identify and list all the parts of the bullet of rifled firearm.                                                                                        | S             | KH           |
| FM14.12.3      | The student should be able to describe the mechanism of firing of a cartridge in a smooth bored firearm.                                                                              | S             | KH           |
| FM14.12.4      | The student should be able to describe the mechanism of firing of a bullet in a rifled firearm.                                                                                       | S             | KH           |
| FM14.12.5      | The student should be able to describe the effects produced by various parts of a cartridge from a smooth bored firearm on the body (target) and discuss the medico legal importance. | S             | KH           |
| FM14.12.6      | The student should be able to describe the effects produced by various parts of a bullet from a rifled firearm on the body (target) and discuss the medico legal importance.          | S             | KH           |

**a) Define Rifling:**

**b) Define Choking:**

**c ) Draw and label the various parts of a bullet.**

**d) Draw and label the various parts of a shot gun cartridge.**

## **EXERCISE – 10 EXAMINATION OF SPECIMEN & MEDICO LEGAL INTERPRETATION**

**Competency No. FM14.10**

**Demonstrate ability to identify & prepare medico legal inference from specimens obtained from various types of injuries e.g. abrasion, contusion, laceration, firearm wounds, burns, head injury, and fracture of bone.**

**[Core Competency - Yes, Domain - Skill, Level - Knows How]**

**Suggested Teaching Learning method** – Small group discussion, DOAP session

**Assessment method suggested** – Log book/ Skill station/ Viva voce/ OSPE

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                                                             | <b>Domain</b> | <b>Level</b> |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM14.10.1      | The student should be able to identify the type of injury from examination of wet specimen/photographs/bones.                                                                                                                                  | S             | KH           |
| FM14.10.2      | The student should be able to interpret the type of weapon that could have caused the injury from examination of wet specimen/photographs/bones.                                                                                               | S             | KH           |
| FM14.10.3      | The student should be able to discuss the medico legal importance with respect to nature of injury, antemortem or post mortem injury, possible complications, and cause of death from examination of injury in wet specimen/photographs/bones. | S             | KH           |



**Abrasion, contusion, laceration, stab injury, cut injury, firearm wounds, burns, head injury, and fracture of bone.**

**1) Abrasion:**

Observation:

Interpretation:

Medico legal Importance:

**2) Contusion:**

Observation:

Interpretation:

Medico legal Importance:

### **3) Laceration:**

Observation:

Interpretation:

Medico legal Importance:

### **4) Stab injury:**

Observation:

Interpretation:

Medico legal Importance:

### **5) Cut injury:**

Observation:

Interpretation:

Medico legal Importance:

### **6) Firearm wounds: (Rifle)**

Observation:

Interpretation:

Medico legal Importance:

## **7) Firearm wounds: (Shot gun)**

Observation:

Interpretation:

Medico legal Importance:

## **8) Burns:**

Observation:

Interpretation:

Medico legal Importance:

## **9) Burns:**

Observation:

Interpretation:

Medico legal Importance:

## **10) Fracture of Skull:**

Observation:

Interpretation:

Medico legal Importance:

## **11) Brain haemorrhages:**

Observation:

Interpretation:

Medico legal Importance:

## **12) Brain haemorrhages:**

## **EXERCISE - 11 EXAMINATION OF VICTIM OF SEXUAL OFFENCE**

### **Competency FM14.15**

**To examine & prepare medico-legal report of a victim of sexual offence/unnatural sexual offence in a simulated/supervised environment.**

[Core Competency - **Yes**, Domain - **Skill**, Level - **Knows How**]

**Suggested Teaching Learning method** – Small group discussion, DOAP session

**Assessment method suggested** – Log book/ Skill station/ Viva voce/ OSCE

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Domain</b> | <b>Level</b> |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM14.15.1      | The student should be able to list all the required ML documents (police requisition or by self) for examination of alleged victim in rape/unnatural sexual offence in a simulated/supervised environment.                                                                                                                                                                                                                                                                          | S             | KH           |
| FM14.15.2      | The student should be able to write all the preliminary data (General particulars) of the case of victim of rape/unnatural sexual offence and should be able to obtain consent of the subject & write two identification marks in a simulated/supervised environment correctly.                                                                                                                                                                                                     | S             | KH           |
| FM14.15.3      | The student should be able to take consent from the subject following the general 'Rules of Consent' in order in a simulated/supervised environment.                                                                                                                                                                                                                                                                                                                                | S             | KH           |
| FM14.15.4      | The student should be able to take detailed history from the subject regarding (Date, time & Place of offence, duration of intercourse, position at the time of offence, bleeding after sexual act, penetration felt, any intoxication at the time of cat, micturated after act, use of condom, frequency of sexual intercourse, bath taken, genital wash after act, clothes changed after act, history given by police) without any omission in a simulated/supervised environment | S             | KH           |
| FM14.15.5      | The student should be able to perform general physical examination of the subject (condition of the clothes, height, weight, built, gait, behavior, dental chart, hair, injuries present over body, bite marks, stains or any foreign material on body or clothes) and interpret the findings in a simulated/supervised environment.                                                                                                                                                | S             | KH           |
| FM14.15.6      | The student should be able to perform local genital examination of the subject (pubic hair, genitalia, anal canal, injury over thigh) interpret the findings in a simulated/supervised environment.                                                                                                                                                                                                                                                                                 | S             | KH           |



|           |                                                                                                                                                                                                                                                                                                                                                |   |        |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| FM14.15.7 | The student should be able to collect and preserve the required samples (clothes, loose hair, scalp hair, pubic hair, nail scrapping, saliva, blood, swabs from cervix, vagina, perineum, anal region, urine, any discharge, seminal fluid or any other) and able to discuss the medico legal Importance in a simulated/supervised environment | S | KH, SH |
| FM14.15.8 | The student should be able to infer the opinion with particular date, signature, Name, designation, seal in a simulated/supervised environment.                                                                                                                                                                                                | S | KH     |

## **REPORT OF EXAMINATION OF VICTIM OF SEXUAL OFFENCES**

### **[A] GENERAL PARTICULARS:**

MLC No.: \_\_\_\_\_

Place, date & Time: \_\_\_\_\_

Brought by: \_\_\_\_\_ Ref. by Police Station: \_\_\_\_\_

Name: \_\_\_\_\_ W/O, D/O: \_\_\_\_\_ Sex: Age Stated \_\_\_\_\_

Address: \_\_\_\_\_

Female attendant present: Name \_\_\_\_\_ Signature \_\_\_\_\_

Informed expressed consent: \_\_\_\_\_

\_\_\_\_\_

Signature or Left thumb impression

Identification Marks: 1.

2.

### **[B] HISTORY:**

1. As per police report: \_\_\_\_\_

2. Account given by the victim:

- Date, time & Place of offence:
- Date & time of last intercourse:
- Contraceptive used or not:
- Position at the time of offence:
- Menstruating at the time of offence / examination:
- In senses / Insensible due to intoxicants / trauma:
- Attempts to resist the offence:
- Micturated / Not micturated:
- Washed the parts / bath taken or not:
- Clothes changed / not changed:
- Given something to eat or drink before sexual act:
- After sexual act bleeding / discharge:
- Felt sensation of penetration:

**[C] GENERAL EXAMINATION:**

1. Description of clothes including under garments:

2. Pulse:

Blood pressure:

Height:

Weight:

3. Breast:

4. Injuries:

**[D] LOCAL EXAMINATION:**

- Inner aspects of thighs:
- Matting of pubic hair:
- Blood/ seminal stain:
- Vulva:
- Hymen:
- Fourchette:
- Posterior commissure:
- Perineum:
- Navicular fossa:
- Cervix:
- Evidence of venereal disease:
- Discharge Any other:

**[E] SAMPLE COLLECTED FOR LABORATORY EXAMINATION:**

- ✓ Clothes - for stains /tear examination
- ✓ Any loose foreign hair /fiber
- ✓ Scalp hair:
- ✓ Nail scrapping:
- ✓ Saliva - for grouping and secretory status / any other comparison
- ✓ Blood in EDTA bulb - for chemical analysis/ any other drugs / alcohol
- ✓ Blood in plain bulb - for blood grouping
- ✓ Pubic hair for acid phosphatase / any other
- ✓ Vaginal smear
- ✓ Vaginal swab
- ✓ Urine - for alcohol /drugs /grouping
- ✓ Any discharge - for evidence of venereal disease
- ✓ Any other

**[F] OPINION:**

- ✓ There is evidence/ no evidence of recent vaginal penetration
- ✓ Vaginal penetration has never taken place.
- ✓ Evidence of recent vaginal penetration present and is consistent with penetration by penis.
- ✓ Evidence of remote vaginal penetration present and is consistent with penetration by penis.
- ✓ There is evidence / no evidence of injuries due to struggle/ resistance.
- ✓ Any other

**Drafting of opinion based on examination findings and FSL report**

| <b>Genital injuries</b> | <b>Physical injuries</b> | <b>Provisional opinion</b>                                                                                                                       | <b>FSL report</b>                         | <b>Final opinion</b>                                                                                              |
|-------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Present                 | Present                  | There are signs suggestive of recent forceful penetration of vagina/anus. Opinion regarding intercourse is reserved till FSL report is received. | Positive for presence of semen            | There are signs suggestive of recent forceful vaginal/ anal intercourse.                                          |
|                         |                          |                                                                                                                                                  | Negative for presence of semen/ lubricant | There are no signs suggestive of vaginal/ anal intercourse, but evidence of physical and genital assault present. |
| Present                 | Absent                   | There are signs suggestive of recent forceful penetration of vagina/ anus.                                                                       | Positive for presence of semen            | There are signs suggestive of recent forceful vaginal/ anal intercourse.                                          |
|                         |                          |                                                                                                                                                  | Negative for presence of semen/ lubricant | There are no signs suggestive of recent vaginal/ anal intercourse, but there is evidence of genital assault.      |
| Absent                  | Present                  | There are signs of use of force, however, final opinion is reserved pending availability of FSL reports.                                         | Positive for semen                        | There are signs suggestive of forceful vaginal/ anal intercourse.                                                 |
|                         |                          |                                                                                                                                                  | Negative for semen/ lubricant             | There are no signs suggestive of vaginal/ anal intercourse, but there is evidence of physical assault.            |
| Absent                  | Absent                   | There are no signs of use of force; however final                                                                                                | Positive for semen                        | There are signs suggestive of vaginal/ anal intercourse.                                                          |

|  |  |                                                          |                                 |                                                                                |
|--|--|----------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------|
|  |  | opinion is reserved pending availability of FSL reports. | Positive for semen and alcohol. | There are signs suggestive of vaginal/ anal intercourse under the influence of |
|--|--|----------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------|

|  |  |  |                                        |                                                                                            |
|--|--|--|----------------------------------------|--------------------------------------------------------------------------------------------|
|  |  |  |                                        | alcohol.                                                                                   |
|  |  |  | Positive lubricant for                 | There is possibility of vaginal/ anal penetration by lubricated object.                    |
|  |  |  | Negative semen/ alcohol/ lubricant for | There are no signs suggestive of vaginal/ anal intercourse or penetration of vagina/ anus. |

FSL – Forensic Science Laboratory

DATE:

Sample of seal

SIGNATURE:

NAME:

DESIGNATION:

## **REPORT OF EXAMINATION OF VICTIM OF SEXUAL OFFENCES**

### **[A] GENERAL PARTICULARS:**

MLC No.: \_\_\_\_\_

Place, date & Time: \_\_\_\_\_

Brought by: \_\_\_\_\_ Ref. by Police Station: \_\_\_\_\_

Name: \_\_\_\_\_ W/O, D/O: \_\_\_\_\_ Sex: Age Stated \_\_\_\_\_

Address: \_\_\_\_\_

Female attendant present: Name \_\_\_\_\_ Signature \_\_\_\_\_

Informed expressed consent: \_\_\_\_\_

\_\_\_\_\_

Signature or Left thumb impression

Identification Marks: 1.

2.

### **[B] HISTORY:**

1. As per police report: \_\_\_\_\_

2. Account given by the victim:

- Date, time & Place of offence:
- Date & time of last intercourse:
- Contraceptive used or not:
- Position at the time of offence:
- Menstruating at the time of offence / examination:
- In senses / Insensible due to intoxicants / trauma:
- Attempts to resist the offence:
- Micturated / Not micturated:
- Washed the parts / bath taken or not:
- Clothes changed / not changed:
- Given something to eat or drink before sexual act:
- After sexual act bleeding / discharge:
- Felt sensation of penetration:

**[C] GENERAL EXAMINATION:**

1. Description of clothes including under garments:

2. Pulse:

Blood pressure:

Height:

Weight:

3. Breast:

4. Injuries:

**[D] LOCAL EXAMINATION:**

- Inner aspects of thighs:
- Matting of pubic hair:
- Blood/ seminal stain:
- Vulva:
- Hymen:
- Fourchette:
- Posterior commissure:
- Perineum:
- Navicular fossa:
- Cervix:
- Evidence of venereal disease:
- Discharge Any other:

**[E] SAMPLE COLECTED FOR LABORATORY EXAMINATION:**

- ✓ Clothes - for stains /tear examination
- ✓ Any loose foreign hair /fiber
- ✓ Scalp hair:
- ✓ Nail scrapping:
- ✓ Saliva - for grouping and secretory status / any other comparison
- ✓ Blood in EDTA bulb - for chemical analysis/ any other drugs / alcohol
- ✓ Blood in plain bulb - for blood grouping
- ✓ Pubic hair for acid phosphatase / any other
- ✓ Vaginal smear
- ✓ Vaginal swab
- ✓ Urine - for alcohol /drugs /grouping
- ✓ Any discharge - for evidence of venereal disease
- ✓ Any other

**[F] OPINION:**

- ✓ There is evidence/ no evidence of recent vaginal penetration
- ✓ Vaginal penetration has never taken place.
- ✓ Evidence of recent vaginal penetration present and is consistent with penetration by penis.
- ✓ Evidence of remote vaginal penetration present and is consistent with penetration by penis.
- ✓ There is evidence / no evidence of injuries due to struggle/ resistance.
- ✓ Any other



**Drafting of opinion based on examination findings and FSL report**

| <b>Genital injuries</b> | <b>Physical injuries</b> | <b>Provisional opinion</b>                                                                                                                       | <b>FSL report</b>                         | <b>Final opinion</b>                                                                                              |
|-------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Present                 | Present                  | There are signs suggestive of recent forceful penetration of vagina/anus. Opinion regarding intercourse is reserved till FSL report is received. | Positive for presence of semen            | There are signs suggestive of recent forceful vaginal/ anal intercourse.                                          |
|                         |                          |                                                                                                                                                  | Negative for presence of semen/ lubricant | There are no signs suggestive of vaginal/ anal intercourse, but evidence of physical and genital assault present. |
| Present                 | Absent                   | There are signs suggestive of recent forceful penetration of vagina/ anus.                                                                       | Positive for presence of semen            | There are signs suggestive of recent forceful vaginal/ anal intercourse.                                          |
|                         |                          |                                                                                                                                                  | Negative for presence of semen/ lubricant | There are no signs suggestive of recent vaginal/ anal intercourse, but there is evidence of genital assault.      |
| Absent                  | Present                  | There are signs of use of force, however, final opinion is reserved pending availability of FSL reports.                                         | Positive for semen                        | There are signs suggestive of forceful vaginal/ anal intercourse.                                                 |
|                         |                          |                                                                                                                                                  | Negative for semen/ lubricant             | There are no signs suggestive of vaginal/ anal intercourse, but there is evidence of physical assault.            |
| Absent                  | Absent                   | There are no signs of use of force; however final                                                                                                | Positive for semen                        | There are signs suggestive of vaginal/ anal intercourse.                                                          |

|  |  |                                                          |                                 |                                                                                |
|--|--|----------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------|
|  |  | opinion is reserved pending availability of FSL reports. | Positive for semen and alcohol. | There are signs suggestive of vaginal/ anal intercourse under the influence of |
|--|--|----------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------|

|  |  |  |                                        |                                                                                            |
|--|--|--|----------------------------------------|--------------------------------------------------------------------------------------------|
|  |  |  |                                        | alcohol.                                                                                   |
|  |  |  | Positive lubricant for                 | There is possibility of vaginal/ anal penetration by lubricated object.                    |
|  |  |  | Negative semen/ alcohol/ lubricant for | There are no signs suggestive of vaginal/ anal intercourse or penetration of vagina/ anus. |

FSL – Forensic Science Laboratory

DATE:

Sample of seal

SIGNATURE:

NAME:

DESIGNATION:

## **Exercise – 12 REPORT OF EXAMINATION OF ACCUSED OF SEXUAL OFFENCES**

**Competency No. FM14.14**

**To examine & prepare report of an alleged accused in rape/unnatural sexual offence in a simulated/supervised environment.**

[Core Competency - **Yes**, Domain - **Skill**, Level - **Knows How**]

**Suggested Teaching Learning method** – Small group discussion, DOAP session

**Assessment method suggested** – Log book/ Skill station/ Viva voce/ OSCE

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                                                                                                                 | <b>Domain</b> | <b>Level</b> |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM14.14.1      | The student should be able to list all the required ML documents (police requisition or by self) for examination of alleged accused rape/unnatural sexual offence in a simulated/supervised environment.                                                                                           | S             | KH           |
| FM14.14.2      | The student should be able to write all the preliminary data (General Particular) of the case of alleged accused in sexual offence and should be able to obtain consent of the subject & write two identification marks in a simulated/supervised environment.                                     | S             | KH           |
| FM.14.14.3     | The student should be able to take consent from the subject following the general 'Rules of Consent' in order in a simulated/supervised environment.                                                                                                                                               | S             | KH           |
| FM14.14.4      | The student should be able to take history regarding - vasectomy, intoxication, micturated after act, use of condom, frequency of sexual intercourse, bath taken after act, genital wash after act, changing of clothes after act (history given by police) in a simulated/supervised environment. | S             | KH           |
| FM14.14.5      | The student should be able to perform general physical examination (condition of the clothes, height, weight, built, gait, behavior, dental chart, hair, injuries, stains or any foreign material on body or clothes) interpret the findings in a simulated/supervised environment.                | S             | KH           |
| FM14.14.6      | The student should be able to perform local genital examination (pubic hair, scrotum, penis, injury over pubic area/penis /scrotum/inner upper part of thighs) and interpret the findings in a simulated/supervised environment.                                                                   | S             | KH           |

|           |                                                                                                                                                                                                                                                                                                                                                                   |   |           |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| FM14.14.7 | The student should be able to collect and preserve the required samples (clothes, loose hair, scalp hair, pubic hair, Nail scrapping, saliva, blood, Swab from coronal sulcus/glans/shaft of penis - for vaginal epithelium, urine, any discharge, seminal fluid, any other) in a simulated/supervised environment & able to explain its medico legal Importance. | S | KH,<br>SH |
| FM14.14.8 | The student should be able to infer the opinion with particular date, signature, Name, designation, seal in a simulated/supervised environment.                                                                                                                                                                                                                   | S | KH        |

## **REPORT OF EXAMINATION OF ACCUSED OF SEXUAL OFFENCES**

### **[A] GENERAL PARTICULARS:**

1. MLC No. \_\_\_\_\_ 2. Police Station: \_\_\_\_\_  
3. Time: \_\_\_\_\_ to \_\_\_\_\_ 4. Date: \_\_\_\_\_  
5. Place: \_\_\_\_\_  
6. Name: \_\_\_\_\_ S/O \_\_\_\_\_ Surname \_\_\_\_\_  
7. Address: \_\_\_\_\_  
8. Age: (As stated by Examinee/Police) \_\_\_\_\_ years. 9. Occupation: \_\_\_\_\_  
10. Sent by: \_\_\_\_\_  
11. Brought by \_\_\_\_\_  
12. Informed expressed consent: \_\_\_\_\_  
\_\_\_\_\_

Signature/LHT impression

13. Identification marks: 1) \_\_\_\_\_  
2) \_\_\_\_\_  
14. History: (Given by Accused):  
a. Vasectomized: Yes or No, if yes - before how many months/years-----  
b. Intoxicated: Yes or No, if yes - Details  
c. Micturated: Yes or No, if yes - Details  
d. Condom used while sexual intercourse: Yes or No  
e. Frequency & number of sexual intercourse  
f. Bath taken: Yes or No, if yes - Details \_\_\_\_\_ Genitals washed: Yes or No  
h. Clothes changed: Yes or No, if yes - Details \_\_\_\_\_  
15. History Given by Police \_\_\_\_\_  
\_\_\_\_\_

### **[B] PHYSICAL EXAMINATION:**

1. Condition of clothes: (if not changed) - Tear/Cuts/Stains \_\_\_\_\_  
2. Height \_\_\_\_\_ cms. 3. Weight \_\_\_\_\_ kg. 4. Built \_\_\_\_\_  
5. Gait \_\_\_\_\_ 6. Behavior \_\_\_\_\_  
7. Dental Status:  

|                 |                 |  |                 |                |
|-----------------|-----------------|--|-----------------|----------------|
| Right Upper jaw | 8 7 6 5 4 3 2 1 |  | 1 2 3 4 5 6 7 8 | Left Upper jaw |
| Right Lower jaw | 8 7 6 5 4 3 2 1 |  | 1 2 3 4 5 6 7 8 | Left Lower jaw |

Any other Remarks: \_\_\_\_\_

8. Hair: a. Scalp  
b. Moustache & Beard  
c. Axillary

9. Adam's apple: \_\_\_\_\_

10. Injuries on the body with duration (signs of struggle; - bite marks, abrasion, if any)

11. Stains or Foreign material on body: \_\_\_\_\_

**[C] LOCAL GENITAL EXAMINATION:**

1. Pubic hair:
2. Scrotum: a. (Pendulous or not):  
b. Cremasteric reflex
3. Penis a.  
Development:  
b. Anomaly :  
c. Fore skin : Circumcised/not circumcised, if not circumcised then:  
Rolls easily/Tight/Torn/Phimosis etc.  
d. Frenulum - Intact / Torn  
e. Evidence of Venereal disease- Ulcer/discharge/ any other  
f. Glans Penis:
  - i. Smegma
  - ii. Smell
  - iii. Foreign stain / material -
  - iv. Seminal / blood/any other stain / discharge
4. Injury to pubic area/penis /scrotum/inner upper part of thighs
5. Any other remarks:

**[D] Sample collected for laboratory examination:**

1. Clothes - for stains /tear examination
2. Any loose foreign hair /fiber
3. Scalp hair
4. Nail scrapping
5. Saliva - for grouping and secretory status / any other comparison
6. Blood in EDTA bulb - for chemical analysis/ any other drugs / alcohol
7. Blood in plain bulb - for blood grouping
8. Pubic hair for acid phosphatase / any other
9. Swab from coronal sulcus /glans/shaft of penis - for vaginal epithelium/any other
10. Urine - for alcohol /drugs /grouping
11. Any discharge - for evidence of venereal disease
12. Seminal fluid - for grouping & any other investigation
13. Any other

**[E] Opinion:**

1. It is not possible to state whether or not vaginal penetration has taken place recently.
2. I am of the opinion that vaginal penetration has taken place recently.
3. Person examined could not have accomplished vaginal penetration by penis.
4. There is nothing to suggest that the person examined is incapable of performing sexual intercourse.

DATE:

Sample of seal

SIGNATURE:

NAME:

Designation:

Note: 1. In case of sodomy look for the presence of lubricant faecal matter specifically.  
2. In case of bestiality look for the animal hair, dung stains and claw/ kick marks of animal.

## **REPORT OF EXAMINATION OF ACCUSED OF SEXUAL OFFENCES**

### **[A] GENERAL PARTICULARS:**

1. MLC No. \_\_\_\_\_ 2. Police Station: \_\_\_\_\_  
3. Time: \_\_\_\_\_ to \_\_\_\_\_ 4. Date: \_\_\_\_\_  
5. Place: \_\_\_\_\_  
6. Name: \_\_\_\_\_ S/O \_\_\_\_\_ Surname \_\_\_\_\_  
7. Address: \_\_\_\_\_  
8. Age: (As stated by Examinee/Police) \_\_\_\_\_ years. 9. Occupation: \_\_\_\_\_  
10. Sent by: \_\_\_\_\_  
11. Brought by \_\_\_\_\_  
12. Informed expressed consent: \_\_\_\_\_  
\_\_\_\_\_

Signature/LHT impression

13. Identification marks: \_\_\_\_\_ 1)

\_\_\_\_\_ 2)

### 14. History: (Given by Accused):

- a. Vasectomized: Yes or No, if yes - before how many months/years-----  
b. Intoxicated: Yes or No, if yes - Details  
c. Micturated: Yes or No, if yes - Details  
d. Condom used while sexual intercourse: Yes or No  
e. Frequency & number of sexual intercourse  
f. Bath taken: Yes or No, if yes - Details \_\_\_\_\_ Genitals washed: Yes or No  
h. Clothes changed: Yes or No, if yes - Details \_\_\_\_\_  
15. History Given by Police \_\_\_\_\_

### **[B] PHYSICAL EXAMINATION:**

1. Condition of clothes: (if not changed) - Tear/Cuts/Stains \_\_\_\_\_  
2. Height \_\_\_\_\_ cms. 3. Weight \_\_\_\_\_ kg. 4. Built \_\_\_\_\_  
5. Gait \_\_\_\_\_ 6. Behavior \_\_\_\_\_

### 7. Dental Status:

|                 |                 |                 |                |
|-----------------|-----------------|-----------------|----------------|
| Right Upper jaw | 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 | Left Upper jaw |
| Right Lower jaw | 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 | Left Lower jaw |

Any other Remarks:

8. Hair: a. Scalp  
          b. Moustache & Beard  
          c. Axillary  
9. Adam's apple:  
10. Injuries on the body with duration (signs of struggle; - bite marks, abrasion, if any)



11. Stains or Foreign material on body:

**[C] LOCAL GENITAL EXAMINATION:**

3. Pubic hair:
4. Scrotum: a. (Pendulous or not):  
b. Cremasteric reflex
3. Penis a. Development:  
b. Anomaly :  
c. Fore skin : Circumcised/not circumcised, if not circumcised then:  
Rolls easily/Tight/Torn/Phimosis etc.  
d. Frenulum - Intact / Torn  
e. Evidence of Venereal disease- Ulcer/discharge/ any other  
f. Glans Penis:
  - i. Smegma
  - ii. Smell
  - iii. Foreign stain / material -
  - iv. Seminal / blood/any other stain / discharge
6. Injury to pubic area/penis /scrotum/inner upper part of thighs
7. Any other remarks:

**[D] Sample collected for laboratory examination:**

14. Clothes - for stains /tear examination
15. Any loose foreign hair /fiber
16. Scalp hair
17. Nail scrapping
18. Saliva - for grouping and secretory status / any other comparison
19. Blood in EDTA bulb - for chemical analysis/ any other drugs / alcohol
20. Blood in plain bulb - for blood grouping
21. Pubic hair for acid phosphatase / any other
22. Swab from coronal sulcus /glans/shaft of penis - for vaginal epithelium/any other
23. Urine - for alcohol /drugs /grouping
24. Any discharge - for evidence of venereal disease
25. Seminal fluid - for grouping & any other investigation
26. Any other

**[E] Opinion:**

1. It is not possible to state whether or not vaginal penetration has taken place recently.
5. I am of the opinion that vaginal penetration has taken place recently.
6. Person examined could not have accomplished vaginal penetration by penis.
7. There is nothing to suggest that the person examined is incapable of performing sexual intercourse.

DATE:

Sample of seal

SIGNATURE:

NAME:

Designation:

Note: 1. In case of sodomy look for the presence of lubricant faecal matter specifically.  
In case of bestiality look for the animal hair, dung stains and claw/ kick marks of animal.

### **Exercise – 13 TOXICOLOGY**

**Competency No. FM8.2**

**Define the terms Toxicology, Forensic Toxicology, Clinical Toxicology and Poison.**

[Core Competency - **Yes**, Domain - **Knowledge**, Level – **Knows/Knows How**]

**Suggested Teaching Learning method** – Lecture, Small group discussion

**Assessment method suggested** – Written/ Viva voce

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                     | <b>Domain</b> | <b>Level</b> |
|----------------|--------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM8.2.1        | The student should be able to define -Toxicology, Forensic Toxicology, Clinical Toxicology and Poison. | K             | KH           |
| FM8.2.2        | The student should be able to classify the poisons giving 2 examples for each poison.                  | K             | KH           |

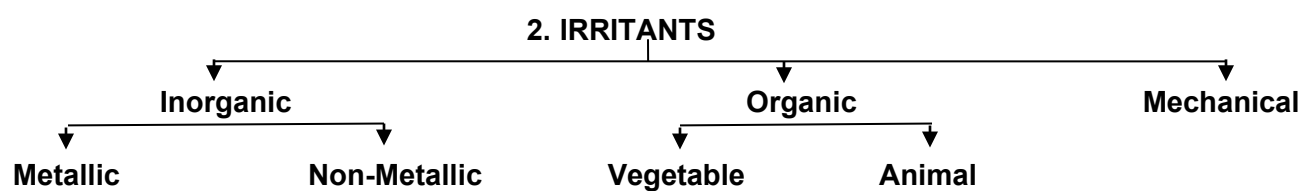
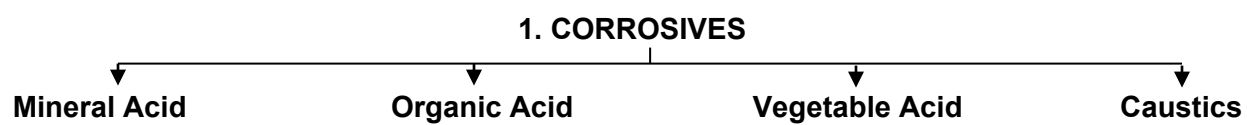
**a) Define Toxicology:**

**b) Forensic Toxicology:**

**c) Clinical Toxicology:**

**d) Define Poison:**

e) Classify the poisons with suitable examples:

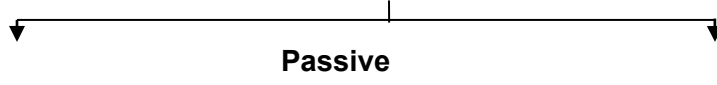


### 3. NEUROTICS



### 4. CARDIAC POISONS

## 5. ASPHYXIANTS



## 6. MISCELLANEOUS

### Competency No. FM14.3

**Assist and demonstrate the proper technique of collecting, preserving and dispatch of the exhibits (samples) in a suspected case of poisoning along with clinical examination.**

[Core Competency - **Yes**, Domain - **Skill**, Level - **Shows How**]

**Suggested Teaching Learning method** – Bedside clinic, Small group discussion, DOAP session

**Assessment method suggested** – Skill lab/ Viva voce

| SLO No.  | SPECIFIC LEARNING OBJECTIVE                                                                                                                           | Domain | Level |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| FM14.3.1 | The student should be able to enumerate all the routine samples to be collected with their respective preservatives in a suspected case of poisoning. | K      | KH    |
| FM14.3.2 | The student should be able to demonstrate the proper technique of collecting the samples in a suspected case of poisoning.                            | S      | SH    |
| FM14.3.3 | The student should be able to demonstrate the proper technique of preserving & sealing the samples in a suspected case of poisoning.                  | S      | SH/P  |
| FM14.3.4 | The student should be able to prepare the labels of samples to be sent to FSL – lavage, viscera in a suspected case of poisoning.                     | S      | P     |
| FM14.3.5 | The student should be able to prepare the requisition form which has to be forwarded along with the samples to FSL in a suspected case of poisoning.  | S      | P     |



**a) List the routine viscera for chemical analysis at autopsy:**

**b) Preservation of viscera for chemical analysis at autopsy:**

Bottle – 1

Bottle – 2

Bottle – 3

Bottle - 4

Bottle - 5

Bottle - 6

**LABELS TO BE ATTACHED TO THE VISCERA BOTTLES SENT FOR CHEMICAL ANALYSIS**

**Department of Forensic Medicine**

-----

**Viscera/blood for Chemical analysis**

P.M No:

Date:

PS:

Cr No:

Bottle No:

Name of the deceased:

Age:

Sex:

Contents of the bottle:

Preservative:

**Department of Forensic Medicine**

-----

**Sample Preservative for Chemical analysis**

P.M No:

Date:

PS:

Cr No:

Bottle No:

Name of the deceased:

Age:

Sex:

Contents of the bottle:

Preservative:

**LABEL TO BE AFFIXED ON THE SEALED BOX OF VISCERA**

**Department of Forensic Medicine**

-----

Viscera: 1. Stomach, intestine & contents 2. Sample of liver 3. Kidney 4. Brain 5. Blood 6. Preservative

P.M No:

Date:

PS:

Cr No:

Name of the deceased:

Age:

Sex:

**Competency No. FM 8.9**

**Describe the procedure of intimation of suspicious cases or actual cases of foul play to the police, maintenance of records, preservation and dispatch of relevant samples for laboratory analysis.**

**[Core Competency - Yes, Domain - Knowledge, Level - Knows How]**

**Suggested Teaching Learning method** – Lecture, Small group discussion

**Assessment method suggested** – Written/ Viva voce

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                  | <b>Domain</b> | <b>Level</b> |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM8.9.1        | The student should be able to prepare labels for the samples of viscera to be sent for chemical analysis in a suspected case of poisoning.                          | K             | KH           |
| FM8.9.2        | The student should be able to prepare labels for the samples of viscera to be sent for histo-pathological examination in a case of poisoning.                       | K             | KH           |
| FM8.9.3        | The student should be able to prepare a forwarding requisition form to be sent to FSL for the samples collected in a suspected case of poisoning.                   | K             | KH           |
| FM8.9.4        | The student should be able to prepare a forwarding requisition form to be sent to Pathology department, for the samples collected in a suspected case of poisoning. | K             | KH           |

f) Prepare the labels for sending samples for various analysis:

|                                 |                       |
|---------------------------------|-----------------------|
| Department of Forensic Medicine |                       |
| -----College                    |                       |
| PM No. _____                    | DATE: _____           |
| NAME: _____                     | AGE: _____ SEX: _____ |
| P.S.: _____                     | Cr. No _____          |
| CONTAINS: Bottle 1 - _____      |                       |

|                                 |                         |
|---------------------------------|-------------------------|
| Department of Forensic Medicine |                         |
| -----College                    |                         |
| PM No. _____                    | DATE: _____             |
| NAME: _____                     | AGE: _____ SEX: _____   |
| P.S.: _____                     | A.D./Cr. Reg. No. _____ |
| CONTAINS: Bottle 2 - _____      |                         |
| PRESERVATIVE: _____             |                         |

|                                 |                         |
|---------------------------------|-------------------------|
| Department of Forensic Medicine |                         |
| -----College                    |                         |
| PM No. _____                    | DATE: _____             |
| NAME: _____                     | AGE: _____ SEX: _____   |
| P.S.: _____                     | A.D./Cr. Reg. No. _____ |
| CONTAINS: Bottle 3 - _____      |                         |
| PRESERVATIVE: _____             |                         |

Department of Forensic Medicine

-----College

PM No. \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

P.S.: \_\_\_\_\_ A.D./Cr. Reg. No. \_\_\_\_\_

CONTAINS: Bottle 4 - \_\_\_\_\_

PRESERVATIVE: \_\_\_\_\_

Department of Forensic Medicine

-----College

PM No. \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

P.S.: \_\_\_\_\_ A.D./Cr. Reg. No. \_\_\_\_\_

CONTAINS: Bottle 5 - \_\_\_\_\_

PRESERVATIVE: \_\_\_\_\_

Department of Forensic Medicine

-----College

FOR HISTOPATHOLOGICAL EXAMINATION

PM No. \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

P.S.: \_\_\_\_\_ A.D./Cr. Reg. No. \_\_\_\_\_

CONTAINS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRESERVATIVE: \_\_\_\_\_

**g) Prepare a forwarding letter to FSL:**

Date:

From

The Professor & Police Surgeon,  
Department of Forensic Medicine  
.....College

To,

The Deputy Director,  
Forensic Science Laboratory,  
\_\_\_\_\_

**Subject:** Forwarding samples for analysis

**Reference:** Cr.No. \_\_\_\_\_ of \_\_\_\_\_ PS

PM NO \_\_\_\_\_ Date \_\_\_\_\_

Dear Sir,

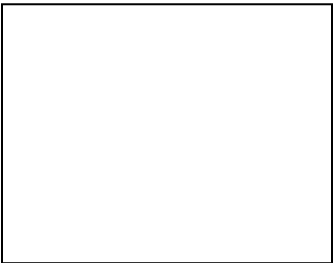
Forwarding the following samples (in sealed and labeled condition) collected during examination of \_\_\_\_\_ (Name) S/D/W of \_\_\_\_\_  
Male/ Female, aged about \_\_\_\_\_; conducted vide MLC / PM No. \_\_\_\_\_ dated \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_ Medical College, Hospital, \_\_\_\_\_ for further analysis.



List of samples:

Specimen sample of seal

Through: \_\_\_\_\_ Police Station,  
\_\_\_\_\_.



Dr. \_\_\_\_\_  
Signature: \_\_\_\_\_

**i) Forwarding letter for histopathology/ Microbiological/ Radiological examination:**

**DEPARTMENT OF FORENSIC MEDICINE,**

To,  
Professor & Head,  
Department of Pathology/ Microbiology/ Radiology,

Respected Sir,

Subject: Histopathological / Microbiological / Radiological Examination

Ref.: Post Mortem No. \_\_\_\_\_ Dated \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Brief history of the case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request you to undertake following investigations in this PM case and forward us a copy of the report of examination.

| Sr. No. | Sample/ organ/ Part | Investigation | Remarks |
|---------|---------------------|---------------|---------|
|         |                     |               |         |
|         |                     |               |         |
|         |                     |               |         |
|         |                     |               |         |
|         |                     |               |         |
|         |                     |               |         |
|         |                     |               |         |
|         |                     |               |         |
|         |                     |               |         |
|         |                     |               |         |

Received on \_\_\_\_\_ by:  
Name:  
Designation:  
Department:

Forwarded on \_\_\_\_\_ by:  
Name:  
Designation:  
Department:

**Competency No. FM 14.17**

**To identify & infer the medico legal importance of the common poisons:**

**e.g. datura, castor, cannabis, opium, aconite, copper sulphate, marking nut, oleander, Nux vomica, abrus seeds, snakes, capsicum, calotropis, lead compounds, tobacco , OPC, Rat paste, Phenol.**

**[Core Competency - Yes, Domain - Skill, Level - Knows How]**

**Suggested Teaching Learning method –** Small group discussion, DOAP session

**Assessment method suggested –** Log book/ Viva voce

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                                          | <b>Domain</b> | <b>Level</b> |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM 14.17.1     | The student should be able identify the poison by their physical properties (shape, size, color, appearance) and able to classify the given poisons.                                                                        | S             | KH           |
| FM 14.17.2     | The student should be able to name the active principle of the poison.                                                                                                                                                      | K             | K            |
| FM 14.17.3     | The student should be able to describe the mechanism of action of the poison.                                                                                                                                               | S             | KH           |
| FM 14.17.4     | The student should be able to identify the specific antidote for the given poison & describe its route of administration, mechanism of action and appropriate dose for treatment of particular poisoning.                   | S             | KH           |
| FM 14.17.5     | The student should be able to collect, preserve, label and seal the collected samples in a poisoning case for analysis at the FSL (vomit, gastric lavage, contact skin, blood, urine) describe its medico legal importance. | S             | KH,SH        |
| FM 14.17.6     | The student should be able to infer the opinion with particular date, signature, Name, designation, seal in a simulated/supervised environment.                                                                             | S             | KH           |

j) **Specimen – common poisons**

The student should be able to discuss the characteristic features, active principles, fatal dose, signs and symptoms, treatment and medico-legal inference of the common poisons/ compounds/ snakes.













**Competency No. FM11.1**

**Describe features and management of Snake bite, scorpion sting, bee sting, wasp sting and spider bite.**

[Core Competency - **Yes**, Domain - **Knowledge**, Level - **Knows How**]

**Suggested Teaching Learning method** – Lecture, Small group discussion, Autopsy

**Assessment method suggested** – Written/ Viva voce

| SLO No.  | SPECIFIC LEARNING OBJECTIVE                                                                                                                                                                                                                                                                                                                    | Domain | Level |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| FM11.1.1 | The student should be able to list the various types of organic irritant poisons of animal origin.                                                                                                                                                                                                                                             | K      | K     |
| FM11.1.2 | The student should be able to name & identify at least 5 important poisonous snakes found in India.                                                                                                                                                                                                                                            | K, S   | K, KH |
| FM11.1.3 | The student should be able to explain 5 major differences between poisonous and non-poisonous snakes.                                                                                                                                                                                                                                          | S      | KH    |
| FM11.1.4 | The student should be able to describe the composition, mechanism of action, fatal dose, fatal period of venom of snakes commonly found in India.                                                                                                                                                                                              | S      | KH    |
| FM11.1.5 | The student should be able to discuss the signs & symptoms (Oophitoxemia) of the neurotoxic, vasculotoxic and myotoxic snakes commonly found in India.                                                                                                                                                                                         | S      | KH    |
| FM11.1.6 | The student should be able to describe the management (First aid, transport to hospital, rapid clinical assessment, resuscitation, detailed clinical assessment, investigations/laboratory tests) of various cases of snake bite.                                                                                                              | S      | KH,SH |
| FM11.1.7 | The student should be able to describe Anti-snake venom treatment- Hypersensitivity test for anti-snake venom (ASV), Desensitization, Limitations of hypersensitivity test, Anti-snake venom Reactions, Prophylaxis, Prevention & Treatment of anti – snake venom reaction, Administration of Anti-snake venom and other supportive treatment. | S      | KH,SH |
| FM11.1.8 | Student should be able to describe and perform the physician's duty in a case of snake bite in the casualty in a simulated environment.                                                                                                                                                                                                        | K, S   | KH,SH |

**k) Describe the various types of poisonous snakes found in India and write about them in detail:**







**l) Enumerate the differences between poisonous and non-poisonous snakes**

**m) Write in detail about the administration of Anti - snake venom & supportive measures.**





### **Exercise No. 14 DNA-FINGER PRINTING**

**Competency No. FM14.21**

**To collect, preserve, seal and dispatch exhibits for DNA-Finger printing using various formats of different laboratories.**

**[Core Competency - Yes, Domain - Skill, Level - Knows How]**

**Suggested Teaching Learning method** – Small group discussion, Lecture

**Assessment method suggested** – Log book/ Skill station/ Viva voce

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                               | <b>Domain</b> | <b>Level</b> |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM14.21.1      | The student should be able to list 4 most important samples that can be collected for DNA-Finger printing in the laboratory.                     | K             | KH           |
| FM14.21.2      | The student should be able to demonstrate the proper technique of collecting the samples for DNA-Finger printing in the laboratory.              | S             | KH           |
| FM14.21.3      | The student should be able to demonstrate proper technique of preserving & sealing the samples for DNA-Finger printing in the laboratory.        | S             | KH           |
| FM14.21.4      | The student should be able to prepare labels for the collected samples with all the necessary details for DNA-Finger printing in the laboratory. | S             | KH           |
| FM14.21.5      | The student should be able to prepare the requisition form which has to be forwarded along with the samples for DNA – Finger printing.           | S             | KH           |

**a) List 4 most important samples to be collected for DNA-Finger printing in the laboratory.**

1.

2.

3.

4.

## **IDENTIFICATION FORM FOR DNA PROFILING**

DNA DIVISION,  
FORENSIC SCIENCE LABORATORY,  
MYLAPORE,  
CHENNAI.

Recent  
Passport  
Size  
Photograph  
Of the  
Donor

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Father's / Husband's / Guardian's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Pin: \_\_\_\_\_

Description of Sample: \_\_\_\_\_

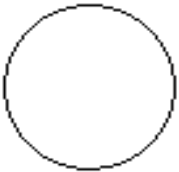
Forwarded by Police Station: \_\_\_\_\_ District: \_\_\_\_\_

Cr No.: \_\_\_\_\_ U/S: \_\_\_\_\_

### **Seal Impression**

\_\_\_\_\_ Hospital

Medical Officer



The \_\_\_\_\_ sample is / was collected in the presence of following witnesses. (Please specify sample)

1) Name : \_\_\_\_\_ Signature \_\_\_\_\_

2) Name : \_\_\_\_\_ Signature \_\_\_\_\_

### **Declaration by the Donor / Guardian:**

I \_\_\_\_\_ hereby declare that the biological sample  
\_\_\_\_\_ given for DNA finger printing is of mine / of my child. I / He / She did not receive  
blood transfusion within last three months.

**Signature or thumb impression of donor**

### **Exercise No. 15 EXAMINATION OF A DRUNKEN PERSON**

**Competency No. FM14.16**

**To examine & prepare medico legal report of drunk person in a simulated/supervised environment.**

**[Core Competency - Yes, Domain - Skill, Level - Knows How]**

**Suggested Teaching Learning method** – Small group discussion, Bedside clinic, DOAP session

**Assessment method suggested** – Log book/ Skill station/ Viva voce/ OSCE

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                                                                                                                      | <b>Domain</b> | <b>Level</b> |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM14.16.1      | The student should be able to write all the preliminary data in a case of drunkenness, obtain informed consent of the subject & write two identification marks in a simulated / supervised environment.                                                                                                 | S             | KH           |
| FM14.16.2      | The student should be able to document all the details regarding - Date, time & place of offense, history given by police in a simulated / supervised environment.                                                                                                                                      | S             | KH           |
| FM14.16.3      | The student should be able to document all the details regarding - relevant medical history and specific details related to alcohol intake in a simulated / supervised environment.                                                                                                                     |               |              |
| FM14.16.4      | The student should be able to perform physical examination (condition of the clothes, height, weight, built, gait, compose mentis, behavior, consciousness, eye, pupils, smell, reflex, speech, memory, muscular-coordination test) and interpret the findings in a simulated / supervised environment. | S             | KH           |
| FM14.16.5      | The student should be able to infer the opinion with particular date, signature, Name, designation, seal in a simulated/supervised environment.                                                                                                                                                         | S             | KH           |
| FM14.16.5      | The student should be able to prepare a forwarding letter to the chemical examiner (Form B) and should be able to demonstrate the collection, labeling & sealing of the sample (5 CC of venous blood in phial containing anticoagulant and preservative) in a simulated / supervised environment.       | S             | KH,SH        |
| FM14.16.6      | The student should be able to infer the opinion of blood test result received from the chemical examiner. (FORM C)                                                                                                                                                                                      | S             | KH           |

## CERTIFICATE OF DRUNKENNESS

### Department of Forensic Medicine and Toxicology

MLR No. \_\_\_\_\_

C.R.No \_\_\_\_\_

#### Patient details

Name \_\_\_\_\_ S/D/W of \_\_\_\_\_

Address \_\_\_\_\_

Gender \_\_\_\_\_ Age (as reported) \_\_\_\_\_ years

Educational status \_\_\_\_\_ Occupation \_\_\_\_\_

#### Examination details

Date & time of examination \_\_\_\_\_ Time of completion \_\_\_\_\_

Requisition from \_\_\_\_\_ Vide letter no. \_\_\_\_\_ Dated \_\_\_\_\_

Brought by (Name & signature) \_\_\_\_\_ P.C.No \_\_\_\_\_ P.S. \_\_\_\_\_

Accompanied by (name and relation) \_\_\_\_\_

#### Informed consent

I, \_\_\_\_\_ S/D/W of \_\_\_\_\_ hereby agree for a complete physical examination, recording of findings, collection of specimens as necessary for laboratory analysis and any other investigations as recommended by the examining doctor and release of a report to the police officials/ court of law concerned. This procedure has been fully explained to me. Further, I have been explained that the result may go against me. This information may be used for teaching and research purposes provided no identifying data is released.

The above has been explained to me in \_\_\_\_\_ language and I have fully understood the same and I am signing this consent by my own free will.

Signature and name of the witness

Signature/ thumb impression of patient/guardian

Address \_\_\_\_\_

#### Identification marks

1.

2.

**Brief history of the case** \_\_\_\_\_

Narrated by \_\_\_\_\_

**Medical history**

Current medical problems \_\_\_\_\_

Past medical history \_\_\_\_\_

Hearing problems \_\_\_\_\_

Visual problems \_\_\_\_\_ Use of spectacles/contact lens: Yes/No

Balance problems \_\_\_\_\_

Diabetes: Yes/No                      If taking insulin, when and how much taken \_\_\_\_\_

Epilepsy: Yes/No              Renal impairment: Yes/No              Hepatic impairment: Yes/No

Prescribed medication \_\_\_\_\_

**Specific history of alcohol intake**

Quantity of alcohol consumed in last 24 hours \_\_\_\_\_ Type of liquor \_\_\_\_\_

First drink at \_\_\_\_\_ AM/PM                      Last drink at \_\_\_\_\_ AM/PM

Last meal \_\_\_\_\_ AM/PM                      Type of meal \_\_\_\_\_

Weekly alcohol intake \_\_\_\_\_

Drug/addiction \_\_\_\_\_

Past psychiatric history \_\_\_\_\_

Past self-harm attempts \_\_\_\_\_

Previous trauma (particularly to head and extremities) \_\_\_\_\_

Social history \_\_\_\_\_

Family history \_\_\_\_\_

**General physical examination**

Built: Well/Average/Poor                      Height \_\_\_\_\_ cm                      Weight \_\_\_\_\_ kg

Pulse \_\_\_\_\_ /min                      BP \_\_\_\_\_ mm Hg                      Respiratory rate \_\_\_\_\_ /min

Areas of the body examined (*note injuries on separate body diagrams*) \_\_\_\_\_

|                                       |              |                 |                      |              |
|---------------------------------------|--------------|-----------------|----------------------|--------------|
| Clothing                              | Decent       | Soiled          | Torn                 | Disordered   |
| Demeanor/behavior                     | Sober        | Abusive         | Talkative            |              |
|                                       | Aggressive   | Boastful        | Calm                 |              |
| Face                                  | Normal       | Flushed         | Pale                 |              |
| Eyes                                  |              |                 |                      |              |
| Conjunctiva                           | Normal       | Congested       |                      |              |
| Pupils                                | Normal       |                 | Dilated              | Contracted   |
| Reaction to light                     | Normal       | Delayed         | Sluggishly reacting  | Non-reacting |
| Visual acuity                         | Normal       | Abnormal        |                      |              |
| Nystagmus                             |              |                 |                      |              |
| Horizontal gaze                       | Coarse       | Fine            | Continuous           | Absent       |
| Vertical gaze                         | Yes          | No              |                      |              |
| Convergence                           | Yes          | No              |                      |              |
| Ear (discharge)                       | Yes          | No              |                      |              |
| Mouth (signs of vomiting, salivation) | Yes          | No              |                      |              |
| Smell of alcohol                      | Strong       | Moderate        | Faint                | None         |
| Tongue                                | Dry          | Moist           | Clean                | Furred       |
| Speech                                | Normal       | Incoherent      | Stuttering           |              |
|                                       | Over precise | Thick & slurred |                      |              |
| Gait                                  | Normal       | Broad-gauge     | Stumbling            | Self-control |
| Reflexes                              | Normal       | Exaggerated     | Depressed (sluggish) |              |
| Mental state                          |              |                 |                      |              |
| Self-control                          | Normal       | Impaired        |                      |              |
| Memory                                | Clear        | Vague           | Confused             |              |
| Orientation                           |              |                 |                      |              |
| Time                                  | Good         | Moderate        | Bad                  | Indefinite   |
| Place                                 | Good         | Moderate        | Bad                  | Indefinite   |
| Reaction time                         | Normal       | Delayed         | Increased            |              |
| Drug abuse                            | Needle marks | Shivering       | Yawning              |              |
|                                       | Rhinorrhea   | Gooseflesh      | Lacrymation          |              |

Specimen of handwriting \_\_\_\_\_

### Impairment tests (to determine incoordination)

|                                         |        |          |           |        |
|-----------------------------------------|--------|----------|-----------|--------|
| <b>1. Romberg's test</b>                |        |          |           |        |
| Able to stand still during instructions | Yes    | No       |           |        |
| Body swaying                            | Marked | Moderate | Minimal   | Absent |
| Able to complete the test               | Yes    | No       |           |        |
| <b>2. Walk and Turn test</b>            |        |          |           |        |
| Able to stand still during instructions | Yes    | No       |           |        |
| Start too soon                          | Yes    | No       |           |        |
| Stops walking                           | Yes    | No       |           |        |
| Misses heel/toe                         | Yes    | No       |           |        |
| Gait on turning                         | Normal | Unsteady | Stumbling |        |
| Steps off line                          | Yes    | No       |           |        |
| <b>3. One leg stand test</b>            |        |          |           |        |



|                                 |        |          |         |        |
|---------------------------------|--------|----------|---------|--------|
| Body swaying                    | Marked | Moderate | Minimal | Absent |
| Puts foot down                  | Yes    | No       |         |        |
| Hops                            | Yes    | No       |         |        |
| <b>4. Finger and Nose test</b>  |        |          |         |        |
| Body swaying                    | Marked | Moderate | Minimal | Absent |
| Correct hand use                | Yes    | No       |         |        |
| Hand movements (incoordination) | Yes    | No       |         |        |

### Systemic examination

Cardiovascular system (heart sounds) \_\_\_\_\_

Respiratory system (PN, breath sounds, added sounds) \_\_\_\_\_

GIT examination (Soft/tender/liver, spleen, kidneys/bowel sounds) \_\_\_\_\_

Blood alcohol level (using breathalyzer or biochemical examination) \_\_\_\_\_mg%

**Sample preserved:** Blood (in sodium fluoride and potassium oxalate) and urine (sodium fluoride) for FSL examination

### Opinion

Based on clinical and chemical examination, I am of the opinion that the above person has:

Consumed alcohol and is under the influence of it

Consumed alcohol but is not under its influence

Not consumed alcohol

Place\_\_\_\_\_

Signature of the Doctor

Date\_\_\_\_\_

Name, Designation and Seal

---

Received MLR No. \_\_\_\_\_ along with a sealed glass vial, sample seal and an envelope addressed to chemical examiner.

Name\_\_\_\_\_P.C. No\_\_\_\_\_P.S. \_\_\_\_\_

Signature and date

## CERTIFICATE OF DRUNKENNESS

### Department of Forensic Medicine and Toxicology

MLR No. \_\_\_\_\_

C.R.No \_\_\_\_\_

#### Patient details

Name \_\_\_\_\_ S/D/W of \_\_\_\_\_

Address \_\_\_\_\_

Gender \_\_\_\_\_ Age (as reported) \_\_\_\_\_ years

Educational status \_\_\_\_\_ Occupation \_\_\_\_\_

#### Examination details

Date & time of examination \_\_\_\_\_ Time of completion \_\_\_\_\_

Requisition from \_\_\_\_\_ Vide letter no. \_\_\_\_\_ Dated \_\_\_\_\_

Brought by (Name & signature) \_\_\_\_\_ P.C.No \_\_\_\_\_ P.S. \_\_\_\_\_

Accompanied by (name and relation) \_\_\_\_\_

#### Informed consent

I, \_\_\_\_\_ S/D/W of \_\_\_\_\_ hereby agree for a complete physical examination, recording of findings, collection of specimens as necessary for laboratory analysis and any other investigations as recommended by the examining doctor and release of a report to the police officials/ court of law concerned. This procedure has been fully explained to me. Further, I have been explained that the result may go against me. This information may be used for teaching and research purposes provided no identifying data is released.

The above has been explained to me in \_\_\_\_\_ language and I have fully understood the same and I am signing this consent by my own free will.

Signature and name of the witness

Signature/ thumb impression of patient/guardian

Address \_\_\_\_\_

#### Identification marks

1.

2.

**Brief history of the case** \_\_\_\_\_

\_\_\_\_\_

Narrated by \_\_\_\_\_

**Medical history**

Current medical problems \_\_\_\_\_

Past medical history \_\_\_\_\_

Hearing problems \_\_\_\_\_

Visual problems \_\_\_\_\_ Use of spectacles/contact lens: Yes/No

Balance problems \_\_\_\_\_

Diabetes: Yes/No                      If taking insulin, when and how much taken \_\_\_\_\_

Epilepsy: Yes/No              Renal impairment: Yes/No              Hepatic impairment: Yes/No

Prescribed medication \_\_\_\_\_

**Specific history of alcohol intake**

Quantity of alcohol consumed in last 24 hours \_\_\_\_\_ Type of liquor \_\_\_\_\_

First drink at \_\_\_\_\_ AM/PM                      Last drink at \_\_\_\_\_ AM/PM

Last meal \_\_\_\_\_ AM/PM                      Type of meal \_\_\_\_\_

Weekly alcohol intake \_\_\_\_\_

Drug/addiction \_\_\_\_\_

Past psychiatric history \_\_\_\_\_

Past self-harm attempts \_\_\_\_\_

Previous trauma (particularly to head and extremities) \_\_\_\_\_

Social history \_\_\_\_\_

Family history \_\_\_\_\_

## General physical examination

Built: Well/Average/Poor

Height \_\_\_\_\_ cm

Weight \_\_\_\_\_ kg

Pulse \_\_\_\_\_ /min

BP \_\_\_\_\_ mm Hg

Respiratory rate \_\_\_\_\_ /min

Areas of the body examined (*note injuries on separate body diagrams*) \_\_\_\_\_

|                                       |              |                 |                      |              |
|---------------------------------------|--------------|-----------------|----------------------|--------------|
| Clothing                              | Decent       | Soiled          | Torn                 | Disordered   |
| Demeanor/behavior                     | Sober        | Abusive         | Talkative            |              |
|                                       | Aggressive   | Boastful        | Calm                 |              |
| Face                                  | Normal       | Flushed         | Pale                 |              |
| Eyes                                  |              |                 |                      |              |
| Conjunctiva                           | Normal       | Congested       |                      |              |
| Pupils                                | Normal       |                 | Dilated              | Contracted   |
| Reaction to light                     | Normal       | Delayed         | Sluggishly reacting  | Non-reacting |
| Visual acuity                         | Normal       | Abnormal        |                      |              |
| Nystagmus                             |              |                 |                      |              |
| Horizontal gaze                       | Coarse       | Fine            | Continuous           | Absent       |
| Vertical gaze                         | Yes          | No              |                      |              |
| Convergence                           | Yes          | No              |                      |              |
| Ear (discharge)                       | Yes          | No              |                      |              |
| Mouth (signs of vomiting, salivation) | Yes          | No              |                      |              |
| Smell of alcohol                      | Strong       | Moderate        | Faint                | None         |
| Tongue                                | Dry          | Moist           | Clean                | Furred       |
| Speech                                | Normal       | Incoherent      | Stuttering           |              |
|                                       | Over precise | Thick & slurred |                      |              |
| Gait                                  | Normal       | Broad-gauge     | Stumbling            | Self-control |
| Reflexes                              | Normal       | Exaggerated     | Depressed (sluggish) |              |
| Mental state                          |              |                 |                      |              |
| Self-control                          | Normal       | Impaired        |                      |              |
| Memory                                | Clear        | Vague           | Confused             |              |
| Orientation                           |              |                 |                      |              |
| Time                                  | Good         | Moderate        | Bad                  | Indefinite   |
| Place                                 | Good         | Moderate        | Bad                  | Indefinite   |
| Reaction time                         | Normal       | Delayed         | Increased            |              |
| Drug abuse                            | Needle marks | Shivering       | Yawning              |              |
|                                       | Rhinorrhea   | Gooseflesh      | Lacrymation          |              |

Specimen of handwriting \_\_\_\_\_

**Impairment tests** (to determine incoordination)

|                                         |        |          |           |        |
|-----------------------------------------|--------|----------|-----------|--------|
| <b>1. Romberg's test</b>                |        |          |           |        |
| Able to stand still during instructions | Yes    | No       |           |        |
| Body swaying                            | Marked | Moderate | Minimal   | Absent |
| Able to complete the test               | Yes    | No       |           |        |
| <b>2. Walk and Turn test</b>            |        |          |           |        |
| Able to stand still during instructions | Yes    | No       |           |        |
| Start too soon                          | Yes    | No       |           |        |
| Stops walking                           | Yes    | No       |           |        |
| Misses heel/toe                         | Yes    | No       |           |        |
| Gait on turning                         | Normal | Unsteady | Stumbling |        |
| Steps off line                          | Yes    | No       |           |        |
| <b>3. One leg stand test</b>            |        |          |           |        |
| Body swaying                            | Marked | Moderate | Minimal   | Absent |
| Puts foot down                          | Yes    | No       |           |        |
| Hops                                    | Yes    | No       |           |        |
| <b>4. Finger and Nose test</b>          |        |          |           |        |
| Body swaying                            | Marked | Moderate | Minimal   | Absent |
| Correct hand use                        | Yes    | No       |           |        |
| Hand movements (incoordination)         | Yes    | No       |           |        |

**Systemic examination**

Cardiovascular system (heart sounds) \_\_\_\_\_

Respiratory system (PN, breath sounds, added sounds) \_\_\_\_\_

GIT examination (Soft/tender/liver, spleen, kidneys/bowel sounds) \_\_\_\_\_

Blood alcohol level (using breathalyzer or biochemical examination) \_\_\_\_\_mg%

**Sample preserved:** Blood (in sodium fluoride and potassium oxalate) and urine (sodium fluoride) for FSL examination

## Opinion

Based on clinical and chemical examination, I am of the opinion that the above person has:

Consumed alcohol and is under the influence of it

Consumed alcohol but is not under its influence

Not consumed alcohol

Place\_\_\_\_\_

Signature of the Doctor

Date\_\_\_\_\_

Name, Designation and Seal

---

Received MLR No. \_\_\_\_\_ along with a sealed glass vial, sample seal and an envelope addressed to chemical examiner.

Name\_\_\_\_\_P.C. No\_\_\_\_\_P.S. \_\_\_\_\_

Signature and date

### **Exercise No. 16 EXAMINATION OF SLIDES**

#### **Competency No. FM 14.6**

**Demonstrate and interpret medico legal aspects from examination of hair (Human & Animal), fibre, semen & other biological fluids.**

[Core Competency - **Yes**, Domain - **Skill**, Level- **Knows How**]

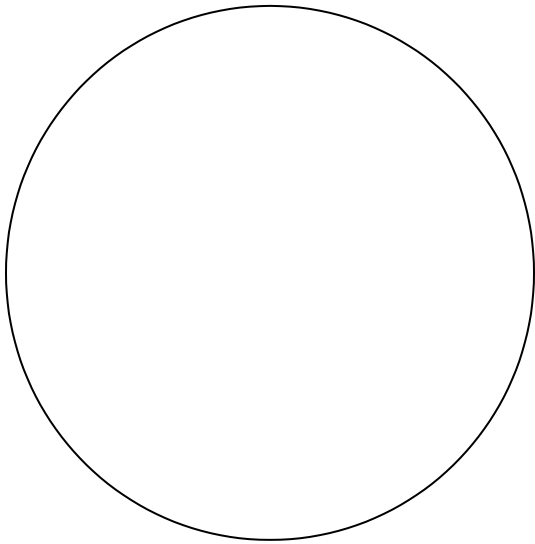
**Suggested Teaching Learning method** – Small group discussion, Lecture

**Assessment method suggested** – Log book/ Skill station/ Viva voce/ OSCE

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                          | <b>Domain</b> | <b>Level</b> |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM14.6.1       | The student should be able to identify & differentiate human hair, animal hair & a fibre by gross examination & slide examination under microscope correctly.                                               | S             | KH           |
| FM14.6.2       | The student should be able to identify the changes imparted to human hair by various injuries by gross examination & slide examination under microscope & interpret the agent causing the injury correctly. | S             | KH           |
| FM14.6.3       | The student should be able to identify the vaginal epithelium with/without spermatozoa by slide examination under microscope & interpret its medico legal importance correctly.                             | S             | KH           |

**Examination of hair (Human & Animal), fibre, semen & other biological fluids.**

**1.**

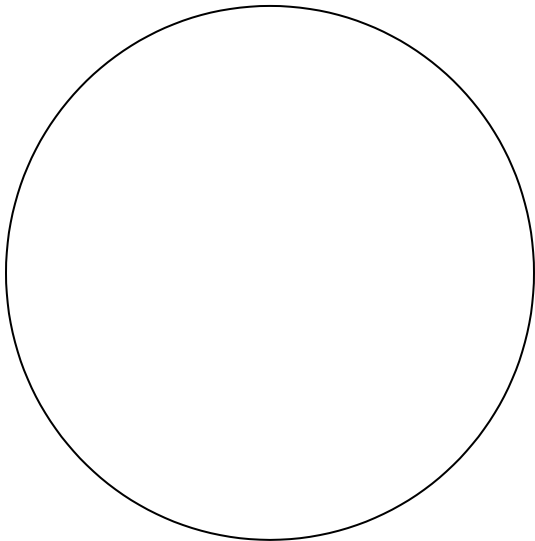


Observation:

Interpretation:

Medico legal aspects:

**2.**



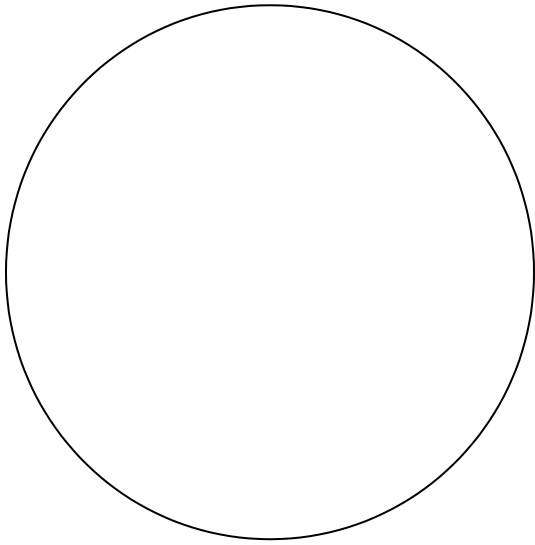
Observation:

Interpretation:

Medico legal aspects:



3.

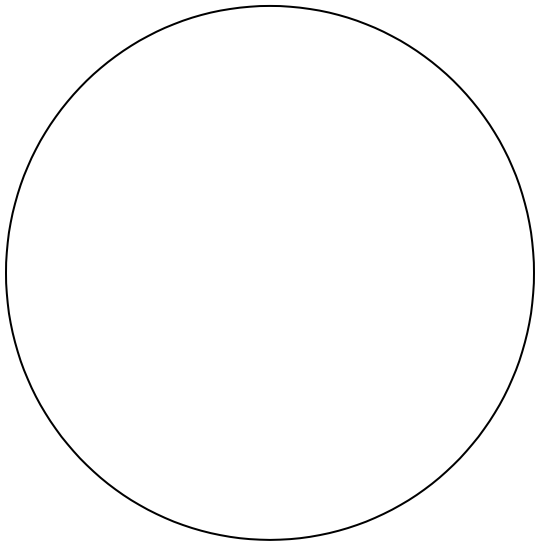


Observation:

Interpretation:

Medico legal aspects:

4.

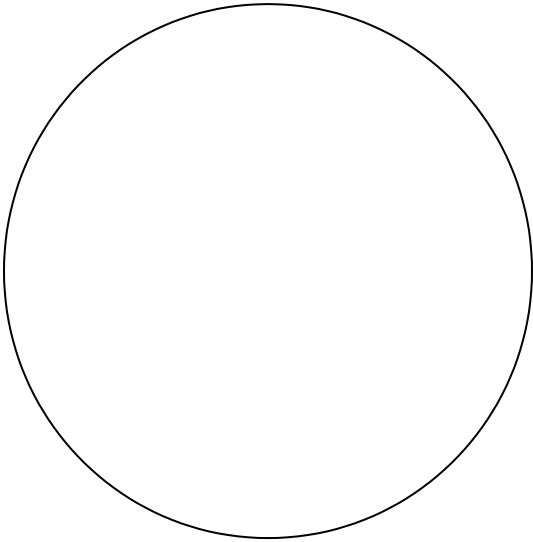


Observation:

Interpretation:

Medico legal aspects:

5.

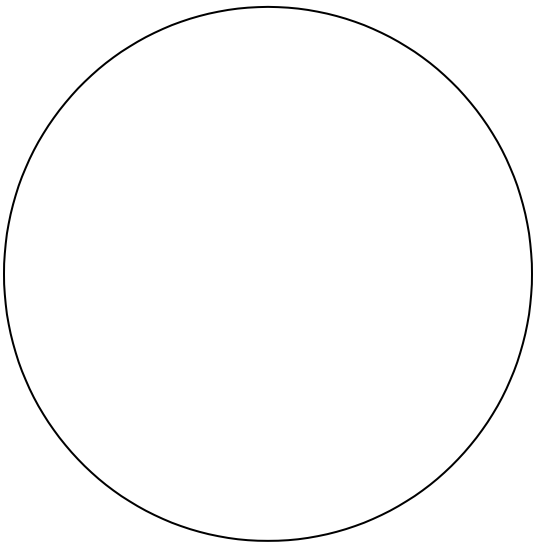


Observation:

Interpretation:

Medico legal aspects:

6.

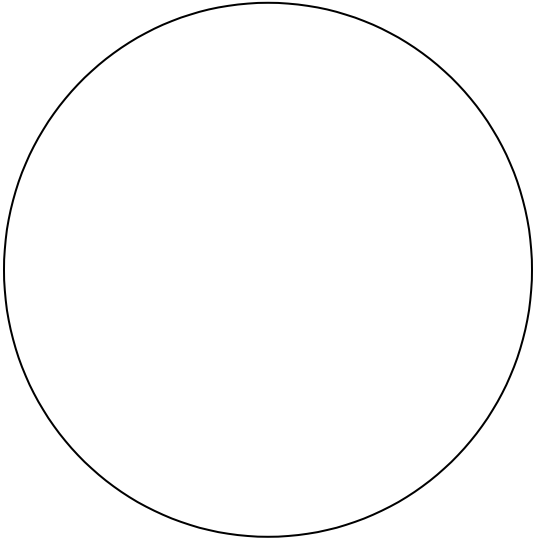


Observation:

Interpretation:

Medico legal aspects:

7.

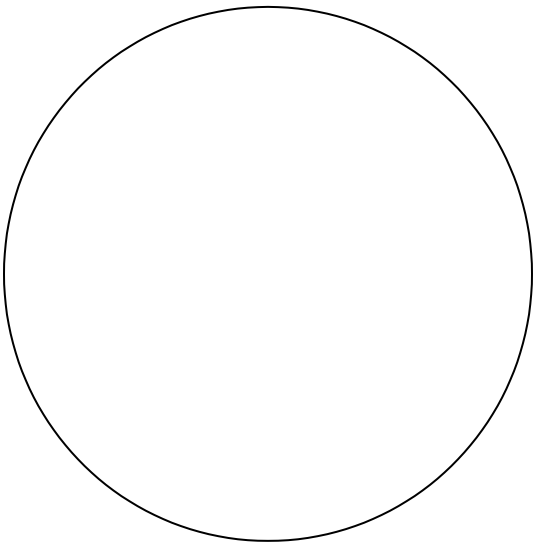


Observation:

Interpretation:

Medico legal aspects:

8.



Observation:

Interpretation:

Medico legal aspects:

**Competency No. FM14.7**

**Demonstrate & identify that a particular stain is blood and identify the species of its origin.**

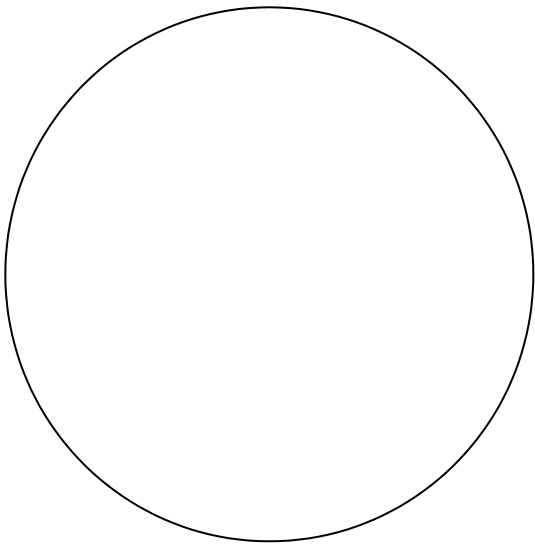
[Core Competency - **Yes**, Domain - **Skill**, Level- **Knows How**]

**Suggested Teaching Learning method** – Small group discussion, Lecture

**Assessment method suggested** – Log book/ Skill station/ Viva voce

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                           | <b>Domain</b> | <b>Level</b> |
|----------------|------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM14.7.1       | The student should be able to demonstrate chemical tests for identification of blood in the stain.                           | S             | SH           |
| FM14.7.2       | The student should be able to identify haemin crystals by slide examination under microscope to identify blood in the stain. | S             | KH           |

**FM14.7.1 Identify the blood stain and the species of its origin.**



Observation:

Interpretation:

Medico legal aspects:

**Competency No. FM14.19**

To identify & prepare medico legal inference from histo-pathological slides of Myocardial infarction, pneumonitis, tuberculosis, brain infarct, liver cirrhosis, brain haemorrhage, bone fracture, pulmonary oedema, brain oedema, soot particles, diatoms & wound healing.

[Core Competency - **Yes**, Domain - **Skill**, Level- **Knows How**]

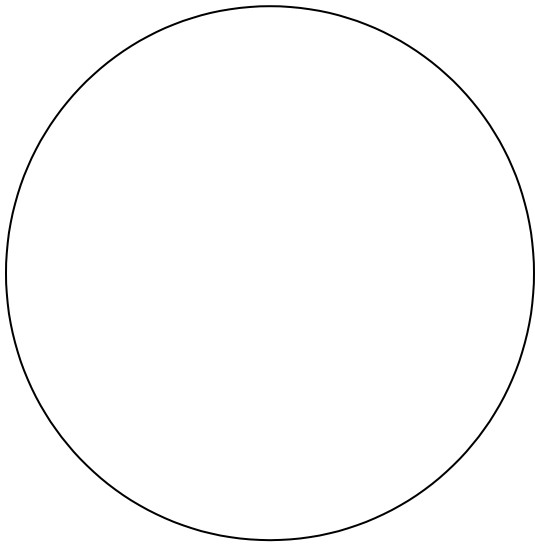
**Suggested Teaching Learning method** – Small group discussion, DOAP session

**Assessment method suggested** – Log book/ Skill station/ Viva voce

| SLO No.   | SPECIFIC LEARNING OBJECTIVE                                                                                                                                                                       | Domain | Level  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| FM14.19.1 | The student should be able to refresh/recapitulate the basic normal histology of various vital organs of human body.                                                                              | K      | K      |
| FM14.19.2 | The student should be able to describe grossing (where & how to take sample, amount of the sample & its preservation) of tissues, bone, or any body part for forensic histopathology examination. | S      | KH, SH |
| FM14.19.3 | The student should be able to describe slide preparation (tissue fixation, tissue sectioning, staining) visualization procedure (Microscopy in low power 10X & high power 40X).                   | S      | KH, SH |
| FM14.19.4 | The student should be able to deduce/determine medico legal interpretation of histopathology findings for concluding cause of death.                                                              | S      | KH, SH |

**Study of Histo-pathological slides:**

**1.**

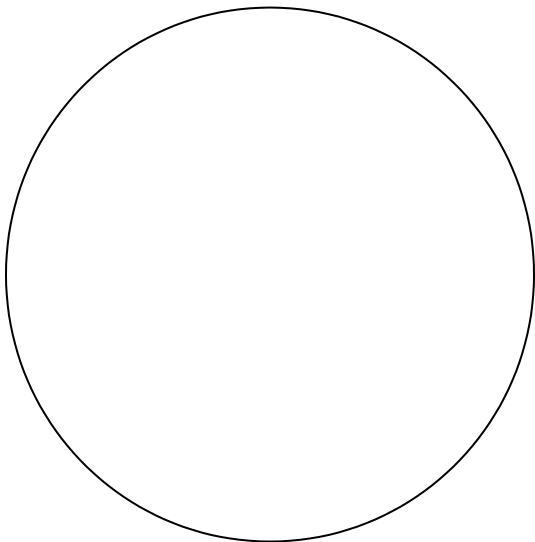


Observation:

Interpretation:

Medico legal aspects:

**2.**

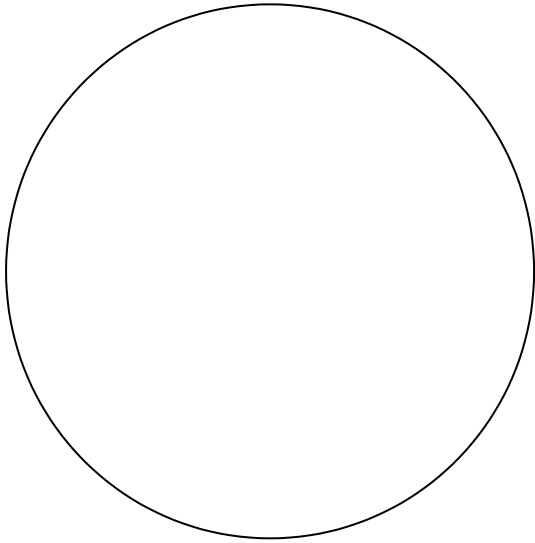


Observation:

Interpretation:

Medico legal aspects:

**3.**

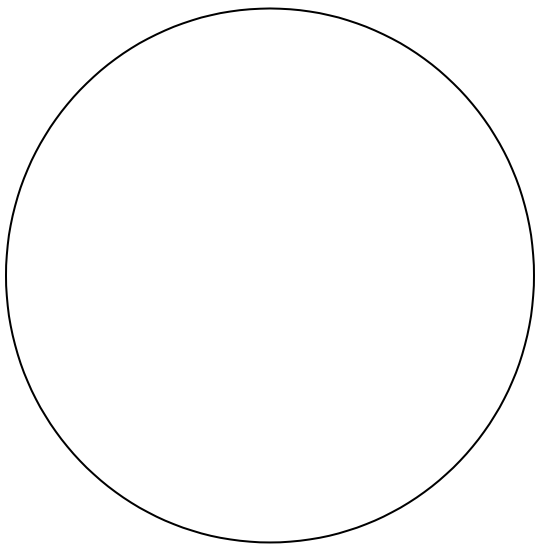


Observation:

Interpretation:

Medico legal aspects:

**4.**



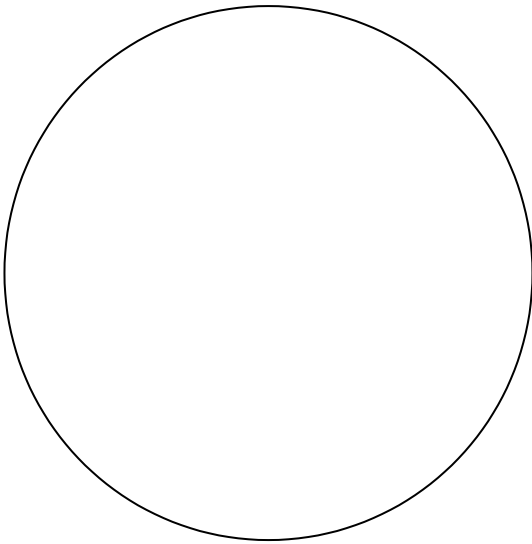
Observation:

Interpretation:

Medico legal aspects:



5.

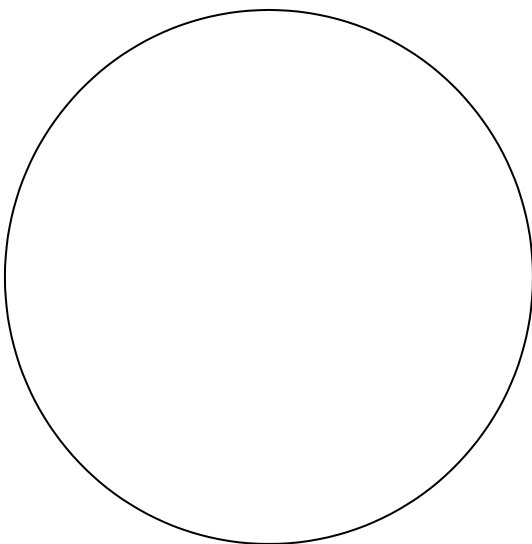


Observation:

Interpretation:

Medico legal aspects:

6.

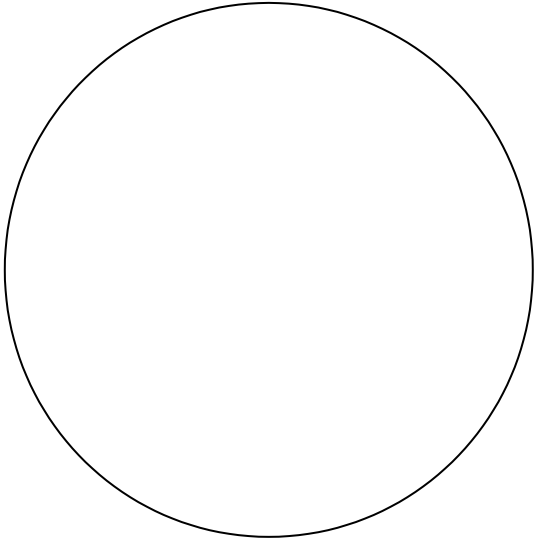


Observation:

Interpretation:

Medico legal aspects:

7.

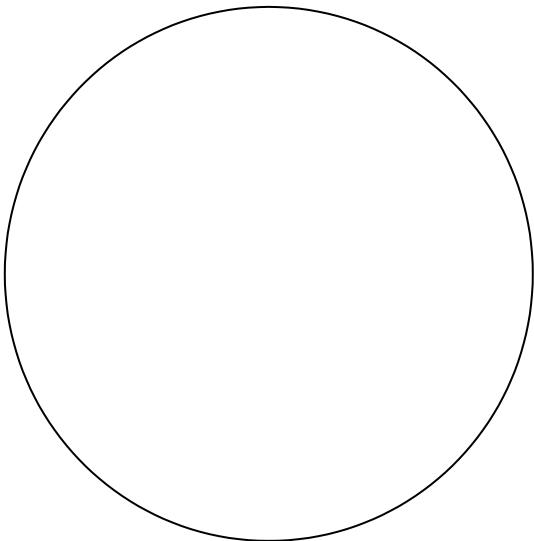


Observation:

Interpretation:

Medico legal aspects:

8.

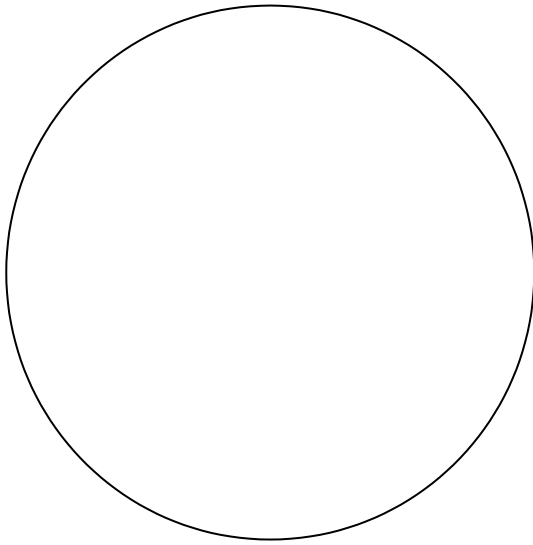


Observation:

Interpretation:

Medico legal aspects:

9.

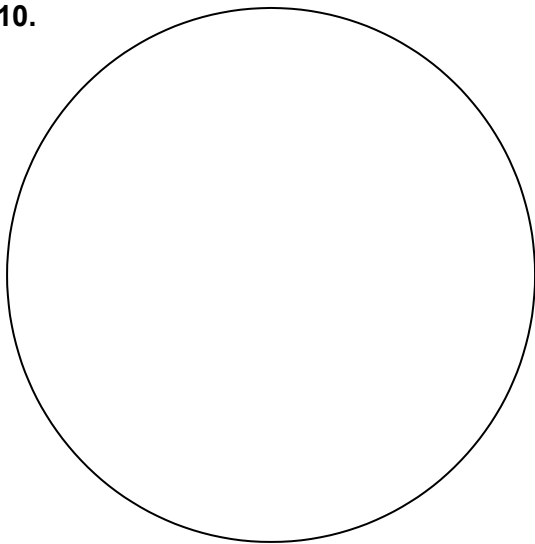


Observation:

Interpretation:

Medico legal aspects:

10.

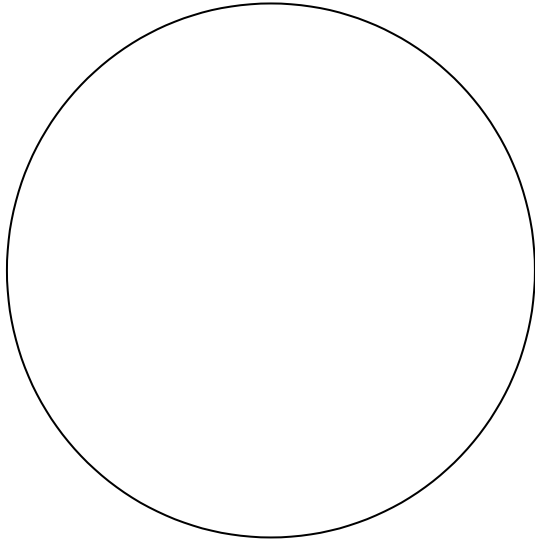


Observation:

Interpretation:

Medico legal aspects:

11.

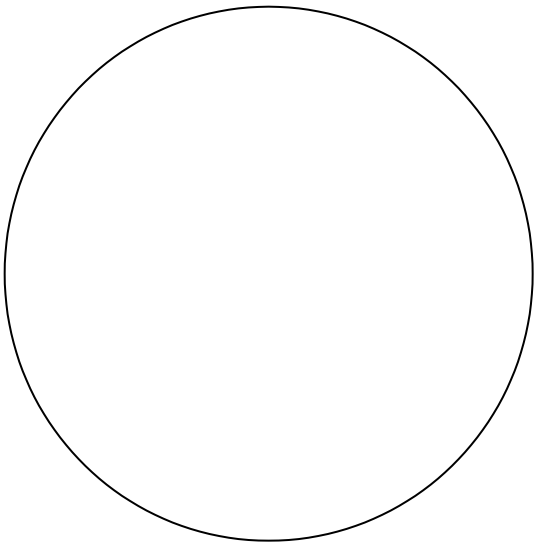


Observation:

Interpretation:

Medico legal aspects:

12.



Observation:

Interpretation:

Medico legal aspects:

### **Exercise No. 17 POST MORTEM REPORT WRITING**

#### **Competency No. FM14.5**

**Conduct & prepare post-mortem examination report of varied etiologies (at least 15) in a simulated/supervised environment.**

[Core Competency - **Yes**, Domain - **Skill**, Level- **Knows How**]

**Suggested Teaching Learning method** – Small group discussion, Autopsy, DOAP session

**Assessment method suggested** – Log book/ Skill station/ Viva voce/ OSCE

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                                                                                                                               | <b>Domain</b> | <b>Level</b> |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM 14.5.1      | The student should be able to identify all the pre-requisites & enumerate the required documents for conducting medico legal post-mortem examination.                                                                                                                                                            | S             | KH           |
| FM 14.5.2      | The student should be able to able to record all the preliminary data of the deceased in the post-mortem report.                                                                                                                                                                                                 |               |              |
| FM 14.5.3      | The student should be able to demonstrate examination of clothes and belongings of the deceased and interpret the findings on them & record them in the post-mortem report in order.                                                                                                                             | S             | KH           |
| FM 14.5.4      | The student should be able to demonstrate external examination of the body including - identification marks, temperature, rigor mortis, post-mortem lividity, any stains, skin changes and interpret the findings with reference to time since death & cause of death and record them in the post-mortem report. | S             | KH           |
| FM 14.5.4      | The student should be able to demonstrate examination of external injuries noting the dimensions, severity, type of weapon used, time since injury inflicted, whether ante-mortem or post-mortem and record them in the post-mortem without any omission.                                                        | S             | KH           |
| FM 14.5.5      | The student should be able to demonstrate internal examination of the cavities of head, neck, thorax, abdomen with their contents and identifying any injury/abnormality/ or pathology & record them in the post-mortem report.                                                                                  | S             | KH           |
| FM 14.5.6      | The student should be able to identify the viscera/samples to be collected for histopathology, microbiology, serology, chemical analysis or any other investigation & record them in the post-mortem report.                                                                                                     | S             | KH           |
| FM 14.5.7      | The student should be able to determine the probable cause of death from the post-mortem examination with name, date, signature, designation & seal in a simulated/supervised environment.                                                                                                                       | S             | KH           |

**Post-Mortem Serial Number—**

**Post-Mortem Certificate Number—**

This form is intended for use only in medico-legal cases. The Medical Officer Conducting the autopsy may dictate rough notes as the examination proceeds, which may be entered in copying pencil in this loose form by his assistant or Compounder. The Medical Officer should sign the loose form after satisfying himself that the entries are correctly made and should copy the same himself in his bound book M1-64 immediately (*Vide* G.O.No.206, Medical, dated 7th April 1919). The loose form (Medical-1-28) should be considered as the original document liable to be produced in Judicial Courts as evidence on proof of the correctness of the entries made in the post-mortem certificates. No additions should be made to it later.

2. Medical Officer conducting Post-Mortem Examinations should go through Paragraphs 399 to 410 and Paragraphs 591 and 592 of the Madras Civil Medical Code (Code-1).

3. The printed matter indicates the Principal, morbid appearances and is a guide and refresher to memory. It is not to be considered complete and detailed. The measurements and weights are from European sources and are perhaps higher than the average for this country. In recording appearances both positive and negative findings would be of value.

4. Attention is invited to the Surgeon-General's Circular No. 39 of the 7th July 1914, regarding the responsibility of Senior Medical Officers in Station towards autopsies.

#### Post-Mortem Examination

ON THE BODY OF

male  
\_\_\_\_\_ named  
female

Age

Conducted By

at

on

GCP—180-3 (Medl. I-28)—10,000 Cps.—28-5-14 [HCL-B]

180-3—1

Notes from the requisition for a post-mortem examination on the body of a male  
female.

Named \_\_\_\_\_ aged about \_\_\_\_\_

Year \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Residence \_\_\_\_\_

Caste : \_\_\_\_\_ Occupation: \_\_\_\_\_

Approximate height \_\_\_\_\_ feet : \_\_\_\_\_ inches \_\_\_\_\_ New born averages

Approximate breadth \_\_\_\_\_ inches \_\_\_\_\_ Europeans (Jeliet)

Approximate girth : \_\_\_\_\_ inches \_\_\_\_\_ length 20 inches weight

Approximate weight \_\_\_\_\_ pounds \_\_\_\_\_ 8 lb, 8 oz to 7 lb

Indian (Lyons) length 16 to 20 inches,  
weight 4 lb, 5 oz to 7 lb.

Identification marks—

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) Tatoo marks and pattern \_\_\_\_\_

(5) Caste marks — \_\_\_\_\_

Found \_\_\_\_\_ at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

Died \_\_\_\_\_ p.m. \_\_\_\_\_

sent by \_\_\_\_\_ with letter No. \_\_\_\_\_

dated incharge of Constable \_\_\_\_\_ No. \_\_\_\_\_

Received at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ p.m. \_\_\_\_\_

It is stated that the body found\*at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ p.m. \_\_\_\_\_

It is stated that there was an interval of hours \_\_\_\_\_

minutes between the last eating, drinking \_\_\_\_\_

and the development of the symptoms which were:—

Vomiting \_\_\_\_\_

Purging \_\_\_\_\_

Loss of sensation. \_\_\_\_\_

Dilatation \_\_\_\_\_ of pupils \_\_\_\_\_

Contraction. \_\_\_\_\_

Unconsciousness \_\_\_\_\_

Excitement \_\_\_\_\_

Flushing of face \_\_\_\_\_

\*State, if hanging, drowned or other posture in relation to surrounding objects

State Nature of vomit exerts.





State parts affected and nature:

Twitching

Tinging

convulsions      clonic  
                             Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth      colours.

Dryness of moistness of skin

Collapse

Suffocation

Cyanosis (Lividity)

Deep Sleep

Other persons partook of the same food, drink and exhibited (Symptoms)

The following articles were also sent with the corpse:—

The purpose for which these  
were sent and nature of  
examination to be conducted

Description cuts, stains and  
number of cloths, etc.

Clothes

Ornaments, Jewellery

Excreta

Vomit.

Urine

Weapons

Gas (from unused wells, cesspools, rooms, etc.)

Describe the mode of packing  
and seals.

Is the body decomposed or otherwise.

Short history of case in duplicate, if supplied or not.

Copy of history or case sheet from hospital or if treated outside sent or not.

The body was reported to have been received in Mortuary at  
on                      through Police Constable No.

Further notes, if any (such as short notes from case sheet of Hospital, etc.)

(signed)

### Notes of Post-Mortem Examination

The body was first seen by the undersigned at \_\_\_\_\_ a.m. \_\_\_\_\_ if the body was seen before  
 \_\_\_\_\_ on post-mortem examination,  
 p.m. note time and general condi-  
 tion found.

Its condition then was \_\_\_\_\_

The examination was conducted by \_\_\_\_\_ (on dated)  
 and was begun at \_\_\_\_\_ (place)

Name : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : \_\_\_\_\_  
 Height : \_\_\_\_\_ Breadth : \_\_\_\_\_ Weight : \_\_\_\_\_

Identification marks (as seen by the Medical Officer)

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_

These \_\_\_\_\_ do  
 \_\_\_\_\_ agree with the identification marks given in the requisition  
 do not

Clothing—

Say whether worn or not  
 and how worn and describe.

Jewellery—

Whether worn or not  
 marks left by them and describe.

Body identified by P.C. No.

Name

## EXTERNAL EXAMINATION.

## GENERAL SURVEY OF THE BODY.

1. *Condition of cloths* - Dry or wet, Stained, etc., ..
2. *Surroundings of the body* .. .. .
3. *Attitude of Body*-Lies on back, arms close to sides flexed at elbows, forearms in pronation supination palms resting on trunk, lower limbs extended, flexed, close or apart.
4. *Temperature of the body with a thermometer*
5. *State of Nutrition*-Body is corpulent, stout, well-nourished, emaciated, not muscular, adipose cremation.
6. *Symmetry of body*-proportion of head to body; unequal development of limbs; atrophy of muscles (name them); deformities or losses. Maldevelopments; co-tractors; distortion (rickets Osteomalasia).
7. *Colour of skin*-Pale, purple or lived of face, neck and trunk, colour of mucosa (oral, conjunctival, preputial, vaginal and anal). Discoloration (pigmentation and decoloration-Mention Sites, distribution and colour) albinism, leucoderma, leprosy, pityriasis, chlorosis, jaundice, Addison's-Patches.
8. (a) Colour of iris.  
(b) Colour of hair, length of hair, shaved or not-  
Head  
\_\_\_\_\_  
Mustache.  
\_\_\_\_\_  
Ampits.  
\_\_\_\_\_  
Pubis.
9. Presence of visible diseases,-Bilsters, Vehicles, eruptions or rash, scales, erysipelas, thickening tumours, ulcers (oral, labial Cutaneous, anal), scare naevi disease of hair, mention site and nature.
10. (a) Body is covered with blood, vermix, caseous with down, scraf skin.
11. (b) *Scars and tatoo marks Injuries*-Describe them (*Vide sketch*) (Scratches, Echymosisbruises-contusions, wounds fracture, dismemberment, etc., location, direction, length, breadth, depth margins, talling (examine with lens; draw outlines if injuries if possible) bleeding or covered with clot or scab-Probable age of injury, foreign bodies in wounds, cuts on clothing correspond with wounds on body. Foreign bodies in natural passages (mention nature, size, weight, etc.) marks of rope round, neck injuries caused by sharp or blunt, heavy or light weapons self inflicted or produced by fits, mention whether Epileptic, Eclamptic-Uraemic, etc., and those induced by drugs. When injury to tongue by biting or to face by falling, etc. may be caused, returns and scaled :



12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body ward, muscles relaxed and contractile, rigidly rigor mortis present (parts), passed off (parts), eyeballs flaccid, flattening or points of support, postmortem hypostasis (prove by pressure and incision and state and area), marks and lived blood vessels green discoloration, odour, softening of eyeballs, exudation from mouth and nose, ova of flies present moving maggots seep, prebs on back of legs, neck sides of chest, etc., peeling cuticle loosening of hair, thorax and abdomen burst sutures of skull opened, eyelid everted, saprophytation, mummification, damage by wild animals skeletonization.
14. The general appearances do or do not tally police report.
15. Death would have to occurred about (so many) hours or days ago.

#### HEAD FACE AND FORM.

16. Head of new born-diameter-Jellet—
 

|                             |       |                 |
|-----------------------------|-------|-----------------|
| (a) Cervico-bregmatic       | .. .. | 7.88 cms. (8)   |
| (b) Frontal-mental          | .. .. | 12.38 cms. (12) |
| (c) Supra occipito mental   | .. .. | 11.25 cms. (11) |
| (d) Occipito mental         | .. .. | 10.12 cms. (10) |
| (e) Occipito frontal        | .. .. |                 |
| (f) Sub-Occipito frontal    | .. .. | 9 cms.          |
| (g) Sub-Occipito leregmatic | .. .. | 8.43. cms. (8)  |
| (h) Bitemporal              | .. .. | 7.2. cms. (7)   |
| (i) Biparietal              | .. .. | 8.43 cms. (8)   |
| (a) Sub-occipito-pregmatic  | .. .. | 28.5 cms. (29)  |
| (b) Occipito-frontal        | .. .. | 30.93 cms. (31) |
| (c) Supra occipito-mental   | .. .. | 32.40 cms. (32) |
| (d) Cervico-bregmatic       | .. .. | 28.4 cms. (29)  |
17. *Features*.— Symmetrical, contorted, calm, distorted, pale, lived, congested, swollen, bloated, prominent veins of forehead, mutilated.
18. *Scalp*-Loss of hair, arrangement of hair, disorder of hair oedema, tumours, caput-succidaneum, haemorrhage, suppuration, depression bosses.
19. *Eyelids*.—Open, closed, bulged, gouged, arcus, senils, pupils-contracted, normal, dilated, Eyelids-suffused, swollen haemorrhage is angles of eyes, horizontal upturned, downturned.
20. *Nose*-Broken, discharge of blood, frothy blood mucous, foreign body, polypus, uiccy of septum.
21. *Mouth and lips*-Give forth characteristic odour of discoloured stained. Mucous lining softened, destroyed, exoriated herpeson.
22. *The tongue*-Protruded between teeth, stained mucous surface swollen, ulcer, new growth.
23. *Discharge of blood*-Froth frothy blood, putrid, fluid, etc., from mouth or nose of both. Trial of saliva running down the chest; foreign body in mouth.
24. *The jaws*-clenched, gums blue, red, spongy, tumours, necrosis, etc.
25. *The teeth*-Complete number broken, decayed, lost (mention the missing) tumours.
26. *The ears*-Discharge of pus, blood, fluid foreign body, pierced lotes recently torn.

27. *The neck glands*-Enlarged, caseous situation.
28. *Thorax*-Shape well formed, long and narrow barrel shaped, pigeon breasted funnel breasted, rickety rosary, on difference between to sides, fracture or diseases of ribs, cartilages, Tumours in thorax
29. *Trunk*-New born diameters jellet.  
Shoulders bisacromial 9.9. cms. (10)  
Sterno-dorsal 8.85 cms. (9)  
Bitrochanteric 8.85 cms. (9)  
Bis-iliac 8.43 cms. (8)  
Sacro-iliac 4.95 cms. (5)
30. *Mammary glands*-development, hypertrophy, atrophy, tumours cysts, primary areolae, secondary areolae (colour) stris alba.
31. *Axillary glands*-Enlarged, length.
32. *Abdomen*-Striae albicantes, linea, nigra caput medusae, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia umbilicus healed, umbilical cord, demarcated, tied and adherent, fallen).
33. *Groin*-Glands enlarged, buboes; ulcers, undescended testis tumours, scars.
34. *Generative organs*-Penis indrawn, shortened, development Urethral discharge-Veneral sore-Circumcised or not, scars.
35. *Scrotum*, elephantoid, hydrocele, tests enlarged, Labia-Hymen vagina fistula-Discharge of blood mucus, pus, presence of absence, torn fresh or old carunculate foreign body, ulcers, Marks of violence, Loose hairs (Preserve stains hair and foreign bodies) dimensions of genitals.

#### EXTREMITIES.

36. *Upper and lower limbs*-the hands, clenched, empty, contain straw, mud, extra digits show no signs of work fingers flexed, mark of wedding ring on finger, stains, fracture, dislocation nails not broken blue pale, sand mud or foreign body under nails; over grown or palrod; cholera fingers. *The feet*-Flat, inverted oedematous, nodes fractures dislocation deformity, stains on soles; foreign bodies under nails.

#### CENTRES OF OSSIFICATION.

(Casper and Tidy)

37. In the new born centre of ossification in of femur epiphysis of femur is three lines in diameter. Give others will be necessary.

#### INTERNAL EXAMINATION

*N.B.*—Don't tear through adhesions but cut them.

#### OPENING OF ABDOMEN.

38. *Abdomen*-Size, uniform, prominent or unequal, Fat, Depth, inches, colour *Panetes*-Retracted, distended, site of umbilicus Muscles; development-colour -Extravasion of blood in omentum spread, etc.
39. Level of diaphragm, Right-Left-Domes, Position of organs Normal-Adhesions-Enlargements, local inflammations-tumours.
40. Peritoneal cavity-Fluid in ounces, nature of fluid, turbid, blood stained, puerulent, lymph, flakes of fibrin.  
Peritoneum; adherent-Tubercle, Smears from exudate in peritoneum

*Note* :—Organs to be merely examined this stage.

## OPENING OF THORAX

41. Position and colour of organs, normal or abnormal.  
Fracture of ribs, pleura injected, surface roughened flakes of fibrin, effusion of blood fluid in-Amount in ounces Character lymph; old or recent adhesions wound. Spots of haemorrhage on visceral or parietal surfaces (Tardieu's spots) Mediastina Haemorrhages, etc., Lung borders meet or overlap; overlap on heart.
42. *Thymus*-Size (length, breadth, thickness), weight section-haemorrhage, tubercle, tumour.
43. *Pericardium*-staining, inflamed distended, fluid, amount, ounces, character of inner surface dark, rough., wounded, milk spots, exudate-Smears. Sopt of haemorrhage on visceral or parietal surface adhesions.
44. The heart-weight 150-360 grams, wound, rupture.  
Right auricle and appendage contain fluid blood-Right or dark, mixed clot, uniform clot, thrombus.  
Right ventricle contain fluid, clot, embolus, thrombus.  
Pulmonary artery-clot, embolus, thrombus  
Left auricle contain fluid blood clot thrombus. Left ventricle contain fluid blood, clot, thrombus, chambers dilated; mention them.  
Valvular rings dilated or contracted.
45. Valves and endocardium rigid, contracted, thickened, adherent, Valves perforated, torn vegetations, on puckered, atheromatous, chordae tendinae opaque, thickened, shortened broken.
46. *Coronary vessels*-Atheroma, emboli, thrombosis. Musculature hypertrophied, brown hypertrophied, fatty infiltration, fatty degeneration, abnormality other diseases.
47. *The great vessels*-Aorta, vena-cava, pulmonary artery, pulmonary veins, iliac vessels, etc., thrombosis, embolism, atheroma calcification, aneurism would rupture.
48. *The blood*-General character-Dark cherry coloured/coagulated clot soft or firm, layered or of uniform colour. Abnormally fluid. Take a blood smear, Bacteriological test if needed.
49. *The lungs*-Normal lung 240 gms to 660 gms. Average R 540 gms to 480 gms, colour-Distended Marked by ribs, do not collapse, dry, crepitant, soft oedematous congested friable, inelastic emphysematous congested friable. Inelastic emphysematous, collapsed atelectoid; lobes swollen shrunken, dark red, gray, firm friable soft, dry exclude frothy aerum, blood tent matter Pigmented adhesions haemorrhage, infraction, pleurisy, patches, if any, shape-Scars tubercle on surface.  
Section-Dry granular, moist on pressure exude blood (amount), watery fluid, mucus, pus, secretion, blood, tenacious, Air tubes rodged, thickened, dilated narrowed grew yellow tubercle chalky mass sinking cavities, pigment, fibroid change, red or gray hepatization purulent filtration, diffuse or circumscribed abscess, gangrene fumous, wound rupture, oedema, haemorrhage, Cut piece skin or float in water.
50. *Larynx*, glottis, *trachea bronchi*-Contain water, mud, vegetation (nature) etc. mucosa, injected, swollen, stained discoloured oedematous, covered with froth corrugated: leathery new growth, foreign body, loose or impacted, nature colour of mucosa.
51. *Hyoid bone broken*-Describe fracture, etc.,

52. *Thoracic duct*-inflamed, obstructed rupture wound etc.,
53. *Thyroid parathyroids*-Enlarged firm fibrous, etc.
54. *The Stomach*-Size, dilated, shrunken, distended with food or gas, hour-glass, outer surface, vascular, fresh lymph injected adherent, wound rupture.  
*Contents* Inarims odour colour, consistency foreign particles food particles nature and stage or digestion.  
*Inner surface*-Colour, injected, dilated and tortuous vessels, walls oedematous firm, hard, charge extravasation, effusion embedded foreign particles atrophied ulcer (character of edge base, perforation) tumours, etc., mucus-Anaemic injected inflamed thick soft hard, eroded, corrugated, leathery.
55. *Oesophagus*-Length 25 cms. (Grey) length:  
*Mucosa* Partly detached, easily, stripped; soft, brittle, sodder while, brown, yellowish; charred structure; ulcer; new growth impacted mass, wound rupture, diverticula:

#### PANCREAS

56. Average weight-60 to 180 gms.  
 Weight ounce, colour, consistence, inflammation, abscess, cude tumour, far necrosis.

#### THE LIVER.

57. Weight-1,200 to 1,800 gms.  
 Relations, adhesions, rupture, weight, enlarged diminished alaphed wound.  
 Capsule-Thin, loose, wrinkled, adherent.  
 Edges-Thick, thin, rounded, firm.  
 Surface-smooth, shining dull, nodulated, searlike bands or put red depressions.  
 Colour-Red, Yellow mottled nutmeg, pigmented, brown Pale chocolate, slaty.  
 Consistence-soft, firm, flabby, tough, fleshy, greasy friable, waxy, difficult translucent.
58. Gall bladder, full emty, stone, indlamed mucosa, thickened wall contracted, adherent-Lymphatic hands under liver enlarged malignant, etc.  
 Section-Colour, hyperaemic, nutmeg, granular, distended ducts embolism hydatid, abces cuts with creaking noise grease on knife free Iron-"Prussian, blue reaction" (Pot, Ferroeyanide and dilute be drochlorica acide), amaloid reaction (Tinet Iodine and dilute sulphuric acid) cut pieces sink or float in water.

#### THE SPLEEN.

59. Size 13 x 9 x 4 cms, Weight 90 to 210 gms.  
 Weight colour size, shape large, small, notch (portion) capsule wrinkled, thick, adherent, prispentitis (iced spleen) rupture, wound.  
 Consistence-Firm, soft, wax, friable, abscess, infracts, furbercle.  
 Section-Trabuculae and vessels not easily seen markedly visible, increased, colour cut surface, dry, moist concave, convex, in outline malpighalan, bodies visible, enlarged.  
 Consistence of section pulp, easily, wasted, off scraped with difficulty Assessory spleen.

#### OMENTUM AND MESENTERY.

60. Mesentery-cm, long  
 (Grey 202 cms. broad)  
 Relations fat, adhesions, injections, hypostasis, Herira, glands,



swollen desecous, ulcerating tubercle, efution of lymph into  
transesence and oedema.

61. THE KIDNEYS

Weight-90-180 gms.

Male-120 to 165 gms.

FEMALE LEFT HEAVIER.

Size-10 x 6 x 3 cms.

Weight Right left-Grams,

Larger, Smaller, heavier, colour-Red, pale mottled, translucen,  
purple pale, yellowish, consistence, firm, flabby, position of ureters  
abnormalities, section-soft, firm, friable anaemic, pyperafatmic,  
colour difference between cortex increased diminished, narrow,  
pelvis, dilated, peripelvis at increased pyramids, calices, infraction  
embolism in vessels, Capsule strips easily, partialy adherent, very  
adherent, thick, thin.

Surface of kidney-Congested, pale, stellale veins markedly visible,  
cysts on surface, smooth, rough granular, lobulated.

62. SUPRARENAL CAPSULES.

Size

Length

Breadth

Thickness

Weight Accessory Suprenals— abscess.

cyst, rupture, wound, enlarged, Irregular, firm, adherent, section,  
yellow, grey white cheesy, calcified.

63. THE INTESTINES.

Pylorus to lico caecal valve 610 cms. to 1057 cms. (Grey)

Duodenum 2.5 cms.

Jejunum 244 cms.

Ileum 366 cms.

Caecum 6 cms.

Colon 56 cms-152 cms.

Ascending colon 13 cms.

Transverse 51 cms.

Descending 25 cms.

Sigmoid 41 cms.

Return 11 cms.12 cms.

64. Small intestine-outer, surface, injected, hypostasis, lymph, fibrin,  
adhesions, tubercle, tumours.

Contents-Colour, quantity, consistency, food particles, foreign  
particles, parasites, bacteriological, examination, if needed.

Mucosa-Injected, pale, alrophied swollen pulpy, gangerenous  
ulcerated direction, of ulcers lymph follicles, Peyer's patches  
lymphatices, stoughing (size and shape slough and ulcers)  
character margins of ulcers impected masses.

Twisting intessusception contracted, strangulation, hernia, new,  
new growth, diverticula.

65. APPENDIX.

Length 2.5 cms. to 20 cms.

Average 10 cms.

Position length, thickness, inflammation abscess strophy, hands

of kindling, mucosa-inflamed, ulcerated, atrophied, tumour contents-Vacees, colour, consistence, parasites, pus foreign bodies stones.

66. LARGE INTESTINE.

Heo-caecal valve intussusception, etc.

Coeem-Position, mobility thickened, inflamed, tubercle, tumour, stenosis, dilation adhesions, pericoecal abscesses, mucosa atrophied, inflamed, tumour.

Colon-Sagging dilation flexures-Normal in position linking saccululation, stenosis, injected adhesion, matting fistulae, contents, colour consistence, foreign particles, food particles, parasites, mucosa, injected, inflamed, ulcers, stough, colour extent, location (Describe).

Stomach and oesophagus here.

67. THE BLADDER.

Contents grams, Urine-Recation, sugar albumin, calculus, new growth mucosa inflamed, ulcers, muscle hypertrophied, prostate enlarged tumour, seminal vesicles-tubercle, etc.

68. UTERUS

Grey Length 6 cms. Breadth 5 cms.

Thickness 2.5 cms.

Weight 60 gms.

Menstruation, pregnancy, abortion, violence, wound, rupture, foreign body, new growth or other disease—

69. Ovaries-Right and Left.

Size, adhesions, inflammation, enlargement, cyst, tumour, Corpus luteum.

70. PELVIS.

Fracture disarticulation, deformity.

71. OPENING OF THE HEAD.

The soft parts, present injury inflammation.

Scalp-Extravasation of blood beneath, caput succedaneum, caul present.

72. Bones—Thick, thin, caries, depression, injury.

N.B.—Strip dura examine for basal fracture, injury include separation of sutures, indentations fractures.

73. THE MEMBRANES.

Sinuses full, empty, thrombosed clotted duramater, adhereent, anaemic, vascular, hypostasis congested, inflamed, extravation of blood external or internal to dura or pia (amount situation and extend) adhesions-(Describe and sketch).

The arachnoid-Dry Sticky, tubercular.

Cerebo-Spinal fluid-volumes, cleanness, turbidity, blood, staining adhesions.

Air mater injected: haemorrhage, etc.

Lymph or pus person.

74. Brain-Average M. 1440 gms: F 1320 gms.

Convolution flattened verticles, full, empty ventricular, fluid, clear, turbid blood stained choroid plexus inflamed.

Substance, soft (reddish, yellow), firm, inflamed abscess, softening, tumour (site) haemorrhage (site) injury (site).

Brain vessels.— Thickened altheroma (site) embolism (site)  
thorposis (site) rupture (site).

75. Air Cavities of skull.—Note findings.

#### SPINAL COLUMN.

76. Soft part present, injury

The bonus-injury, disease.

Dura mater-Adherent, anaemic, Vascular hypostasis tumour.

The arachnoid-Dry, Stickly, tubercular.

The pia meter- injected.

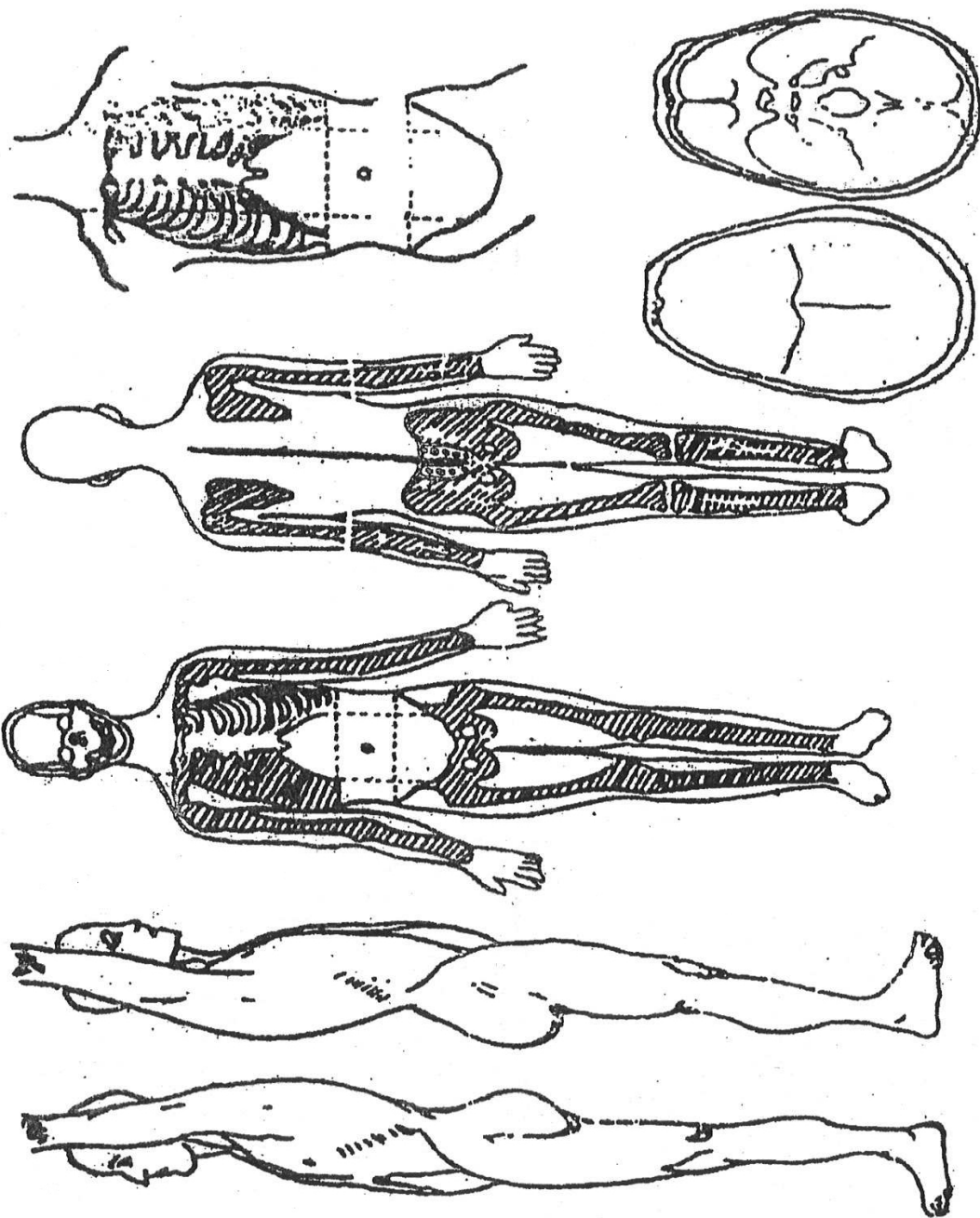
77. Atlas/Aexes                      Fracture, subluxation.

78. The Spinal Cord-Length                      Weight                      Cz.                      Oc.

length-41cms. 43 cms.

Weight-45 gms.

Soft, firm vascular injected, atrophied, semi-transluscent, narrow  
in parts (Where) never roots.



Tusises preserved for microscopic section area.

**Materials sent for-Bacteriological investigation.**

The following numbered and sealed as under and each labelled with a signed note of reference to this report are together with a sample of the preservative in which they are preserved are reserved for chemical analysis—

1. Stomach and contents.
2. Intestines and contents.
3. Sample of liver (not less than 50 gms.).
4. Kidney (one).
5. Sample of urine (100 c.c. atleast).
6. Brain.
7. Blood.
8. Preservative (nature and quantity not less than 100 c.c.)

Post-mortem concluded at                      a.m.                      on                      20                      p.m.

### Summary of opinion.

The deceased would appear to have

Dated \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Signature)

Result of Microscopical Bacteriological and Chemicals Examinations, etc.,

Final opinion in case it was reserved.

Post-mortem certificate handed over to

on

at (time)

Inquest  
When held:

Date

Time

Summary of evidence at inquest:

Question put by the police and answers given to them regarding the  
post-mortem—

Magisterial Enquiry (Chief points of evidence to be noted)

Sessions—(Chief points of examination and cross-examination).

Judgement.

PM No:

Date:

**Post-mortem Certificate**Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....Requisition received at.....AM/PM on ..... from  
the<sup>2</sup>.....of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....Its condition then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....

Opinion as to cause of death –

- a) Reserved pending report of.....
- b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After "appearances found" enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
8. The certificate should not be filled in until the post-mortem notes have been entered in full in ink in the post-mortem register. This should be done at once to obviate the possibility of any delay in the delivery of the certificate to the Police.



*Post-Mortem Serial Number—*

**Post-Mortem Certificate Number—**

This form is intended for use only in medico-legal cases. The Medical Officer Conducting the autopsy may dictate rough notes as the examination proceeds, which may be entered in copying pencil in this loose form by his assistant or Compounder. The Medical Officer should sign the loose form after satisfying himself that the entries are correctly made and should copy the same himself in his bound book M1-64 immediately (*Vide* G.O.No.206, Medical, dated 7th April 1919). The loose form (Medical-1-28) should be considered as the original document liable to be produced in Judicial Courts as evidence on proof of the correctness of the entries made in the post-mortem certificates. No additions should be made to it later.

2. Medical Officer conducting Post-Mortem Examinations should go through Paragraphs 399 to 410 and Paragraphs 591 and 592 of the Madras Civil Medical Code (Code-1).

3. The printed matter indicates the Principal, morbid appearances and is a guide and refresher to memory. It is not to be considered complete and detailed. The measurements and weights are from European sources and are perhaps higher than the average for this country. In recording appearances both positive and negative findings would be of value.

4. Attention is invited to the Surgeon-General's Circular No. 39 of the 7th July 1914, regarding the responsibility of Senior Medical Officers in Station towards autopsies.

**Post-Mortem Examination**

ON THE BODY OF

male  
\_\_\_\_\_  
female      named

Age

Conducted By

at

on

GCP—180-3 (Medl. 1-28)—10,000 Cps.—28-5-14 [HCL-8]

180-3—1

Notes from the requisition for a post-mortem examination on the body of a male  
female.

Named \_\_\_\_\_ aged about \_\_\_\_\_  
 Year \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Caste : \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Approximate height \_\_\_\_\_ feet : \_\_\_\_\_ inches \_\_\_\_\_ New born averages  
 Approximate breadth \_\_\_\_\_ inches \_\_\_\_\_ Europeans (Jellet)  
 Approximate girth : \_\_\_\_\_ inches \_\_\_\_\_ length 20 inches weight  
 8 lb, 8 oz to 7 lb  
 Approximate weight \_\_\_\_\_ pounds \_\_\_\_\_ Indian (Lyons) length 16 to 20 inches,  
 weight 4 lb, 5 oz to 7 lb.  
 Identification marks—  
 (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_  
 (4) Tatoo marks and pattern \_\_\_\_\_  
 (5) Caste marks — \_\_\_\_\_  
 Found \_\_\_\_\_ at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
 Died \_\_\_\_\_ p.m. \_\_\_\_\_  
 sent by \_\_\_\_\_ with letter No. \_\_\_\_\_  
 dated \_\_\_\_\_ in charge of Constable No. \_\_\_\_\_  
 Received at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_ p.m. \_\_\_\_\_  
 It is stated that the body found\*at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ 20  
 \_\_\_\_\_ p.m. \_\_\_\_\_  
 It is stated that there was an interval of hours \_\_\_\_\_  
 \_\_\_\_\_ minutes between the last eating, drinking  
 and the development of the symptoms which were:—  
 Vomiting \_\_\_\_\_  
 Purging \_\_\_\_\_  
 Loss of sensation. \_\_\_\_\_  
 Dilatation \_\_\_\_\_ of pupils  
 Contraction. \_\_\_\_\_  
 Unconsciousness \_\_\_\_\_  
 Excitement \_\_\_\_\_  
 Flushing of face \_\_\_\_\_

\*State, if hanging, drowned or  
other posture in relation to  
surrounding objects.

State Nature of vomit exerts.

State parts affected and nature:

Twitching

Tinging

convulsions      clonic  
Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:                      colours.

Dryness of moistness of skin

Collapse

Suffocation

Cyanosis (Lividity)

Deep Sleep

Other persons partook of the same food, drink and exhibited (Symptoms)

The following articles were also sent with the corpse:—

The purpose for which these  
were sent and nature of  
examination to be conducted

Description cuts, stains and  
number of cloths, etc.

Clothes

Ornaments, Jewellery

Excreta

Vomit.

Urine

Weapons

Gas (from unused wells, cesspools, rooms, etc.)

Is the body decomposed or otherwise.

Short history of case in duplicate, if supplied or not.

Copy of history or case sheet from hospital or if treated outside sent or not.

The body was reported to have been received in Mortuary at  
on                      through Police Constable No.

Further notes, if any (such as short notes from case sheet of Hospital, etc.)

(signed)

## Notes of Post-Mortem Examination

The body was first seen by the undersigned at \_\_\_\_\_ a.m. \_\_\_\_\_ if the body was seen before  
 \_\_\_\_\_ on post-mortem examination,  
 p.m. note time and general condi-  
 tion found.

Its condition then was

The examination was conducted by \_\_\_\_\_ (on dated)

and was begun at \_\_\_\_\_ (place)

Name :

Age :

Sex :

Height :

Breadth :

Weight :

Identification marks (as seen by the Medical Officer)

(1)

(2)

(3)

(4)

(5)

(6)

These \_\_\_\_\_ do agree with the identification marks given is the requisition  
 do not

Clothing—

Say whether worn or not  
 and how worn and describe.

Jewellery—

Whether worn or not  
 marks left by them and describe.

Body identified by P.C. No.

Name

## EXTERNAL EXAMINATION.

## GENERAL SURVEY OF THE BODY.

1. *Condition of cloths* - Dry or wet, Stained, etc., ..
2. *Surroundings of the body* .. .. .
3. *Attitude of Body*-Lies on back, arms close to sides flexed at elbows, forearms in pronation supination palms resting on trunk, lower limbs extended, flexed, close or apart.
4. *Temperature of the body with a thermometer*
5. *State of Nutrition*-Body is corpulent, stout, well-nourished, emaciated, not muscular, adipose cremation.
6. *Symmetry of body*-proportion of head to body; unequal development of limbs; atrophy of muscles (name them); deformities or losses. Maldevelopments; co-tractors; distortion (rickets Osteomalasia).
7. *Colour of skin*-Pale, purple or lived of face, neck and trunk, colour of mucosa (oral, conjunctival, preputial, vaginac and anal).Discoloration (pigmentation and decoloration-Mention Sites, distribution and colour)-albinism, leucoderma, leprosy, pityriasis, chlorosis, jaundice, Addison's-Patches.
8. (a) Colour of iris.  
(b) Colour of hair, length of hair, shaved or not-  
Head  
\_\_\_\_\_  
Mustache,  
\_\_\_\_\_  
Ampits.  
\_\_\_\_\_  
Pubis.
9. Presence of visible diseases,-Bilsters, Vehicles, eruptions or rash, scales, erysipelae, thickening tumours, ulcers (oral, labial Cutaneous, anal), scare naevi disease of hair, mention site and nature,
10. (a) Body is covered with blood, vermix, caseous with down, scraf skin.
11. (b) *Scars and tatoo marks Injuries*-Describe them (*Vida* sketch) (Scratches, Echymosisbruises-contusions, wounds fracture, dismemberment, etc., location, direction, length, breadth, depth margins, talling (examine with lens; draw outlines if injuries if possible) bleeding or covered with clot or scab-Probable age of injury, foreign bodies in wounds, cuts on clothing correspond with wounds on body. Foreign bodies in natural passages (mention nature, size, weight, etc.) marks of rope round, neck injuries caused by sharp or blunt, heavy or light weapons sell inflicted or produced by fits, mention whether Epileptic, Eclamptic-Uraemic, etc., and those induced by drugs. When injury to tongue by biting or to face by falling, etc. may be caused, returns and scaled :



12. Status of blood, semen, vomit, faeces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body warm, muscles relaxed and contractile, rigidity rigor mortis present (parts), passed off (parts), eyeballs flaccid, flattening or points of support, postmortem hypostasis (prove by pressure and incision and state and area), marks and livid blood vessels green discoloration, odour, softening of eyeballs, exudation from mouth and nose, ova of flies present moving maggots seep, prebs on back of legs, neck sides of chest, etc., peeling cuticle loosening of hair, thorax and abdomen burst sutures of skull opened, eyelids everted, saprofication, mummification, damage by wild animals skeletonization.
14. The general appearances do or do not tally police report.
15. Death would have to occurred about (so many) hours or days ago.

#### HEAD FACE AND FORM.

16. Head of new born-diameter-Jellet—
 

|                             |       |                 |
|-----------------------------|-------|-----------------|
| (a) Cervico-bregmatic       | .. .. | 7.88 cms. (8)   |
| (b) Frontal-mental          | .. .. | 12.38 cms. (12) |
| (c) Supra occipito mental   | .. .. | 11.25 cms. (11) |
| (d) Occipito mental         | .. .. | 10.12 cms. (10) |
| (e) Occipito frontal        | .. .. |                 |
| (f) Sub-Occipito frontal    | .. .. | 9 cms.          |
| (g) Sub-Occipito leregmatic | .. .. | 8.43 cms. (8)   |
| (h) Bitemporal              | .. .. | 7.2 cms. (7)    |
| (i) Biparietal              | .. .. | 8.43 cms. (8)   |
| (a) Sub-occipito-pregmatic  | .. .. | 28.5 cms. (29)  |
| (b) Occipito-frontal        | .. .. | 30.93 cms. (31) |
| (c) Supra occipito-mental   | .. .. | 32.40 cms. (32) |
| (d) Cervico-bregmatic       | .. .. | 28.4 cms. (29)  |
17. *Features*.—Symmetrical, contorted, calm, disorted, pale, livid, congested, swollen, bloated, prominent veins of forehead, mutilated.
18. *Scalp*—Loss of hair, arrangement of hair, disorder of hair oedema, tumours, caput-succidaneum, haemorrhage, suppuration, depression bosses.
19. *Eyelids*.—Open, closed, bulged, gouged, arcus, senils, pupils-contracted, normal, dilated, Eyelids-suffused, swollen haemorrhage is angles of eyes, horizontal upturned, downturned.
20. *Nose*—Broken, discharge of blood, frothy blood mucous, foreign body, polypus, uicey of septum.
21. *Mouth and lips*—Give forth characteristic odour of discoloured stained. Mucous lining softened, destroyed, exoriated herpeson.
22. *The tongue*—Protruded between teeth, stained mucous surface swollen, ulcer, new growth.
23. *Discharge of blood*—Froth frothy blood, putrid, fluid, etc., from mouth or nose of both. Trial of saliva running down the chest; foreign body in mouth.
24. *The jaws*—clenched, gums blue, red, spongy, tumours, necrosis, etc.
25. *The teeth*—Complete number broken, decayed, lost (mention the missing) tumours.
26. *The ears*—Discharge of pus, blood, fluid foreign body, pierced lobes recently torn.



27. *The neck glands*-Enlarged, caseous situation.
28. *Thorax*-Shape well formed, long and narrow barrel shaped, pigeon breasted funnel breasted, rickety rosary, on difference between to sides, fracture or diseases of ribs, cartilages, Tumours in thorax
29. *Trunk*-New born diameters jelliet.  
Shoulders bisacromial 9.9 cms. (10)  
Sterno-dorsal 8.85 cms. (9)  
Bitrochanteric 8.85 cms. (9)  
Bis-iliac 8.43 cms. (8)  
Sacro-iliac 4.95 cms. (5)
30. *Mammary glands*-development, hypertrophy, atrophy, tumours cysts, primary areolae, secondary areolae (colour) stris alba.
31. *Axillary glands*-Enlarged, length.
32. *Abdomen*-Striae albicantes, linea, nigra caput medusae, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia umbilicus healed, umbilical cord, demarcated, tied and adherent, fallen).
33. *Groin*-Glands enlarged, buboes; ulcers, undescended testis tumours, scars.
34. *Generative organs*-Penis indrawn, shortened, development Urethral discharge-Veneral sore-Circumcised or not, scars.
35. *Scrotum*, elephantoid, hydrocele, tests enlarged, Labia-Hymenvagtna fistula-Discharge of blood mucus, pus, presence of absence, torn fresh or old carunculate foreign body, ulcers, Marks of violence, Loose hairs (Preserve stains hair and foreign bodies) dimensions of genitals.

#### EXTREMITIES.

36. *Upper and lower limbs*-the hands, clenched, empty, contain straw, mud, extra digits show no signs of work fingers flexed, mark of wedding ring on finger, stains, fracture, dislocation nails not broken blue pale, sand mud or foreign body under nails; over grown or palrod; cholera fingers. *The feet*-Flat, inverted oedematoas, nodes fractures dislocation deformity, stains on soles; foreign bodies under nails.

#### CENTRES OF OSSIFICATION.

(Casper and Tidy)

37. In the new born centre of ossification in of ferior epiphysis of femour is three lines in diameter. Give others will be necessary.

#### INTERNAL EXAMINATION

*N.B.*—Don't tear through adhesions but out them.

#### OPENING OF ABDOMEN.

38. *Abdomen*-Size, uniform, prominent or unequal, Fat, Depth, inches, colour *Parietes*-Retracted, distended, site of umbilicus Muscles; development-colour -Extravasion of blood in omentum spread, etc.
39. *Lapel of diaphragm*, Right-Left-Domes, Position of organs Normal-Adhesions-Enlargements, local inflammations-tumours.
40. *Peritoval cavity*-Fluid in ounces, nature of fluid, turbid, blood stained, puerulent, lymph, flaks of fibrin.

Peritoneum; adherent-Tubercle, Smears from exudate in peritoneum

*Note* :—Organs to be merely examined this stage.



## OPENING OF THORAX

41. Position and colour of organs, normal or abnormal.  
Fracture of ribs, pleura injected, surface roughened flakes of fibrin, effusion of blood fluid in-Amount in ounces Character lymph; old or recent adhesions wound. Spots of haemorrhage on visceral or parietal surfaces (Tardieu's spots) Mediastina Haemorrhages, etc., Lung borders meet or overlap; overlap on heart.
42. *Thymus*-Size (length, breadth, thickness), weight section-haemorrhage, tubercle, tumour.
43. *Pericardium*-staining, inflamed distended, fluid, amount, ounces, character of inner surface dark, rough., wounded, milk spots, exudate-Smears. Spot of haemorrhage on visceral or parietal surface adhesions.
44. The heart-weight 150-360 grams, wound, rupture.  
Right auricle and appendage contain fluid blood-Right or dark, mixed clot, uniform clot, thrombus.  
Right ventricle contain fluid, clot, embolus, thrombus.  
Pulmonary artery-clot, embolus, thrombus  
Left auricle contain fluid blood clot thrombus. Left ventricle contain fluid blood, clot, thrombus, chambers dilated; mention them.  
Valvular rings dilated or contracted.
45. Valves and endocardium rigid, contracted, thickened, adherent, Valves perforated, torn vegetations, on puckered, atheromatous, chordae tendinae opaque, thickened, shortened broken.
46. *Coronary vessels*-Atheroma, emboli, thrombosis. Musculature hypertrophied, brown hypertrophied, fatty infiltration, fatty degeneration, abnormality other diseases.
47. *The great vessels*-Aorta, vena-cava, pulmonary artery, pulmonary veins, iliac vessels, etc., thrombosis, embolism, atheroma calcification, aneurism would rupture.
48. *The blood*-General character-Dark cherry coloured/coagulated clot soft or firm, layered or of uniform colour. Abnormally fluid. Take a blood smear, Bacteriological test if needed.
49. *The lungs*-Normal lung 240 gms to 660 gms. Average R 540 gms to 480 gms, colour-Distended Marked by ribs, do not collapse, dry, crepitant, soft oedematous congested friable, inelastic emphysematous congested friable. Inelastic emphysematous, collapsed atelectoid; lobes swollen shrunken, dark red; gray, firm friable soft, dry exclude frothy aerum, blood tent matter Pigmented adhesions haemorrhage, infarction, pleurisy, patches, if any, shape-Scares tubercle on surface.  
Section-Dry granular, moist on pressure excude blood; (amount) watery fluid, mucus, pus, secretion, blood, tenacious. Air tubes rodged, thickened, dilated narrowed grew yellow tubercle chalky mass sinking cavities, pigment, fibroid change, red or gray hepatization purulent filtration, diffuse or circumscribed abscess, gangrene fumous, wound rupture, oedema, haemorrhage, Cut piece skin or float in water.
50. *Larynx, glottis, trachea bronchi*-Contain water, mud, vegetation (nature) etc. mucosa, infected, swollen, stained discoloured oedematous, covered with froth corrugated: leathery new growth, foreign body, loose or impacted, nature colour of mucosa.
51. *Hyoid bone broken*-Describe fracture, etc.,

52. *Thoracic duct*-inflamed, obstructed rupture wound etc.,  
 53. *Thyroid parathyroids*-Enlarged firm fibrous, etc.  
 54. *The Stomach*-Size, dilated, shrunken, distended with food or gas, hour-glass, outer surface, vascular, fresh lymph injected adherent, wound rupture.

*Contents* Inarims odour colour, consistency foreign particles food particles nature and stage or digestion.

*Inner surface*-Colour, injected, dilated and tortuous vessels, walls oedematous firm, hard, charge extravasation, effusion embedded foreign particles atrophied ulcer (character of edge base, perforation) tumours, etc.; mucus-Anaemic injected inflamed thick soft hard, eroded, corrugated, leathery.

55. *Oesophagus*-Length 25 cms. (Grey) length:  
*Mucosa* Partly detached, easily, stripped; soft, brittle, sodder while, brown, yellowish; charred structure; ulcer; new growth impacted mass, wound rupture, diverticular.

#### PANCREAS

56. Average weight-60 to 180 gms.  
 Weight ounce, colour, consistence, inflammation, abscess, cyst, tumour, fat necrosis.

#### THE LIVER.

57. Weight-1,200 to 1,800 gms.  
 Relations, adhesions, rupture, weight, enlarged diminished alaphed wound.  
*Capsule*-Thin, loose, wrinkled, adherent.  
*Edges*-Thick, thin, rounded, firm.  
*Surface*-smooth, shining dull, nodulated, searlike bands or put red depressions.  
*Colour*-Red, Yellow mottled nutmeg, pigmented, brown Pale chocolate, slaty.  
*Consistence*-soft, firm, flabby, tough, fleshy, greasy friable, waxy, difficult translucent.  
 58. Gall bladder, full empty, stone, inflamed mucosa, thickened wall contracted, adherent-Lymphatic hands under liver enlarged malignant, etc.  
*Section*-Colour, hyperaemic, nutmeg, granular, distended ducts embolism hydatid, abscess cuts with creaking noise grease on knife free iron-"Prussian, blue reaction" (Pot, Ferrocyanide and dilute hydrochloric acid), amyloid reaction (Finn's iodine and dilute sulphuric acid) cut pieces sink or float in water.

#### THE SPLEEN.

59. Size 13 x 9 x 4 cms, Weight 90 to 210 gms.  
 Weight colour size, shape large, small, notch (portion) capsule wrinkled, thick, adherent, splenitis (iced spleen) rupture, wound.  
*Consistence*-Firm, soft, wax, friable, abscess, infarcts, furbercle.  
*Section*-Trabeculae and vessels not easily seen markedly visible, increased, colour cut surface, dry, moist concave, convex, in outline malpighian, bodies visible, enlarged.  
*Consistence of section*-pulp, easily, wasted, off scraped with difficulty Accessory spleen.

#### OMENTUM AND MESENTERY.

60. Mesentery-cm, long  
 (Grey 202 cms. broad)  
 Relations fat, adhesions, injections, hypostasis, Herira, glands,

swollen desecous, ulcerating tubercle, effusion of lymph into transesence and oedema.

61. THE KIDNEYS

Weight-90-180 gms.

Male-120 to 165 gms.

FEMALE LEFT HEAVIER.

Size-10 x 6 x 3 cms.

Weight Right left-Grams,

Larger, Smaller, heavier, colour-Red, pale mottled, translucent, purple pale, yellowish, consistence, firm, flabby, position of ureters abnormalities, section-soft, firm, friable anaemic, pyperafatmic, colour difference between cortex increased diminished, narrow, pelvis, dilated, peripelvis at increased pyramids, calices, infraction embolism in vessels, Capsule strips easily, partially adherent, very adherent, thick, thin.

Surface of kidney-Congested, pale, stellate veins markedly visible, cysts on surface, smooth, rough granular, lobulated.

62. SUPRARENAL CAPSULES.

|      |           |
|------|-----------|
| Size | Length    |
|      | Breadth   |
|      | Thickness |

Weight Accessory Suprarenals— abscess.

cyst, rupture, wound, enlarged, irregular, firm, adherent, section, yellow, grey white cheesy, calcified.

63. THE INTESTINES.

Pylorus to lico caecal valve 610 cms. to 1057 cms. (Grey)

Duodenum 2.5 cms.

Jejunum 244 cms.

Ileum 366 cms.

Caecum 6 cms.

Colon 56 cms-152 cms.

Ascending colon 13 cms.

Transverse 51 cms.

Descending 25 cms.

Sigmoid 41 cms.

Return 11 cms. 12 cms.

64. Small intestine-outer, surface, injected, hypostasis, lymph, fibrin, adhesions, tubercle, tumours.

Contents-Colour, quantity, consistency, food particles, foreign particles, parasites, bacteriological, examination, if needed.

Mucosa-Injected, pale, atrophied swollen pulpy, gangrenous ulcerated direction, of ulcers lymph follicles, Peyer's patches lymphatics, stoughing (size and shape slough and ulcers) character margins of ulcers impacted masses.

Twisting intessusception contracted, strangulation, hernia, new, new growth, diverticula.

65. APPENDIX.

Length 2.5 cms. to 20 cms.

Average 10 cms.

Position length, thickness, inflammation abscess strophy, hands



of kindling, mucosa-inflamed, ulcerated, atrophied, tumour contents-Vacees, colour, consistence, parasites, pus foreign bodies stones.

66.

## LARGE INTESTINE.

Heo-caecal valve Intussusception, etc.

Coecm-Position, mobility thickened, inflamed, tubercle, tumour, stenosis, dilation adhesions, pericoecal abscesses, mucosa atrophied, inflamed, tumour.

Colon-Sagging dilation flexures-Normal in position linking sacculaton, stenosis, injected adhesion, matting fistulae, contents, colour consistence, foreign particles, food particles, parasites, mucosa, injected, inflamed, ulcers, stough, colour extent, location (Describe).

Stomach and oesophagus here.

67.

## THE BLADDER.

Contents grams, Urine-Recation, sugar albumin, calculas, new growth mucosa inflamed, ulcers, muscle hypertrophied, prostate enlarged tumour, seminal vesicles-tubercle, etc.

68.

## UTERUS

Grey Length 6 cms. Breadth 5 cms.

Thickness 2.5 cms.

Weight 60 gms.

Menstruation, pregnancy, abortion, violence, wound, rupture, foreign body, new growth or other disease—

69. Ovaries-Right and Left.

Size, adhesions, inflammation, enlargement, cyst, tumour, Corpus luteum.

70.

## PELVIS.

Fracture disarticulation, deformity.

71.

## OPENING OF THE HEAD.

The soft parts, present injury inflammation.

Scalp-Extravasation of blood beneath, caput succedaneum, caul present.

72. Bones—Thick, thin, caries, depression, injury.

N.B.—Strip dura examine for basal fracture, injury include separation of sutures, indentations fractures.

73.

## THE MEMBRANES.

Sinuses full, empty, thrombosed clotted duramater, adhereent, anaemic, vascular, hypostasis congested, inflamed, extravation of blood external or internal to dura or pia (amouint situation and extend) adhesions-(Discribe and sketch).

The arachnoid-Dry Stickly, tubercular.

Cerebo-Spinal fluid-volumes, cleamess, turbidity, blood, staining adhesions.

Air mater injected: haemorrhage, etc.

Lymbh or pus person.

74. Brain-Average M. 1440 gms: F 1320 gms.

Convolution flattened verticles, full, empty ventricular, fluid, clear, turpid blood stained choroid plexus inflamed.

Substance, soft (reddish, yellow), firm, inflamed abscess, softening, tumour (site) haemorrhage (site) injury (site).

Brain vessels.— Thickened altheroma (site) ambolism (site)  
thorposis (site) rupture (site).

75. Air Caveties of skull.—Note findings.

#### SPINAL COLUMN.

76. Soft part present, injury

The bonus-injury, disease.

Dura mater-Adherent, anaemic, Vascular hypostasis tumour.

The arachnoid-Dry, Stickly, tubercular.

The pia meter- injected.

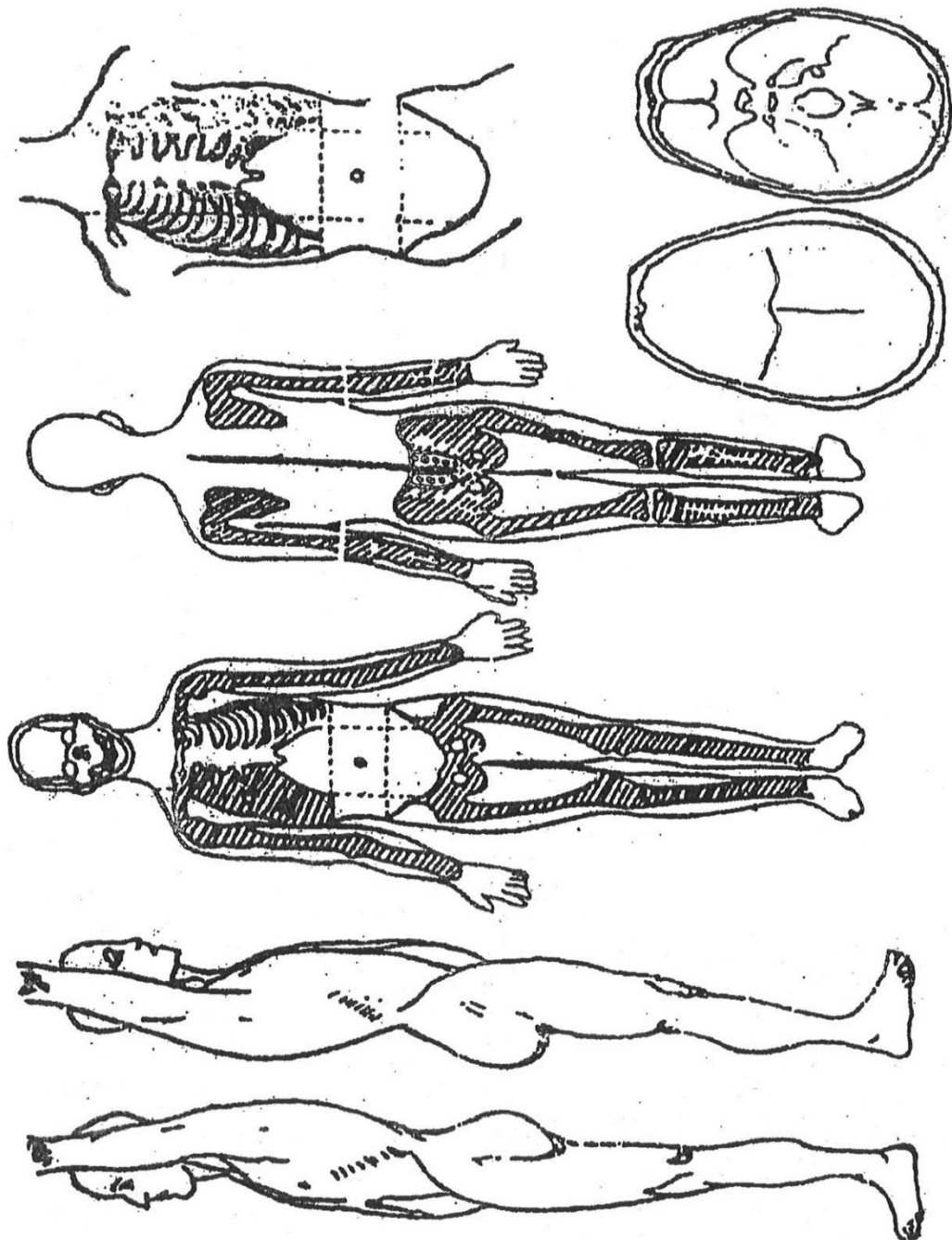
77. Atlas/Aexes                      Fracture, subluxation.

78. The Spinal Cord-Length                      Weight                      Cz.                      Oc.

length-41cms. 43 cms.

Weight-45 gms.

Soft, firm vascular injected, atrophied, semi-transluscent, narrow  
in parts (Where) never roots.



Tissues preserved for microscopic section area.

Materials sent for-Bacteriological investigation.

The following numbered and sealed as under and each labelled with a signed note of reference to this report are together with a sample of the preservative in which they are preserved are reserved for chemical analysis---

1. Stomach and contents.
2. Intestines and contents.
3. Sample of liver (not less than 50 gms.).
4. Kidney (one).
5. Sample of urine (100 c.c. atleast).
6. Brain.
7. Blood.
8. Preservative (nature and quantity not less than 100 c.c.)

Post-mortem concluded at           a.m.           on                                  20  
          p.m.          

Summary of opinion.

The deceased would appear to have

Dated                                  day of                                  20          

(Signature)

Result of Microscopical Bacteriological and Chemicals Examinations, etc.,

Final opinion in case it was reserved.

Post-mortem certificate handed over to

on

at (time)

Inquest  
When held:

Date

Time

Summary of evidence at inquest:

Question put by the police and answers given to them regarding the  
post-mortem—

Magisterial Enquiry (Chief points of evidence to be noted)

Sessions—(Chief points of examination and cross-examination).

Judgement.



PM No:

Date:

**Post-mortem Certificate**Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....Requisition ..... received ..... at.....AM/PM ..... on ..... from  
the<sup>2</sup>.....of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....Its ..... condition ..... then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....

Opinion as to cause of death –

a) Reserved pending report of.....

b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After "appearances found" enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
8. The certificate should not be filled in until the post-mortem notes have been entered in full in ink in the post-mortem register. This should be done at once to obviate the possibility of any delay in the delivery of the certificate to the Police.

*Post-Mortem Serial Number—*

**Post-Mortem Certificate Number—**

This form is intended for use only in medico-legal cases. The Medical Officer Conducting the autopsy may dictate rough notes as the examination proceeds, which may be entered in copying pencil in this loose form by his assistant or Compounder. The Medical Officer should sign the loose form after satisfying himself that the entries are correctly made and should copy the same himself in his bound book M1-64 immediately (*Vide* G.O.No.206, Medical, dated 7th April 1919). The loose form (Medical-1-28) should be considered as the original document liable to be produced in Judicial Courts as evidence on proof of the correctness of the entries made in the post-mortem certificates. No additions should be made to it later.

2. Medical Officer conducting Post-Mortem Examinations should go through Paragraphs 399 to 410 and Paragraphs 591 and 592 of the Madras Civil Medical Code (Code-1).

3. The printed matter indicates the Principal, morbid appearances and is a guide and refresher to memory. It is not to be considered complete and detailed. The measurements and weights are from European sources and are perhaps higher than the average for this country. In recording appearances both positive and negative findings would be of value.

4. Attention is invited to the Surgeon-General's Circular No. 39 of the 7th July 1914, regarding the responsibility of Senior Medical Officers in Station towards autopsies.

**Post-Mortem Examination**

ON THE BODY OF

male  
\_\_\_\_\_  
female      named

Age

Conducted By

at

on

GCP—180-3 (Medl. I-28)—10,000 Cps.—28-5-14 [HCL-8]

180-3—1

Notes from the requisition for a post-mortem examination on the body of a male  
female.

Named \_\_\_\_\_ aged about \_\_\_\_\_

Year \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Residence \_\_\_\_\_

Caste : \_\_\_\_\_ Occupation: \_\_\_\_\_

Approximate height \_\_\_\_\_ feet : \_\_\_\_\_ inches \_\_\_\_\_ New born averages

Approximate breadth \_\_\_\_\_ inches \_\_\_\_\_ Europeans (Jellet)

Approximate girth : \_\_\_\_\_ inches \_\_\_\_\_ length 20 inches weight

Approximate weight \_\_\_\_\_ pounds \_\_\_\_\_ 8 lb, 8 oz to 7 lb

Identification marks—

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) Tatoo marks and pattern \_\_\_\_\_

(5) Caste marks — \_\_\_\_\_

Found \_\_\_\_\_ at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

Died \_\_\_\_\_ p.m. \_\_\_\_\_

sent by \_\_\_\_\_ with letter No. \_\_\_\_\_

dated \_\_\_\_\_ incharge of Constable \_\_\_\_\_ No. \_\_\_\_\_

Received at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ p.m. \_\_\_\_\_

It is stated that the body found "at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ p.m. \_\_\_\_\_

It is stated that there was an interval of hours \_\_\_\_\_

minutes between the last eating, drinking \_\_\_\_\_

and the development of the symptoms which were:—

Vomiting \_\_\_\_\_

Purging \_\_\_\_\_

Loss of sensation. \_\_\_\_\_

Dilatation \_\_\_\_\_ of pupils \_\_\_\_\_

Contraction. \_\_\_\_\_

Unconsciousness \_\_\_\_\_

Excitement \_\_\_\_\_

Flushing of face \_\_\_\_\_

\*State, if hanging, drowned or other posture in relation to surrounding objects.

State Nature of vomit exerts.

State parts affected and nature:

Twitching

Tinging

convulsions      clonic  
Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:                      colours.

Dryness of moistness of skin

Collapse

Suffocation

Cyanosis (Lividity)

Deep Sleep

Other persons partook of the same food, drink and exhibited (Symptoms)

The following articles were also sent with the corpse:—

The purpose for which these  
were sent and nature of  
examination to be conducted

Description cuts, stains and  
number of cloths, etc.

Clothes

Ornaments, Jewellery

Excreta

Vomit.

Urine

Weapons

Gas (from unused wells, cesspools, rooms, etc.)

Is the body decomposed or otherwise.

Short history of case in duplicate, if supplied or not.

Copy of history or case sheet from hospital or if treated outside sent or not.

The body was reported to have been received in Mortuary at  
on                      through Police Constable No.

Further notes, if any (such as short notes from case sheet of Hospital, etc.)

(signed)

### Notes of Post-Mortem Examination

The body was first seen by the undersigned at \_\_\_\_\_ a.m. \_\_\_\_\_ if the body was seen before  
 \_\_\_\_\_ on post-mortem examination,  
 p.m. note time and general condi-  
 tion found.

Its condition then was \_\_\_\_\_

The examination was conducted by \_\_\_\_\_ (on dated)  
 and was begun at \_\_\_\_\_ (place)

Name : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : \_\_\_\_\_  
 Height : \_\_\_\_\_ Breadth : \_\_\_\_\_ Weight : \_\_\_\_\_

Identification marks (as seen by the Medical Officer)

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_

These \_\_\_\_\_ do  
 agree with the identification marks given is the requisition  
 do not \_\_\_\_\_

Clothing—

Say whether worn or not  
 and how worn and describe.

Jewellery—

Whether worn or not  
 marks left by them and describe.

Body identified by P.C. No.

Name

## EXTERNAL EXAMINATION.

## GENERAL SURVEY OF THE BODY.

1. *Condition of cloths* - Dry or wet, Stained, etc., ..
2. *Surroundings of the body* .. .. .
3. *Attitude of Body*-Lies on back, arms close to sides flexed at elbows, forearms in pronation supination palms resting on trunk, lower limbs extended, flexed, close or apart.
4. *Temperature of the body with a thermometer*
5. *State of Nutrition*-Body is corpulent, stout, well-nourished, emaciated, not muscular, adipose cremation.
6. *Symmetry of body*-proportion of head to body; unequal development of limbs; atrophy of muscles (name them); deformities or losses. Maldevelopments; co-tractors; distortion (rickets Osteomalasia).
7. *Colour of skin*-Pale, purple or lived of face, neck and trunk, colour of mucosa (oral, conjunctival, preputial, vaginac and anal).Discoloration (pigmentation and decoloration-Mention Sites, distribution and colour)-albinism, leucoderma, leprosy, pityriasis, chlorosis, jaundice, Addison's-Patches.
8. (a) Colour of iris.  
(b) Colour of hair, length of hair, shaved or not-  
Head  
\_\_\_\_\_  
Mustache,  
\_\_\_\_\_  
Ampits.  
\_\_\_\_\_  
Pubis.
9. Presence of visible diseases,-Bilsters, Vehicles, eruptions or rash, scales, erysipelae, thickening tumours, ulcers (oral, labial Cutaneous, anal), scare naevi disease of hair, mention site and nature,
10. (a) Body is covered with blood, vermix, caseous with down, scraf skin.
11. (b) *Scars and tatoo marks Injuries*-Describe them (*Vida* sketch) (Scratches, Echymosisbruises-contusions, wounds fracture, dismemberment, etc., location, direction, length, breadth, depth margins, talling (examine with lens; draw outlines if injuries if possible) bleeding or covered with clot or scab-Probable age of injury, foreign bodies in wounds, cuts on clothing correspond with wounds on body. Foreign bodies in natural passages (mention nature, size, weight, etc.) marks of rope round, neck injuries caused by sharp or blunt, heavy or light weapons sell inflicted or produced by fits, mention whether Epileptic, Eclamptic-Uraemic, etc., and those induced by drugs. When injury to tongue by biting or to face by falling, etc. may be caused, returns and scaled :





12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body ward, muscles relaxed and contractile, rigidity rigor mortis present (parts), passed off (parts), eyeballs flaccid, flattening or points of support, postmortem hypostasis (prove by pressure and incision and state and area), marks and lived blood vessels green discoloration, odour, softening of eyeballs, exudation from mouth and nose, ova of flies present moving maggots seep, prebs on back of legs, neck sides of chest, etc., peeling cuticle loosening of hair, thorax and abdomen burst sutures of skull opened, eyelids everted, saproscopic, mummification, damage by wild animals skeletonization.
14. The general appearances do or do not tally police report.
15. Death would have occurred about (so many) hours or days ago.

#### HEAD FACE AND FORM.

16. Head of new born-diameter-Jellet—

|                             |       |                 |
|-----------------------------|-------|-----------------|
| (a) Cervico-bregmatic       | .. .. | 7.88 cms. (8)   |
| (b) Frontal-mental          | .. .. | 12.38 cms. (12) |
| (c) Supra occipito mental   | .. .. | 11.25 cms. (11) |
| (d) Occipito mental         | .. .. | 10.12 cms. (10) |
| (e) Occipito frontal        | .. .. |                 |
| (f) Sub-Occipito frontal    | .. .. | 9 cms.          |
| (g) Sub-Occipito leregmatic | .. .. | 8.43 cms. (8)   |
| (h) Bitemporal              | .. .. | 7.2 cms. (7)    |
| (i) Biparietal              | .. .. | 8.43 cms. (8)   |
| (a) Sub-occipito-pregmatic  | .. .. | 28.5 cms. (29)  |
| (b) Occipito-frontal        | .. .. | 30.93 cms. (31) |
| (c) Supra occipito-mental   | .. .. | 32.40 cms. (32) |
| (d) Cervico-bregmatic       | .. .. | 28.4 cms. (29)  |

17. *Features*.— Symmetrical, contorted, calm, distorted, pale, lived, congested, swollen, bloated, prominent veins of forehead, mutilated.
18. *Scalp*.— Loss of hair, arrangement of hair, disorder of hair oedema, tumours, caput-succidaneum, haemorrhage, suppuration, depression bosses.
19. *Eyelids*.— Open, closed, bulged, gouged, arcus, senils, pupils contracted, normal, dilated, Eyelids-suffused, swollen haemorrhage is angles of eyes, horizontal upturned, downturned.
20. *Nose*.— Broken, discharge of blood, frothy blood mucous, foreign body, polypus, uicey of septum.
21. *Mouth and lips*.— Give forth characteristic odour of discoloured stained. Mucous lining softened, destroyed, exoriated herpeson.
22. *The tongue*.— Protruded between teeth, stained mucous surface swollen, ulcer, new growth.
23. *Discharge of blood*.— Frothy frothy blood, putrid, fluid, etc., from mouth or nose of both. Trial of saliva running down the chest; foreign body in mouth.
24. *The jaws*.— clenched, gums blue, red, spongy, tumours, necrosis, etc.
25. *The teeth*.— Complete number broken, decayed, lost (mention the missing) tumours.
26. *The ears*.— Discharge of pus, blood, fluid foreign body, pierced lobes recently torn.

27. *The neck glands*-Enlarged, caseous situation.
28. *Thorax*-Shape well formed, long and narrow barrel shaped, pigeon breasted funnel breasted, rickety rosary, on difference between to sides, fracture or diseases of ribs, cartilages, Tumours in thorax
29. *Trunk*-New born diameters jellied.  
Shoulders bisacromial 9.9. cms. (10)  
Sterno-dorsal 8.85 cms. (9)  
Bitrochanteric 8.85 cms. (9)  
Bis-iliac 8.43 cms. (8)  
Sacro-iliac 4.95 cms. (5)
30. *Mammary glands*-development, hypertrophy, atrophy, tumours cysts, primary areolae, secondary areolae (colour) stris alba.
31. *Axillary glands*-Enlarged, length.
32. *Abdomen*-Striae albicantes, linea, nigra caput medusae, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia umbilicus healed, umbilical cord, demarcated, tied and adherent, fallen).
33. *Groin*-Glands enlarged, buboes; ulcers, undescended testis tumours, scars.
34. *Generative organs*-Penis indrawn, shortened, development Urethral discharge-Veneral sore-Circumcised or not, scars.
35. *Scrotum*, elephantoid, hydrocele, tests enlarged, Labia-Hymen-vaginitis fistula-Discharge of blood mucus, pus, presence of absence, torn fresh or old carunculate foreign body, ulcers, Marks of violence, Loose hairs (Preserve stains hair and foreign bodies) dimensions of genitals.

#### EXTREMITIES.

36. *Upper and lower limbs*-the hands, clenched, empty, contain straw, mud, extra digits show no signs of work fingers flexed, mark of wedding ring on finger, stains, fracture, dislocation nails not broken blue pale, sand mud or foreign body under nails; over grown or palrod; cholera fingers. *The feet*-Flat, inverted oedematoas, nodes fractures dislocation deformity, stains on soles; foreign bodies under nails.

#### CENTRES OF OSSIFICATION.

(Casper and Tidy)

37. In the new born centre of ossification in of femur epiphysis of femur is three lines in diameter. Give others will be necessary.

#### INTERNAL EXAMINATION

*N.B.*—Don't tear through adhesions but cut them.

#### OPENING OF ABDOMEN.

38. *Abdomen*-Size, uniform, prominent or unequal, Fat, Depth, inches, colour *Paries*-Retracted, distended, site of umbilicus Muscles; development-colour -Extravasation of blood in omentum spread, etc.
39. *Lapel of diaphragm*, Right-Left-Domes, Position of organs Normal-Adhesions-Enlargements, local inflammations-tumours.
40. *Peritoneal cavity*-Fluid in ounces, nature of fluid, turbid, blood stained, puerulent, lymph, flakes of fibrin.

Peritoneum; adherent-Tubercle, Smears from exudate in peritoneum

*Note* :—Organs to be merely examined this stage.

## OPENING OF THORAX

41. Position and colour of organs, normal or abnormal.  
Fracture of ribs, pleura injected, surface roughened flakes of fibrin, effusion of blood fluid in-Amount in ounces Character lymph; old or recent adhesions wound. Spots of haemorrhage on visceral or parietal surfaces (Tardieu's spots) Mediastina Haemorrhages, etc., Lung borders meet or overlap; overlap on heart.
42. *Thymus*-Size (length, breadth, thickness), weight section-haemorrhage, tubercle, tumour.
43. *Pericardium*-staining, inflamed distended, fluid, amount, ounces, character of inner surface dark, rough., wounded, milk spots, exudate-Smears. Spot of haemorrhage on visceral or parietal surface adhesions.
44. The heart-weight 150-360 grams, wound, rupture.  
Right auricle and appendage contain fluid blood-Right or dark, mixed clot, uniform clot, thrombus.  
Right ventricle contain fluid, clot, embolus, thrombus.  
Pulmonary artery-clot, embolus, thrombus  
Left auricle contain fluid blood clot thrombus. Left ventricle contain fluid blood, clot, thrombus, chambers dilated; mention them.  
Valvular rings dilated or contracted.
45. Valves and endocardium rigid, contracted, thickened, adherent, Valves perforated, torn vegetations, on puckered, atheromatous, chordae tendinae opaque, thickened, shortened broken.
46. *Coronary vessels*-Atheroma, emboli, thrombosis. Musculature hypertrophied, brown hypertrophied, fatty infiltration, fatty degeneration, abnormality other diseases.
47. *The great vessels*-Aorta, vena-cava, pulmonary artery, pulmonary veins, iliac vessels, etc., thrombosis, embolism, atheroma calcification, aneurism would rupture.
48. *The blood*-General character-Dark cherry coloured/coagulated clot soft or firm, layered or of uniform colour. Abnormally fluid. Take a blood smear, Bacteriological test if needed.
49. *The lungs*-Normal lung 240 gms to 660 gms. Average R 540 gms to 480 gms, colour-Distended Marked by ribs, do not collapse, dry, crepitant, soft oedematous congested friable, inelastic emphysematous congested friable. Inelastic emphysematous, collapsed atelectoid; lobes swollen shrunken, dark red, gray, firm friable soft, dry exclude frothy aerum, blood tent matter Pigmented adhesions haemorrhage, infraction, pleurisy, patches, if any, shape-Scars tubercle on surface.  
Section-Dry granular, moist on pressure excude blood, (amount) watery fluid, mucus, pus, secretion, blood, tenacious. Air tubes rodged, thickened, dilated narrowed grew yellow tubercle chalky mass sinking cavities, pigment, fibroid change, red or gray hepatization purulent filtration, diffuse or circumscribed abscess, gangrene fumous, wound rupture, oedema, haemorrhage, Cut piece skin or float in water.
50. *Larynx, glottis, trachea bronchi*-Contain water, mud, vegetation (nature) etc. mucosa, injected, swollen, stained discoloured oedematous, covered with froth corrugated: leathery new growth, foreign body, loose or impacted, nature colour of mucosa.
51. *Hyoid bone broken*-Describe fracture, etc.,



52. *Thoracic duct*-inflamed, obstructed rupture wound etc.,  
 53. *Thyroid parathyroids*-Enlarged firm fibrous, etc.  
 54. *The Stomach*-Size, dilated, shrunken, distended with food or gas, hour-glass, outer surface, vascular, fresh lymph injected adherent, wound rupture.

*Contents* Inarims odour colour, consistency foreign particles food particles nature and stage or digestion.

*Inner surface*-Colour, injected, dilated and tortuous vessels, walls oedematous firm, hard, charge extravasation, effusion embedded foreign particles atrophied ulcer (character of edge base, perforation) tumours, etc.; mucus-Anaemic injected inflamed thick soft hard, eroded, corrugated, leathery.

55. *Oesophagus*-Length 25 cms. (Grey) length:  
*Mucosa* Partly detached, easily, stripped; soft, brittle, sodder while, brown, yellowish; charred structure; ulcer; new growth impacted mass, wound rupture, diverticular.

#### PANCREAS

56. Average weight-60 to 180 gms.  
 Weight ounce, colour, consistence, inflammation, abscess, cyst, tumour, fat necrosis.

#### THE LIVER.

57. Weight-1,200 to 1,800 gms.  
 Relations, adhesions, rupture, weight, enlarged diminished alaphed wound.  
*Capsule*-Thin, loose, wrinkled, adherent.  
*Edges*-Thick, thin, rounded, firm.  
*Surface*-smooth, shining dull, nodulated, searlike bands or put red depressions.  
*Colour*-Red, Yellow mottled nutmeg, pigmented, brown Pale chocolate, slaty.  
*Consistence*-soft, firm, flabby, tough, fleshy, greasy friable, waxy, difficult translucent.  
 58. Gall bladder, full empty, stone, inflamed mucosa, thickened wall contracted, adherent-Lymphatic hands under liver enlarged malignant, etc.  
*Section*-Colour, hyperaemic, nutmeg, granular, distended ducts embolism hydatid, abscess cuts with creaking noise grease on knife free iron-"Prussian, blue reaction" (Pot, Ferrocyanide and dilute hydrochloric acid), amaloid reaction (Tinnet iodine and dilute sulphuric acid) cut pieces sink or float in water.

#### THE SPLEEN.

59. Size 13 x 9 x 4 cms, Weight 90 to 210 gms.  
 Weight colour size, shape large, small, notch (portion) capsule wrinkled, thick, adherent, priapentitis (iced spleen) rupture, wound.  
*Consistence*-Firm, soft, wax, friable, abscess, infarcts, furbercle.  
*Section*-Trabeculae and vessels not easily seen markedly visible, increased, colour cut surface, dry, moist concave, convex, in outline malpighian, bodies visible, enlarged.  
*Consistence of section*-pulp, easily, wasted, off scraped with difficulty Assessory spleen.

#### OMENTUM AND MESENTERY.

60. Mesentery-cm, long  
 (Grey 202 cms. broad)  
 Relations fat, adhesions, injections, hypostasis, Herira, glands,

swollen desecous, ulcerating tubercle, effusion of lymph into transesophage and oedema.

61. THE KIDNEYS

Weight-90-180 gms.

Male-120 to 165 gms.

FEMALE LEFT HEAVIER.

Size-10 x 6 x 3 cms.

Weight Right left-Grams,

Larger, Smaller, heavier, colour-Red, pale mottled, translucent, purple pale, yellowish, consistence, firm, flabby, position of ureters abnormalities, section-soft, firm, friable anaemic, pyperafatmic, colour difference between cortex increased diminished, narrow, pelvis, dilated, peripelvis at increased pyramids, calices, infraction embolism in vessels, Capsule strips easily, partially adherent, very adherent, thick, thin.

Surface of kidney-Congested, pale, stellate veins markedly visible, cysts on surface, smooth, rough granular, lobulated.

62. SUPRARENAL CAPSULES.

|      |           |
|------|-----------|
| Size | Length    |
|      | Breadth   |
|      | Thickness |

Weight Accessory Suprarenals— abscess.

cyst, rupture, wound, enlarged, irregular, firm, adherent, section, yellow, grey white cheesy, calcified.

63. THE INTESTINES.

Pylorus to lico caecal valve 610 cms. to 1057 cms. (Grey)

Duodenum 2.5 cms.

Jejunum 244 cms.

Ileum 366 cms.

Caecum 6 cms.

Colon 56 cms-152 cms.

Ascending colon 13 cms.

Transverse 51 cms.

Descending 25 cms.

Sigmoid 41 cms.

Return 11 cms. 12 cms.

64. Small intestine-outer, surface, injected, hypostasis, lymph, fibrin, adhesions, tubercle, tumours.

Contents-Colour, quantity, consistency, food particles, foreign particles, parasites, bacteriological, examination, if needed.

Mucosa-Injected, pale, atrophied swollen pulpy, gangrenous ulcerated direction, of ulcers lymph follicles, Peyer's patches lymphatics, stoughing (size and shape slough and ulcers) character margins of ulcers impacted masses.

Twisting intussusception contracted, strangulation, hernia, new, new growth, diverticula.

65. APPENDIX.

Length 2.5 cms. to 20 cms.

Average 10 cms.

Position length, thickness, inflammation abscess strophy, hands

of kindling, mucosa-inflamed, ulcerated, atrophied, tumour contents-Vacees, colour, consistence, parasites, pus foreign bodies stones.

66.

## LARGE INTESTINE.

Heo-caecal valve Intussusception, etc.

Coecm-Position, mobility thickened, inflamed, tubercle, tumour, stenosis, dilation adhesions, pericoecal abscesses, mucosa atrophied, inflamed, tumour.

Colon-Sagging dilation flexures-Normal in position linking sacculaton, stenosis, injected adhesion, matting fistulae, contents, colour consistence, foreign particles, food particles, parasites, mucosa, injected, inflamed, ulcers, stough, colour extent, location (Describe).

Stomach and oesophagus here.

67.

## THE BLADDER.

Contents grams, Urine-Recation, sugar albumin, calculas, new growth mucosa inflamed, ulcers, muscle hypertrophied, prostate enlarged tumour, seminal vesicles-tubercle, etc.

68.

## UTERUS

Grey Length 6 cms. Breadth 5 cms.

Thickness 2.5 cms.

Weight 60 gms.

Menstruation, pregnancy, abortion, violence, wound, rupture, foreign body, new growth or other disease—

69. Ovaries-Right and Left.

Size, adhesions, inflammation, enlargement, cyst, tumour, Corpus luteum.

70.

## PELVIS.

Fracture disarticulation, deformity.

71.

## OPENING OF THE HEAD.

The soft parts, present injury inflammation.

Scalp-Extravasation of blood beneath, caput succedaneum, caul present.

72. Bones—Thick, thin, caries, depression, injury.

N.B.—Strip dura examine for basal fracture, injury include separation of sutures, indentations fractures.

73.

## THE MEMBRANES.

Sinuses full, empty, thrombosed clotted duramater, adhereent, anaemic, vascular, hypostasis congested, inflamed, extravation of blood external or internal to dura or pia (amouint situation and extend) adhesions-(Discribe and sketch).

The arachnoid-Dry Stickly, tubercular.

Cerebo-Spinal fluid-volumes, cleamess, turbidity, blood, staining adhesions.

Air mater injected: haemorrhage, etc.

Lymbh or pus person.

74. Brain-Average M. 1440 gms: F 1320 gms.

Convolution flattened verticles, full, empty ventricular, fluid, clear, turpid blood stained choroid plexus inflamed.

Substance, soft (reddish, yellow), firm, inflamed abscess, softening, tumour (site) haemorrhage (site) injury (site).

Brain vessels.— Thickened altheroma (site) embolism (site)  
thorposis (site) rupture (site).

75. Air Cavities of skull.—Note findings.

#### SPINAL COLUMN.

76. Soft part present, injury

The bonus-injury, disease.

Dura mater-Adherent, anaemic, Vascular hypostasis tumour.

The arachnoid-Dry, Stickly, tubercular.

The pia meter- injected.

77. Atlas/Aexes                      Fracture, subluxation.

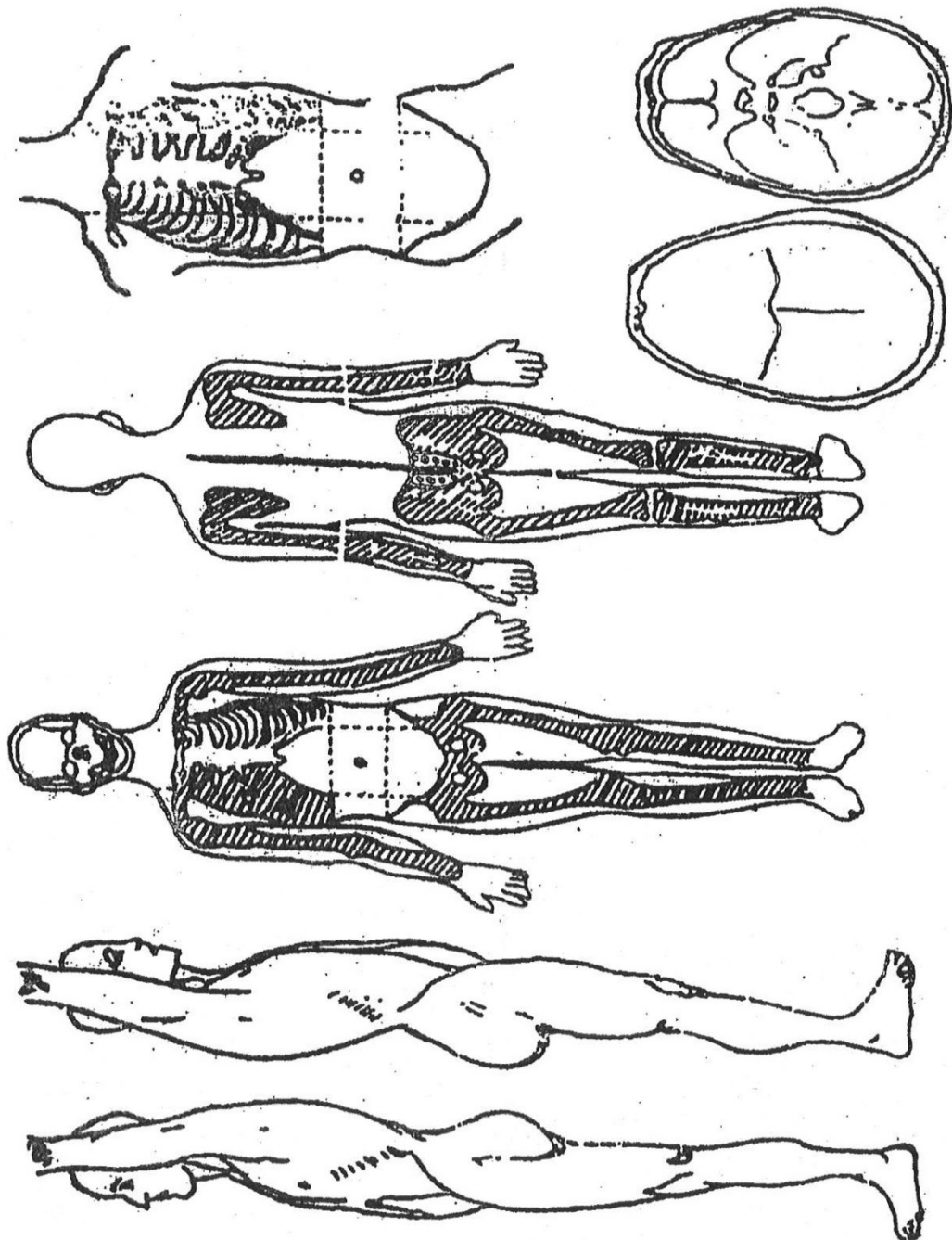
78. The Spinal Cord-Length                      Weight                      Cz.                      Oc.

length-41cms. 43 cms.

Weight-45 gms.

Soft, firm vascular injected, atrophied, semi-transluscent, narrow  
in parts (Where) never roots.







Tusises preserved for microscopic section area.

Materials sent for-Bacteriological investigation.

The following numbered and sealed as under and each labelled with a signed note of reference to this report are together with a sample of the preservative in which they are preserved are reserved for chemical analysis---

1. Stomach and contents.
2. Intestines and contents.
3. Sample of liver (not less than 50 gms.).
4. Kidney (one).
5. Sample of urine (100 c.c. at least).
6. Brain.
7. Blood.
8. Preservative (nature and quantity not less than 100 c.c.)

Post-mortem concluded at                      a.m.                      on                      20                      p.m.

### Summary of opinion.

The deceased would appear to have

Dated \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Signature)

Result of Microscopical Bacteriological and Chemicals Examinations, etc.,

Final opinion in case it was reserved.

Post-mortem certificate handed over to

on

at (time)

Inquest  
When held:

Date

Time

Summary of evidence at inquest:

Question put by the police and answers given to them regarding the  
post-mortem—

Magisterial Enquiry (Chief points of evidence to be noted)

Sessions—(Chief points of examination and cross-examination).

Judgement.

PM No:

Date:

**Post-mortem Certificate**Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....Requisition ..... received ..... at.....AM/PM ..... on ..... from  
the<sup>2</sup>.....of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....Its ..... condition ..... then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....

Opinion as to cause of death –

- a) Reserved pending report of.....
- b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After "appearances found" enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
8. The certificate should not be filled in until the post-mortem notes have been entered in full in ink in the post-mortem register. This should be done at once to obviate the possibility of any delay in the delivery of the certificate to the Police.

**Post-Mortem Serial Number—**

**Post-Mortem Certificate Number—**

This form is intended for use only in medico-legal cases. The Medical Officer Conducting the autopsy may dictate rough notes as the examination proceeds, which may be entered in copying pencil in this loose form by his assistant or Compounder. The Medical Officer should sign the loose form after satisfying himself that the entries are correctly made and should copy the same himself in his bound book M1-64 immediately (*Vide* G.O.No.206, Medical, dated 7th April 1919). The loose form (Medical-1-28) should be considered as the original document liable to be produced in Judicial Courts as evidence on proof of the correctness of the entries made in the post-mortem certificates. No additions should be made to it later.

2. Medical Officer conducting Post-Mortem Examinations should go through Paragraphs 399 to 410 and Paragraphs 591 and 592 of the Madras Civil Medical Code (Code-1).

3. The printed matter indicates the Principal, morbid appearances and is a guide and refresher to memory. It is not to be considered complete and detailed. The measurements and weights are from European sources and are perhaps higher than the average for this country. In recording appearances both positive and negative findings would be of value.

4. Attention is invited to the Surgeon-General's Circular No. 39 of the 7th July 1914, regarding the responsibility of Senior Medical Officers in Station towards autopsies.

#### Post-Mortem Examination

ON THE BODY OF

male  
\_\_\_\_\_ named  
female

Age

Conducted By

at

on

GCP—180-3 (Medl. 1-28)—10,000 Cps.—28-5-14 [HCL-8]

180-3—1

Notes from the requisition for a post-mortem examination on the body of a male  
female.

Named \_\_\_\_\_ aged about \_\_\_\_\_

Year \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Residence \_\_\_\_\_

Caste : \_\_\_\_\_ Occupation: \_\_\_\_\_

Approximate height \_\_\_\_\_ feet : \_\_\_\_\_ inches New born averages

Approximate breadth \_\_\_\_\_ inches Europeans (Jellet)

Approximate girth : \_\_\_\_\_ inches length 20 inches weight

Approximate weight \_\_\_\_\_ pounds 8 lb, 8 oz to 7 lb

Identification marks—

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) Tatoo marks and pattern \_\_\_\_\_

(5) Caste marks — \_\_\_\_\_

Found \_\_\_\_\_ at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

Died \_\_\_\_\_ p.m. \_\_\_\_\_

sent by \_\_\_\_\_ with letter No. \_\_\_\_\_

dated \_\_\_\_\_ incharge of Constable No. \_\_\_\_\_

Received at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ p.m. \_\_\_\_\_

It is stated that the body found "at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ p.m. \_\_\_\_\_

It is stated that there was an interval of hours \_\_\_\_\_

minutes between the last eating, drinking \_\_\_\_\_

and the development of the symptoms which were:—

Vomiting \_\_\_\_\_

Purging \_\_\_\_\_

Loss of sensation. \_\_\_\_\_

Dilatation \_\_\_\_\_

\_\_\_\_\_ of pupils \_\_\_\_\_

Contraction. \_\_\_\_\_

Unconsciousness \_\_\_\_\_

Excitement \_\_\_\_\_

Flushing of face \_\_\_\_\_

\*State, if hanging, drowned or other posture in relation to surrounding objects.

State Nature of vomit exerts.

State parts affected and nature:

Twitching

Tinging

convulsions      clonic  
Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:                      colours.

Dryness of moistness of skin

Collapse

Suffocation

Cyanosis (Lividity)

Deep Sleep

Other persons partook of the same food, drink and exhibited (Symptoms)

The following articles were also sent with the corpse:—

The purpose for which these  
were sent and nature of  
examination to be conducted

Description cuts, stains and  
number of cloths, etc.

Clothes

Ornaments, Jewellery

Excreta

Vomit.

Urine

Weapons

Describe the mode of packing  
and seals.

Gas (from unused wells, cesspools, rooms, etc.)

Is the body decomposed or otherwise.

Short history of case in duplicate, if supplied or not.

Copy of history or case sheet from hospital or if treated outside sent or not.

The body was reported to have been received in Mortuary at  
on                      through Police Constable No.

Further notes, if any (such as short notes from case sheet of Hospital, etc.)

(signed)

### Notes of Post-Mortem Examination

The body was first seen by the undersigned at \_\_\_\_\_ a.m. \_\_\_\_\_ if the body was seen before  
 \_\_\_\_\_ on post-mortem examination,  
 p.m. note time and general condi-  
 tion found.

Its condition then was \_\_\_\_\_

The examination was conducted by \_\_\_\_\_ (on dated)  
 and was begun at \_\_\_\_\_ (place)

Name : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : \_\_\_\_\_  
 Height : \_\_\_\_\_ Breadth : \_\_\_\_\_ Weight : \_\_\_\_\_

Identification marks (as seen by the Medical Officer)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(6) \_\_\_\_\_

These \_\_\_\_\_ do  
 agree with the identification marks given is the requisition  
 do not \_\_\_\_\_

Clothing—

Say whether worn or not  
 and how worn and describe.

Jewellery—

Whether worn or not  
 marks left by them and describe.

Body identified by P.C. No.

Name



## EXTERNAL EXAMINATION.

## GENERAL SURVEY OF THE BODY.

1. *Condition of cloths* - Dry or wet, Stained, etc., ..
2. *Surroundings of the body* .. .. .
3. *Attitude of Body*-Lies on back, arms close to sides flexed at elbows, forearms in pronation supination palms resting on trunk, lower limbs extended, flexed, close or apart.
4. *Temperature of the body with a thermometer*
5. *State of Nutrition*-Body is corpulent, stout, well-nourished, emaciated, not muscular, adipose cremation.
6. *Symmetry of body*-proportion of head to body; unequal development of limbs; atrophy of muscles (name them); deformities or losses. Maldevelopments; co-tractors; distortion (rickets Osteomalasia).
7. *Colour of skin*-Pale, purple or lived of face, neck and trunk, colour of mucosa (oral, conjunctival, preputial, vaginac and anal).Discoloration (pigmentation and decoloration-Mention Sites, distribution and colour)-albinism, leucoderma, leprosy, pityriasis, chlorosis, jaundice, Addison's-Patches.
8. (a) Colour of iris.  
(b) Colour of hair, length of hair, shaved or not-  
Head  
\_\_\_\_\_  
Mustache,  
\_\_\_\_\_  
Ampits.  
\_\_\_\_\_  
Pubis.
9. Presence of visible diseases,-Bilsters, Vehicles, eruptions or rash, scales, erysipelae, thickening tumours, ulcers (oral, labial Cutaneous, anal), scare naevi disease of hair, mention site and nature,
10. (a) Body is covered with blood, vermix, caseous with down, scraf skin.
11. (b) *Scars and tatoo marks Injuries*-Describe them (*Vida* sketch) (Scratches, Echymosisbruises-contusions, wounds fracture, dismemberment, etc., location, direction, length, breadth, depth margins, talling (examine with lens; draw outlines if injuries if possible) bleeding or covered with clot or scab-Probable age of injury, foreign bodies in wounds, cuts on clothing correspond with wounds on body. Foreign bodies in natural passages (mention nature, size, weight, etc.) marks of rope round, neck injuries caused by sharp or blunt, heavy or light weapons sell inflicted or produced by fits, mention whether Epileptic, Eclamptic-Uraemic, etc., and those induced by drugs. When injury to tongue by biting or to face by falling, etc. may be caused, returns and scaled :



12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body ward, muscles relaxed and contractile, rigidly rigor mortis present (parts), passed off (parts), eyeballs flaccid, flattening or points of support, postmortem hypostasis (prove by pressure and incision and state and area), marks and lived blood vessels green discoloration, odour, softening of eyeballs, exudation from mouth and nose, ova of flies present moving maggots seep, prebs on back of legs, neck sides of chest, etc., peeling cuticle loosening of hair, thorax and abdomen burst sutures of skull opened, eyelids everted, saproscopic, mummification, damage by wild animals skeletonization.
14. The general appearances do or do not tally police report.
15. Death would have occurred about (so many) hours or days ago.

#### HEAD FACE AND FORM.

16. Head of new born-diameter-Jellet—

|                             |       |                 |
|-----------------------------|-------|-----------------|
| (a) Cervico-bregmatic       | .. .. | 7.88 cms. (8)   |
| (b) Frontal-mental          | .. .. | 12.38 cms. (12) |
| (c) Supra occipito mental   | .. .. | 11.25 cms. (11) |
| (d) Occipito mental         | .. .. | 10.12 cms. (10) |
| (e) Occipito frontal        | .. .. |                 |
| (f) Sub-Occipito frontal    | .. .. | 9 cms.          |
| (g) Sub-Occipito leregmatic | .. .. | 8.43 cms. (8)   |
| (h) Bitemporal              | .. .. | 7.2 cms. (7)    |
| (i) Biparietal              | .. .. | 8.43 cms. (8)   |
| (a) Sub-occipito-pregmatic  | .. .. | 28.5 cms. (29)  |
| (b) Occipito-frontal        | .. .. | 30.93 cms. (31) |
| (c) Supra occipito-mental   | .. .. | 32.40 cms. (32) |
| (d) Cervico-bregmatic       | .. .. | 28.4 cms. (29)  |

17. *Features*.— Symmetrical, contorted, calm, distorted, pale, lived, congested, swollen, bloated, prominent veins of forehead, mutilated.
18. *Scalp*.— Loss of hair, arrangement of hair, disorder of hair oedema, tumours, caput-succidaneum, haemorrhage, suppuration, depression bosses.
19. *Eyelids*.— Open, closed, bulged, gouged, arcus, senils, pupils contracted, normal, dilated, Eyelids-suffused, swollen haemorrhage is angles of eyes, horizontal upturned, downturned.
20. *Nose*.— Broken, discharge of blood, frothy blood mucous, foreign body, polypus, uicey of septum.
21. *Mouth and lips*.— Give forth characteristic odour of discoloured stained. Mucous lining softened, destroyed, exoriated herpeson.
22. *The tongue*.— Protruded between teeth, stained mucous surface swollen, ulcer, new growth.
23. *Discharge of blood*.— Frothy frothy blood, putrid, fluid, etc., from mouth or nose of both. Trial of saliva running down the chest; foreign body in mouth.
24. *The jaws*.— clenched, gums blue, red, spongy, tumours, necrosis, etc.
25. *The teeth*.— Complete number broken, decayed, lost (mention the missing) tumours.
26. *The ears*.— Discharge of pus, blood, fluid foreign body, pierced lobes recently torn.

27. *The neck glands*-Enlarged, caseous situation.
28. *Thorax*-Shape well formed, long and narrow barrel shaped, pigeon breasted funnel breasted, rickety rosary, on difference between to sides, fracture or diseases of ribs, cartilages, Tumours in thorax
29. *Trunk*-New born diameters jellied.  
Shoulders bisacromial 9.9 cms. (10)  
Sterno-dorsal 8.85 cms. (9)  
Bitrochanteric 8.85 cms. (9)  
Bis-iliac 8.43 cms. (8)  
Sacro-iliac 4.95 cms. (5)
30. *Mammary glands*-development, hypertrophy, atrophy, tumours cysts, primary areolae, secondary areolae (colour) stris alba.
31. *Axillary glands*-Enlarged, length.
32. *Abdomen*-Striae albicantes, linea, nigra caput medusae, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia umbilicus healed, umbilical cord, demarcated, tied and adherent, fallen).
33. *Groin*-Glands enlarged, buboes; ulcers, undescended testis tumours, scars.
34. *Generative organs*-Penis indrawn, shortened, development Urethral discharge-Veneral sore-Circumcised or not, scars.
35. *Scrotum*, elephantoid, hydrocele, tests enlarged, Labia-Hymen-vaginitis fistula-Discharge of blood mucus, pus, presence of absence, torn fresh or old carunculate foreign body, ulcers, Marks of violence, Loose hairs (Preserve stains hair and foreign bodies) dimensions of genitals.

#### EXTREMITIES.

36. *Upper and lower limbs*-the hands, clenched, empty, contain straw, mud, extra digits show no signs of work fingers flexed, mark of wedding ring on finger, stains, fracture, dislocation nails not broken blue pale, sand mud or foreign body under nails; over grown or palrod; cholera fingers. *The feet*-Flat, inverted oedematous, nodes fractures dislocation deformity, stains on soles; foreign bodies under nails.

#### CENTRES OF OSSIFICATION.

(Casper and Tidy)

37. In the new born centre of ossification in of femur epiphysis of femur is three lines in diameter. Give others will be necessary.

#### INTERNAL EXAMINATION

*N.B.*—Don't tear through adhesions but cut them.

#### OPENING OF ABDOMEN.

38. *Abdomen*-Size, uniform, prominent or unequal, Fat, Depth, inches, colour *Paries*-Retracted, distended, site of umbilicus Muscles; development-colour -Extravasation of blood in omentum spread, etc.
39. Level of diaphragm, Right-Left-Domes, Position of organs Normal-Adhesions-Enlargements, local inflammations-tumours.
40. Peritoneal cavity-Fluid in ounces, nature of fluid, turbid, blood stained, puerulent, lymph, flakes of fibrin.

Peritoneum; adherent-Tubercle, Smears from exudate in peritoneum

*Note* :—Organs to be merely examined this stage.



## OPENING OF THORAX

41. Position and colour of organs, normal or abnormal.  
Fracture of ribs, pleura injected, surface roughened flakes of fibrin, effusion of blood fluid in-Amount in ounces Character lymph; old or recent adhesions wound. Spots of haemorrhage on visceral or parietal surfaces (Tardieu's spots) Mediastina Haemorrhages, etc., Lung borders meet or overlap; overlap on heart.
42. *Thymus*-Size (length, breadth, thickness), weight section-haemorrhage, tubercle, tumour.
43. *Pericardium*-staining, inflamed distended, fluid, amount, ounces, character of inner surface dark, rough., wounded, milk spots, exudate-Smears. Spot of haemorrhage on visceral or parietal surface adhesions.
44. The heart-weight 150-360 grams, wound, rupture.  
Right auricle and appendage contain fluid blood-Right or dark, mixed clot, uniform clot, thrombus.  
Right ventricle contain fluid, clot, embolus, thrombus.  
Pulmonary artery-clot, embolus, thrombus  
Left auricle contain fluid blood clot thrombus. Left ventricle contain fluid blood, clot, thrombus, chambers dilated; mention them.  
Valvular rings dilated or contracted.
45. Valves and endocardium rigid, contracted, thickened, adherent, Valves perforated, torn vegetations, on puckered, atheromatous, chordae tendinae opaque, thickened, shortened broken.
46. *Coronary vessels*-Atheroma, emboli, thrombosis. Musculature hypertrophied, brown hypertrophied, fatty infiltration, fatty degeneration, abnormality other diseases.
47. *The great vessels*-Aorta, vena-cava, pulmonary artery, pulmonary veins, iliac vessels, etc., thrombosis, embolism, atheroma calcification, aneurism would rupture.
48. *The blood*-General character-Dark cherry coloured/coagulated clot soft or firm, layered or of uniform colour. Abnormally fluid. Take a blood smear, Bacteriological test if needed.
49. *The lungs*-Normal lung 240 gms to 660 gms. Average R 540 gms to 480 gms, colour-Distended Marked by ribs, do not collapse, dry, crepitant, soft oedematous congested friable, inelastic emphysematous congested friable. Inelastic emphysematous, collapsed atelectoid; lobes swollen shrunken, dark red, gray, firm friable soft, dry exclude frothy aerum, blood tent matter Pigmented adhesions haemorrhage, infraction, pleurisy, patches, if any, shape-Scars tubercle on surface.  
Section-Dry granular, moist on pressure exclude blood, (amount) watery fluid, mucus, pus, secretion, blood, tenacious. Air tubes rodged, thickened, dilated narrowed grew yellow tubercle chalky mass sinking cavities, pigment, fibroid change, red or gray hepatization purulent filtration, diffuse or circumscribed abscess, gangrene fumous, wound rupture, oedema, haemorrhage, Cut piece skin or float in water.
50. *Larynx*, glottis, *trachea bronchi*-Contain water, mud, vegetation (nature) etc. mucosa, injected, swollen, stained discoloured oedematous, covered with froth corrugated: leathery new growth, foreign body, loose or impacted, nature colour of mucosa.
51. *Hyoid bone broken*-Describe fracture, etc.,

52. *Thoracic duct*-inflamed, obstructed rupture wound etc.,  
 53. *Thyroid parathyroids*-Enlarged firm fibrous, etc.  
 54. *The Stomach*-Size, dilated, shrunken, distended with food or gas, hour-glass, outer surface, vascular, fresh lymph injected adherent, wound rupture.

*Contents* Inarims odour colour, consistency foreign particles food particles nature and stage or digestion.

*Inner surface*-Colour, injected, dilated and tortuous vessels, walls oedematous firm, hard, charge extravasation, effusion embedded foreign particles atrophied ulcer (character of edge base, perforation) tumours, etc.; mucus-Anaemic injected inflamed thick soft hard, eroded, corrugated, leathery.

55. *Oesophagus*-Length 25 cms. (Grey) length:  
*Mucosa* Partly detached, easily, stripped; soft, brittle, sodder while, brown, yellowish; charred structure; ulcer; new growth impacted mass, wound rupture, diverticular.

#### PANCREAS

56. Average weight-60 to 180 gms.  
 Weight ounce, colour, consistence, inflammation, abscess, cyst, tumour, fat necrosis.

#### THE LIVER.

57. Weight-1,200 to 1,800 gms.  
 Relations, adhesions, rupture, weight, enlarged diminished alaphed wound.  
*Capsule*-Thin, loose, wrinkled, adherent.  
*Edges*-Thick, thin, rounded, firm.  
*Surface*-smooth, shining dull, nodulated, searlike bands or put red depressions.  
*Colour*-Red, Yellow mottled nutmeg, pigmented, brown Pale chocolate, slaty.  
*Consistence*-soft, firm, flabby, tough, fleshy, greasy friable, waxy, difficult translucent.  
 58. Gall bladder, full empty, stone, inflamed mucosa, thickened wall contracted, adherent-Lymphatic hands under liver enlarged malignant, etc.  
*Section*-Colour, hyperaemic, nutmeg, granular, distended ducts embolism hydatid, abscess cuts with creaking noise grease on knife free iron-"Prussian, blue reaction" (Pot, Ferrocyanide and dilute hydrochloric acid), amyloid reaction (Finn's iodine and dilute sulphuric acid) cut pieces sink or float in water.

#### THE SPLEEN.

59. Size 13 x 9 x 4 cms, Weight 90 to 210 gms.  
 Weight colour size, shape large, small, notch (portion) capsule wrinkled, thick, adherent, splenitis (liver spleen) rupture, wound.  
*Consistence*-Firm, soft, wax, friable, abscess, infarcts, furbercle.  
*Section*-Trabeculae and vessels not easily seen markedly visible, increased, colour cut surface, dry, moist concave, convex, in outline malpighian, bodies visible, enlarged.  
*Consistence of section*: pulp, easily, wasted, off scraped with difficulty Accessory spleen.

#### OMENTUM AND MESENTERY.

60. Mesentery-cm, long  
 (Grey 202 cms. broad)  
 Relations fat, adhesions, injections, hypostasis, Herira, glands,

swollen desecous, ulcerating tubercle, effusion of lymph into transesophageal and oedema.

61. THE KIDNEYS

Weight-90-180 gms.

Male-120 to 165 gms.

FEMALE LEFT HEAVIER.

Size-10 x 6 x 3 cms.

Weight Right left-Grams,

Larger, Smaller, heavier, colour-Red, pale mottled, translucent, purple pale, yellowish, consistence, firm, flabby, position of ureters abnormalities, section-soft, firm, friable anaemic, pyperafatmic, colour difference between cortex increased diminished, narrow, pelvis, dilated, peripelvis at increased pyramids, calices, infraction embolism in vessels, Capsule strips easily, partially adherent, very adherent, thick, thin.

Surface of kidney-Congested, pale, stellate veins markedly visible, cysts on surface, smooth, rough granular, lobulated.

62. SUPRARENAL CAPSULES.

|      |           |
|------|-----------|
| Size | Length    |
|      | Breadth   |
|      | Thickness |

Weight Accessory Suprarenals— abscess.

cyst, rupture, wound, enlarged, irregular, firm, adherent, section, yellow, grey white cheesy, calcified.

63. THE INTESTINES.

Pylorus to ileo caecal valve 610 cms. to 1057 cms. (Grey)

Duodenum 2.5 cms.

Jejunum 244 cms.

Ileum 366 cms.

Caecum 6 cms.

Colon 56 cms-152 cms.

Ascending colon 13 cms.

Transverse 51 cms.

Descending 25 cms.

Sigmoid 41 cms.

Return 11 cms. 12 cms.

64. Small intestine-outer, surface, injected, hypostasis, lymph, fibrin, adhesions, tubercle, tumours.

Contents-Colour, quantity, consistency, food particles, foreign particles, parasites, bacteriological, examination, if needed.

Mucosa-Injected, pale, atrophied swollen pulpy, gangrenous ulcerated direction, of ulcers lymph follicles, Peyer's patches lymphatics, sloughing (size and shape slough and ulcers) character margins of ulcers impacted masses.

Twisting intussusception contracted, strangulation, hernia, new, new growth, diverticula.

65. APPENDIX.

Length 2.5 cms. to 20 cms.

Average 10 cms.

Position length, thickness, inflammation abscess strophy, hands



of kindling, mucosa-inflamed, ulcerated, atrophied, tumour contents-Vacees, colour, consistence, parasites, pus foreign bodies stones.

66. LARGE INTESTINE.

Heo-caecal valve Intussusception, etc.

Coecm-Position, mobility thickened, inflamed, tubercle, tumour, stenosis, dilation adhesions, pericoecal abscesses, mucosa atrophied, inflamed, tumour.

Colon-Sagging dilation flexures-Normal in position linking sacculaton, stenosis, injected adhesion, matting fistulae, contents, colour consistence, foreign particles, food particles, parasites, mucosa, injected, inflamed, ulcers, stough, colour extent, location (Describe).

Stomach and oesophagus here.

67. THE BLADDER.

Contents grams, Urine-Recation, sugar albumin, calculas, new growth mucosa inflamed, ulcers, muscle hypertrophied, prostate enlarged tumour, seminal vesicles-tubercle, etc.

68. UTERUS

Grey Length 6 cms. Breadth 5 cms.

Thickness 2.5 cms.

Weight 60 gms.

Menstruation, pregnancy, abortion, violence, wound, rupture, foreign body, new growth or other disease—

69. Ovaries-Right and Left.

Size, adhesions, inflammation, enlargement, cyst, tumour, Corpus luteum.

70. PELVIS.

Fracture disarticulation, deformity.

71. OPENING OF THE HEAD.

The soft parts, present injury inflammation.

Scalp-Extravasation of blood beneath, caput succedaneum, caul present.

72. Bones—Thick, thin, caries, depression, injury.

N.B.—Strip dura examine for basal fracture, injury include separation of sutures, indentations fractures.

73. THE MEMBRANES.

Sinuses full, empty, thrombosed clotted duramater, adhereent, anaemic, vascular, hypostasis congested, inflamed, extravation of blood external or internal to dura or pia (amouint situation and extend) adhesions-(Discribe and sketch).

The arachnoid-Dry Stickly, tubercular.

Cerebo-Spinal fluid-volumes, cleamess, turbidity, blood, staining adhesions.

Air mater injected: haemorrhage, etc.

Lymbh or pus person.

74. Brain-Average M. 1440 gms: F 1320 gms.

Convolution flattened verticles, full, empty ventricular, fluid, clear, turpid blood stained choroid plexus inflamed.

Substance, soft (reddish, yellow), firm, inflamed abscess, softening, tumour (site) haemorrhage (site) injury (site).



Brain vessels.— Thickened altheroma (site) ambolism (site)  
thorposis (site) rupture (site).

75. Air Caveties of skull.—Note findings.

#### SPINAL COLUMN.

76. Soft part present, injury

The bonus-injury, disease.

Dura mater-Adherent, anaemic, Vascular hypostasis tumour.

The arachnoid-Dry, Stickly, tubercular.

The pia meter- injected.

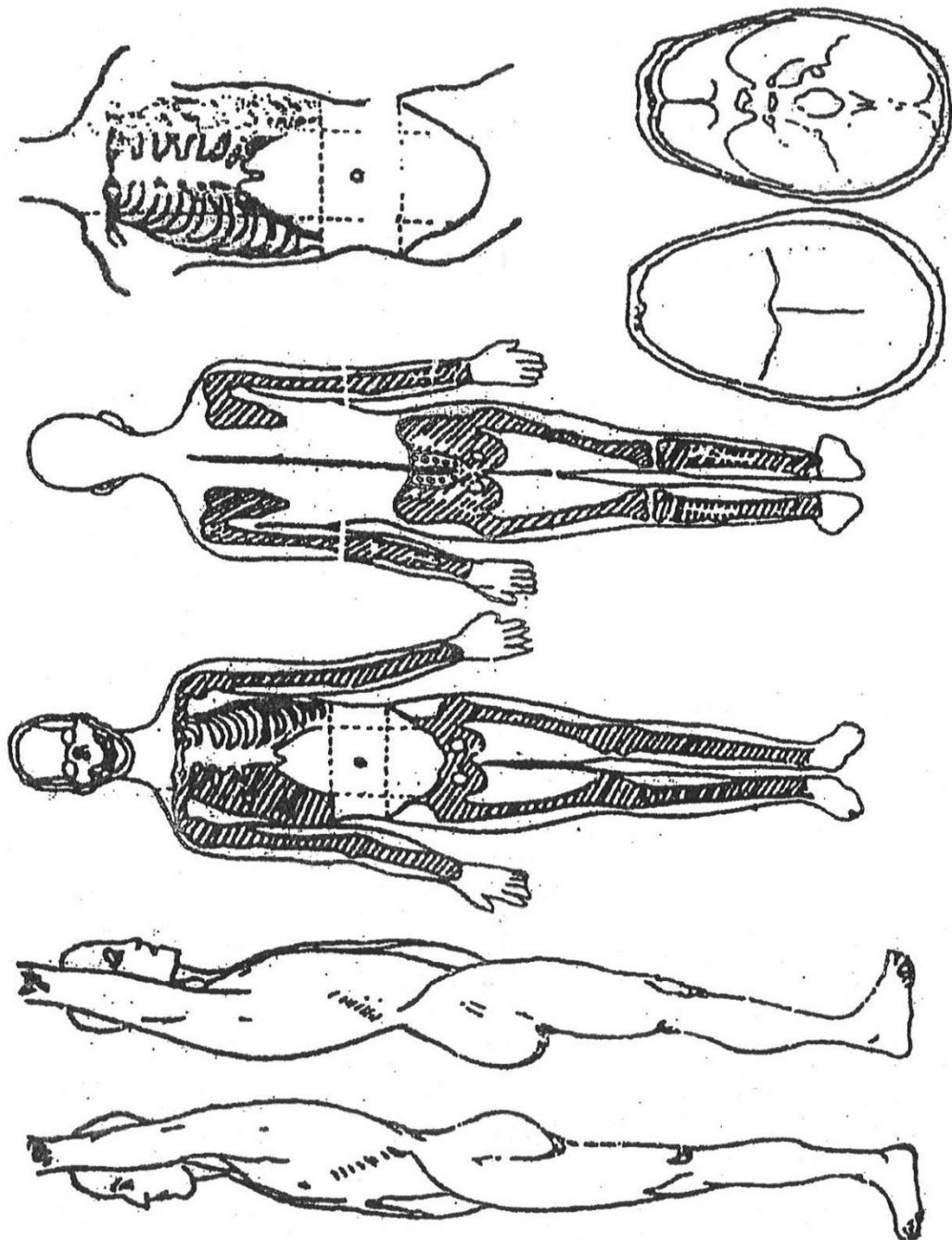
77. Atlas/Aexes                      Fracture, subluxation.

78. The Spinal Cord-Length                      Weight                      Cz.                      Oc.

length-41cms. 43 cms.

Weight-45 gms.

Soft, firm vascular injected, atrophied, semi-transluscent, narrow  
in parts (Where) never roots.



Tusises preserved for microscopic section area.

Materials sent for-Bacteriological investigation.

The following numbered and sealed as under and each labelled with a signed note of reference to this report are together with a sample of the preservative in which they are preserved are reserved for chemical analysis---

1. Stomach and contents.
2. Intestines and contents.
3. Sample of liver (not less than 50 gms.).
4. Kidney (one).
5. Sample of urine (100 c.c. at least).
6. Brain.
7. Blood.
8. Preservative (nature and quantity not less than 100 c.c.)

Post-mortem concluded at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_\_  
p.m.

### Summary of opinion.

The deceased would appear to have

Dated \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Signature)

Result of Microscopical Bacteriological and Chemicals Examinations, etc.,

Final opinion in case it was reserved.

Post-mortem certificate handed over to

on

at (time)

Inquest  
When held:

Date

Time

Summary of evidence at inquest:

Question put by the police and answers given to them regarding the  
post-mortem—

Magisterial Enquiry (Chief points of evidence to be noted)

Sessions—(Chief points of examination and cross-examination).

Judgement.

PM No:  
Date:

### Post-mortem Certificate

Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....

Requisition received at.....AM/PM on ..... from  
the<sup>2</sup>.....

of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....

Its condition then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....

Opinion as to cause of death –

- a) Reserved pending report of.....
- b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After "appearances found" enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
8. The certificate should not be filled in until the post-mortem notes have been entered in full in ink in the post-mortem register. This should be done at once to obviate the possibility of any delay in the delivery of the certificate to the Police.

**Post-Mortem Serial Number—**

**Post-Mortem Certificate Number—**

This form is intended for use only in medico-legal cases. The Medical Officer Conducting the autopsy may dictate rough notes as the examination proceeds, which may be entered in copying pencil in this loose form by his assistant or Compounder. The Medical Officer should sign the loose form after satisfying himself that the entries are correctly made and should copy the same himself in his bound book M1-64 immediately (*Vide* G.O.No.206, Medical, dated 7th April 1919). The loose form (Medical-1-28) should be considered as the original document liable to be produced in Judicial Courts as evidence on proof of the correctness of the entries made in the post-mortem certificates. No additions should be made to it later.

2. Medical Officer conducting Post-Mortem Examinations should go through Paragraphs 399 to 410 and Paragraphs 591 and 592 of the Madras Civil Medical Code (Code-1).

3. The printed matter indicates the Principal, morbid appearances and is a guide and refresher to memory. It is not to be considered complete and detailed. The measurements and weights are from European sources and are perhaps higher than the average for this country. In recording appearances both positive and negative findings would be of value.

4. Attention is invited to the Surgeon-General's Circular No. 39 of the 7th July 1914, regarding the responsibility of Senior Medical Officers in Station towards autopsies.

#### Post-Mortem Examination

ON THE BODY OF

male  
\_\_\_\_\_  
female      named

Age

Conducted By

at

on

GCP—180-3 (Medl. 1-28)—10,000 Cps.—28-5-14 [HCL-8]

180-3—1

Notes from the requisition for a post-mortem examination on the body of a male  
female.

Named \_\_\_\_\_ aged about \_\_\_\_\_

Year \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Residence \_\_\_\_\_

Caste : \_\_\_\_\_ Occupation: \_\_\_\_\_

Approximate height \_\_\_\_\_ feet : \_\_\_\_\_ inches New born averages

Approximate breadth \_\_\_\_\_ inches Europeans (Jellet)

Approximate girth : \_\_\_\_\_ inches length 20 inches weight 8 lb, 8 oz to 7 lb

Approximate weight \_\_\_\_\_ pounds Indian (Lyons) length 16 to 20 inches, weight 4 lb, 5 oz to 7 lb.

Identification marks—

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) Tatoo marks and pattern \_\_\_\_\_

(5) Caste marks — \_\_\_\_\_

Found \_\_\_\_\_ at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

Died \_\_\_\_\_ p.m. \_\_\_\_\_

sent by \_\_\_\_\_ with letter No. \_\_\_\_\_

dated \_\_\_\_\_ in charge of Constable No. \_\_\_\_\_

Received at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ p.m. \_\_\_\_\_

It is stated that the body found\*at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ p.m. \_\_\_\_\_

It is stated that there was an interval of hours \_\_\_\_\_

minutes between the last eating, drinking \_\_\_\_\_

and the development of the symptoms which were:—

Vomiting \_\_\_\_\_

Purging \_\_\_\_\_

Loss of sensation. \_\_\_\_\_

Dilatation \_\_\_\_\_ of pupils \_\_\_\_\_

Contraction. \_\_\_\_\_

Unconsciousness \_\_\_\_\_

Excitement \_\_\_\_\_

Flushing of face \_\_\_\_\_

\*State, if hanging, drowned or other posture in relation to surrounding objects.

State Nature of vomit exerts.



State parts affected and nature:

Twitching

Tinging

convulsions      clonic  
Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth      colours.

Dryness of moistness of skin

Collapse

Suffocation

Cyanosis (Lividity)

Deep Sleep

Other persons partook of the same food, drink and exhibited (Symptoms)

The following articles were also sent with the corpse:—

The purpose for which these  
were sent and nature of  
examination to be conducted

Description cuts, stains and  
number of cloths, etc.

Clothes

Ornaments, Jewellery

Excreta

Vomit.

Urine

Weapons

Gas (from unused wells, cesspools, rooms, etc.)

Is the body decomposed or otherwise.

Short history of case in duplicate, if supplied or not.

Copy of history or case sheet from hospital or if treated outside sent or not.

The body was reported to have been received in Mortuary at  
on      through Police Constable No.

Further notes, if any (such as short notes from case sheet of Hospital, etc.)

(signed)

### Notes of Post-Mortem Examination

The body was first seen by the undersigned at \_\_\_\_\_ a.m. \_\_\_\_\_ if the body was seen before  
 \_\_\_\_\_ on post-mortem examination,  
 p.m. note time and general condi-  
 tion found.

Its condition then was \_\_\_\_\_

The examination was conducted by \_\_\_\_\_ (on dated)  
 and was begun at \_\_\_\_\_ (place)

Name : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : \_\_\_\_\_  
 Height : \_\_\_\_\_ Breadth : \_\_\_\_\_ Weight : \_\_\_\_\_

Identification marks (as seen by the Medical Officer)

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_

These \_\_\_\_\_ do agree with the identification marks given is the requisition  
 do not

Clothing—

Say whether worn or not  
 and how worn and describe.

Jewellery—

Whether worn or not  
 marks left by them and describe.

Body identified by P.C. No.

Name

## EXTERNAL EXAMINATION.

## GENERAL SURVEY OF THE BODY.

1. *Condition of cloths* - Dry or wet, Stained, etc., ..
2. *Surroundings of the body* .. .. .
3. *Attitude of Body*-Lies on back, arms close to sides flexed at elbows, forearms in pronation supination palms resting on trunk, lower limbs extended, flexed, close or apart.
4. *Temperature of the body with a thermometer*
5. *State of Nutrition*-Body is corpulent, stout, well-nourished, emaciated, not muscular, adipose cremation.
6. *Symmetry of body*-proportion of head to body; unequal development of limbs; atrophy of muscles (name them); deformities or losses. Maldevelopments; co-tractors; distortion (rickets Osteomalasia).
7. *Colour of skin*-Pale, purple or lived of face, neck and trunk, colour of mucosa (oral, conjunctival, preputial, vaginac and anal).Discoloration (pigmentation and decoloration-Mention Sites, distribution and colour).albinism, leucoderma, leprosy, pityriasis, chlorosis, jaundice, Addison's-Patches.
8. (a) Colour of iris.  
(b) Colour of hair, length of hair, shaved or not-  
Head  
\_\_\_\_\_  
Mustache.  
\_\_\_\_\_  
Ampits.  
\_\_\_\_\_  
Pubis.
9. Presence of visible diseases,-Bilsters, Vehicles, eruptions or rash, scales, erysipelas, thickening tumours, ulcers (oral, labial Cutaneous, anal), scare naevi disease of hair, mention site and nature.
10. (a) Body is covered with blood, vermix, caseous with down, scraf skin.
11. (b) *Scars and tatqo marks Injuries*-Describe them (*Vide* sketch) (Scratches, Echymosisbruises-contusions, wounds fracture, dismemberment, etc., location, direction, length, breadth, depth margins, talling (examine with lens; draw outlines if injuries if possible) bleeding or covered with clot or scab-Probable age of injury, foreign bodies in wounds, cuts on clothing correspond with wounds on body. Foreign bodies in natural passages (mention nature, size, weight, etc.) marks of rope round, neck injuries caused by sharp or blunt, heavy or light weapons sell inflicted or produced by fits, mention whether Epileptic, Eclamptic-Uraemic, etc., and those induced by drugs. When injury to tongue by biting or to face by falling, etc. may be caused, returns and scaled :



12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body ward, muscles relaxed and contractile, rigidly rigor mortis present (parts), passed off (parts), eyeballs flaccid, flattening or points of support, postmortem hypostasis (prove by pressure and incision and state and area), marks and lived blood vessels green discoloration, odour, softening of eyeballs, exudation from mouth and nose, ova of flies present moving maggots seep, prebs on back of legs, neck sides of chest, etc., peeling cuticle loosening of hair, thorax and abdomen burst sutures of skull opened, eyelid everted, saproscopic, mummification, damage by wild animals skeletonization.
14. The general appearances do or do not tally police report.
15. Death would have occurred about (so many) hours or days ago.

#### HEAD FACE AND FORM.

16. Head of new born diameter-Jellet—
 

|                             |       |                 |
|-----------------------------|-------|-----------------|
| (a) Cervico-bregmatic       | .. .. | 7.88 cms. (8)   |
| (b) Fronta-mental           | .. .. | 12.38 cms. (12) |
| (c) Supra occipito mental   | .. .. | 11.25 cms. (11) |
| (d) Occipito mental         | .. .. | 10.12 cms. (10) |
| (e) Occipito frontal        | .. .. |                 |
| (f) Sub-Occipito frontal    | .. .. | 9 cms.          |
| (g) Sub-Occipito leregmatic | .. .. | 8.43 cms. (8)   |
| (h) Bitemporal              | .. .. | 7.2 cms. (7)    |
| (i) Biparietal              | .. .. | 8.43 cms. (8)   |
| (a) Sub-occipito-pregmatic  | .. .. | 28.5 cms. (29)  |
| (b) Occipito-frontal        | .. .. | 30.93 cms. (31) |
| (c) Supra occipito-mental   | .. .. | 32.40 cms. (32) |
| (d) Cervico-bregmatic       | .. .. | 28.4 cms. (29)  |
17. *Features*.—Symmetrical, contorted, calm, distorted, pale, lived, congested, swollen, bloated, prominent veins of forehead, mutilated.
18. *Scalp*—Loss of hair, arrangement of hair, disorder of hair oedema, tumours, caput-succidaneum, haemorrhage, suppuration, depression bosses.
19. *Eyelids*.—Open, closed, bulged, gouged, arcus, senils, pupils contracted, normal, dilated, Eyelids-suffused, swollen haemorrhage is angles of eyes, horizontal upturned, downturned.
20. *Nose*—Broken, discharge of blood, frothy blood mucous, foreign body, polypus, uicey of septum.
21. *Mouth and lips*—Give forth characteristic odour of discoloured stained. Mucous lining softened, destroyed, exoriated herpeson.
22. *The tongue*—Protruded between teeth, stained mucous surface swollen, ulcer, new growth.
23. *Discharge of blood*—Froth frothy blood, putrid, fluid, etc., from mouth or nose of both. Trial of saliva running down the chest; foreign body in mouth.
24. *The jaws*—clenched, gums blue, red, spongy, tumours, necrosis, etc.
25. *The teeth*—Complete number broken, decayed, lost (mention the missing) tumours.
26. *The ears*—Discharge of pus, blood, fluid foreign body, pierced lobes recently torn.



27. *The neck glands*-Enlarged, caseous situation.
28. *Thorax*-Shape well formed, long and narrow barrel shaped, pigeon breasted funnel breasted, rickety rosary, on difference between to sides, fracture or diseases of ribs, cartilages, Tumours in thorax
29. *Trunk*-New born diameters jellied.  
Shoulders bisacromial 9.9. cms. (10)  
Sterno-dorsal 8.85 cms. (9)  
Bitrochanteric 8.85 cms. (9)  
Bis-iliac 8.43 cms. (8)  
Sacro-iliac 4.95 cms. (5)
30. *Mammary glands*-development, hypertrophy, atrophy, tumours cysts, primary areolae, secondary areolae (colour) stris alba.
31. *Axillary glands*-Enlarged, length.
32. *Abdomen*-Striae albicantes, linea, nigra caput medusae, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia umbilicus healed, umbilical cord, demarcated, tied and adherent, fallen).
33. *Groin*-Glands enlarged, buboes; ulcers, undescended testis tumours, scars.
34. *Generative organs*-Penis indrawn, shortened, development Urethral discharge-Veneral sore-Circumcised or not, scars.
35. *Scrotum*, elephantoid, hydrocele, tests enlarged, Labia-Hymen-vaginitis fistula-Discharge of blood mucus, pus, presence of abscess, torn fresh or old carunculate foreign body, ulcers, Marks of violence, Loose hairs (Preserve stains hair and foreign bodies) dimensions of genitals.

#### EXTREMITIES.

36. *Upper and lower limbs*-the hands, clenched, empty, contain straw, mud, extra digits show no signs of work fingers flexed, mark of wedding ring on finger, stains, fracture, dislocation nails not broken blue pale, sand mud or foreign body under nails; over grown or palrod; cholera fingers. *The feet*-Flat, inverted oedematous, nodes fractures dislocation deformity, stains on soles; foreign bodies under nails.

#### CENTRES OF OSSIFICATION.

(Casper and Tidy)

37. In the new born centre of ossification in of femur epiphysis of femur is three lines in diameter. Give others will be necessary.

#### INTERNAL EXAMINATION

N.B.—Don't tear through adhesions but cut them.

#### OPENING OF ABDOMEN.

38. *Abdomen*-Size, uniform, prominent or unequal, Fat, Depth, inches, colour *Paries*-Retracted, distended, site of umbilicus Muscles; development-colour -Extravasation of blood in omentum spread, etc.
39. Level of diaphragm, Right-Left-Domes, Position of organs Normal-Adhesions-Enlargements, local inflammations-tumours.
40. Peritoneal cavity-Fluid in ounces, nature of fluid, turbid, blood stained, puerulent, lymph, flakes of fibrin.

Peritoneum; adherent-Tubercle, Smears from exudate in peritoneum

Note :—Organs to be merely examined this stage.

## OPENING OF THORAX

41. Position and colour of organs, normal or abnormal.  
Fracture of ribs, pleura injected, surface roughened flakes of fibrin, effusion of blood fluid in-Amount in ounces Character lymph; old or recent adhesions wound. Spots of haemorrhage on visceral or parietal surfaces (Tardieu's spots) Mediastina Haemorrhages, etc., Lung borders meet or overlap; overlap on heart.
42. *Thymus*-Size (length, breadth, thickness), weight section-haemorrhage, tubercle, tumour.
43. *Pericardium*-staining, inflamed distended, fluid, amount, ounces, character of inner surface dark, rough., wounded, milk spots, exudate-Smears. Spot of haemorrhage on visceral or parietal surface adhesions.
44. The heart-weight 150-360 grams, wound, rupture.  
Right auricle and appendage contain fluid blood-Right or dark, mixed clot, uniform clot, thrombus.  
Right ventricle contain fluid, clot, embolus, thrombus.  
Pulmonary artery-clot, embolus, thrombus  
Left auricle contain fluid blood clot thrombus. Left ventricle contain fluid blood, clot, thrombus, chambers dilated; mention them.  
Valvular rings dilated or contracted.
45. Valves and endocardium rigid, contracted, thickened, adherent, Valves perforated, torn vegetations, on puckered, atheromatous, chordae tendinae opaque, thickened, shortened broken.
46. *Coronary vessels*-Atheroma, emboli, thrombosis. Musculature hypertrophied, brown hypertrophied, fatty infiltration, fatty degeneration, abnormality other diseases.
47. *The great vessels*-Aorta, vena-cava, pulmonary artery, pulmonary veins, iliac vessels, etc., thrombosis, embolism, atheroma calcification, aneurism would rupture.
48. *The blood*-General character-Dark cherry coloured/coagulated clot soft or firm, layered or of uniform colour. Abnormally fluid. Take a blood smear, Bacteriological test if needed.
49. *The lungs*-Normal lung 240 gms to 660 gms. Average R 540 gms to 480 gms, colour-Distended Marked by ribs, do not collapse, dry, crepitant, soft oedematous congested friable, inelastic emphysematous congested friable. Inelastic emphysematous, collapsed atelectoid; lobes swollen shrunken, dark red, gray, firm friable soft, dry exclude frothy aerum, blood tent matter Pigmented adhesions haemorrhage, infraction, pleurisy, patches, if any, shape-Scars tubercle on surface.  
Section-Dry granular, moist on pressure excude blood, (amount) watery fluid, mucus, pus, secretion, blood, tenacious. Air tubes rodged, thickened, dilated narrowed grew yellow tubercle chalky mass sinking cavities, pigment, fibroid change, red or gray hepatization purulent filtration, diffuse or circumscribed abscess, gangrene fumous, wound rupture, oedema, haemorrhage, Cut piece skin or float in water.
50. *Larynx*, glottle, *trachea bronchi*-Contain water, mud, vegetation (nature) etc. mucosa, injected, swollen, stained discoloured oedematous, covered with froth corrugated: leathery new growth, foreign body, loose or impacted, nature colour of mucosa.
51. *Hyoid bone broken*-Describe fracture, etc.,

52. *Thoracic duct*-inflamed, obstructed rupture wound etc.,  
 53. *Thyroid parathyroids*-Enlarged firm fibrous, etc.  
 54. *The Stomach*-Size, dilated, shrunken, distended with food or gas, hour-glass, outer surface, vascular, fresh lymph injected adherent, wound rupture.

*Contents* Inarims odour colour, consistency foreign particles food particles nature and stage or digestion.

*Inner surface*-Colour, injected, dilated and tortuous vessels, walls oedematous firm, hard, charge extravasation, effusion embedded foreign particles atrophied ulcer (character of edge base, perforation) tumours, etc., mucus-Anaemic injected inflamed thick soft hard, eroded, corrugated, leathery.

55. *Oesophagus*-Length 25 cms. (Grey) length:  
*Mucosa* Partly detached, easily, stripped, soft, brittle, sodder while, brown, yellowish; charred structure; ulcer; new growth impacted mass, wound rupture, diverticular.

#### PANCREAS

56. Average weight-60 to 180 gms.  
 Weight ounce, colour, consistence, inflammation, abscess, cyst, tumour, fat necrosis.

#### THE LIVER.

57. Weight-1,200 to 1,800 gms.  
 Relations, adhesions, rupture, weight, enlarged diminished alaphed wound.  
*Capsule*-Thin, loose, wrinkled, adherent.  
*Edges*-Thick, thin, rounded, firm.  
*Surface*-smooth, shining dull, nodulated, searlike bands or put red depressions.  
*Colour*-Red, Yellow mottled nutmeg, pigmented, brown Pale chocolate, slaty.  
*Consistence*-soft, firm, flabby, tough, fleshy, greasy friable, waxy, difficult translucent.  
 58. Gall bladder, full empty, stone, inflamed mucosa, thickened wall contracted, adherent-Lymphatic hands under liver enlarged malignant, etc.  
*Section*-Colour, hyperaemic, nutmeg, granular, distended ducts embolism hydatid, abscess cuts with creaking noise grease on knife free iron-"Prussian, blue reaction" (Pot, Ferrocyanide and dilute hydrochloric acid), amaloïd reaction (Tinct iodine and dilute sulphuric acid) cut pieces sink or float in water.

#### THE SPLEEN.

59. Size 13 x 9 x 4 cms, Weight 90 to 210 gms.  
 Weight colour size, shape large, small, notch (portion) capsule wrinkled, thick, adherent, priapentitis (iced spleen) rupture, wound.  
*Consistence*-Firm, soft, wax, friable, abscess, infarcts, furbercle.  
*Section*-Trabeculae and vessels not easily seen markedly visible, increased, colour cut surface, dry, moist concave, convex, in outline malpighian, bodies visible, enlarged.  
*Consistence of section*-pulp, easily, wasted, off scraped with difficulty Assessory spleen.

#### OMENTUM AND MESENTERY.

60. Mesentery-cm, long  
 (Grey 202 cms. broad)  
 Relations fat, adhesions, injections, hypostasis, Herira, glands,



swollen desecous, ulcerating tubercle, effusion of lymph into transesophage and oedema.

61. THE KIDNEYS

Weight-90-180 gms.

Male-120 to 165 gms.

FEMALE LEFT HEAVIER.

Size-10 x 6 x 3 cms.

Weight Right left-Grams,

Larger, Smaller, heavier, colour-Red, pale mottled, translucent, purple pale, yellowish, consistence, firm, flabby, position of ureters abnormalities, section-soft, firm, friable anaemic, pyperafatmic, colour difference between cortex increased diminished, narrow, pelvis, dilated, peripelvis at increased pyramids, calices, infraction embolism in vessels, Capsule strips easily, partially adherent, very adherent, thick, thin.

Surface of kidney-Congested, pale, stellate veins markedly visible, cysts on surface, smooth, rough granular, lobulated.

62. SUPRARENAL CAPSULES.

|      |           |
|------|-----------|
| Size | Length    |
|      | Breadth   |
|      | Thickness |

Weight Accessory Suprarenals— abscess.

cyst, rupture, wound, enlarged, irregular, firm, adherent, section, yellow, grey white cheesy, calcified.

63. THE INTESTINES.

Pylorus to lico caecal valve 610 cms. to 1057 cms. (Grey)

Duodenum 2.5 cms.

Jejunum 244 cms.

Ileum 366 cms.

Caecum 6 cms.

Colon 56 cms-152 cms.

Ascending colon 13 cms.

Transverse 51 cms.

Descending 25 cms.

Sigmoid 41 cms.

Return 11 cms. 12 cms.

64. Small intestine-outer, surface, injected, hypostasis, lymph, fibrin, adhesions, tubercle, tumours.

Contents-Colour, quantity, consistency, food particles, foreign particles, parasites, bacteriological, examination, if needed.

Mucosa-Injected, pale, atrophied swollen pulpy, gangrenous ulcerated direction, of ulcers lymph follicles, Peyer's patches lymphatics, stoughing (size and shape slough and ulcers) character margins of ulcers impacted masses.

Twisting intussusception contracted, strangulation, hernia, new, new growth, diverticula.

65. APPENDIX.

Length 2.5 cms. to 20 cms.

Average 10 cms.

Position length, thickness, inflammation abscess strophy, hands

of kindling, mucosa-inflamed, ulcerated, atrophied, tumour contents-Vacees, colour, consistence, parasites, pus foreign bodies stones.

66. LARGE INTESTINE.

Heo-caecal valve Intussusception, etc.

Coecm-Position, mobility thickened, inflamed, tubercle, tumour, stenosis, dilation adhesions, pericoecal abscesses, mucosa atrophied, inflamed, tumour.

Colon-Sagging dilation flexures-Normal in position linking sacculaton, stenosis, injected adhesion, matting fistulae, contents, colour consistence, foreign particles, food particles, parasites, mucosa, injected, inflamed, ulcers, stough, colour extent, location (Describe).

Stomach and oesophagus here.

67. THE BLADDER.

Contents grams, Urine-Recation, sugar albumin, calculas, new growth mucosa inflamed, ulcers, muscle hypertrophied, prostate enlarged tumour, seminal vesicles-tubercle, etc.

68. UTERUS

Grey Length 6 cms. Breadth 5 cms.

Thickness 2.5 cms.

Weight 60 gms.

Menstruation, pregnancy, abortion, violence, wound, rupture, foreign body, new growth or other disease—

69. Ovaries-Right and Left.

Size, adhesions, inflammation, enlargement, cyst, tumour, Corpus luteum.

70. PELVIS.

Fracture disarticulation, deformity.

71. OPENING OF THE HEAD.

The soft parts, present injury inflammation.

Scalp-Extravasation of blood beneath, caput succedaneum, caul present.

72. Bones—Thick, thin, caries, depression, injury.

N.B.—Strip dura examine for basal fracture, injury include separation of sutures, indentations fractures.

73. THE MEMBRANES.

Sinuses full, empty, thrombosed clotted duramater, adhereent, anaemic, vascular, hypostasis congested, inflamed, extravation of blood external or internal to dura or pia (amouint situation and extend) adhesions-(Discribe and sketch).

The arachnoid-Dry Stickly, tubercular.

Cerebo-Spinal fluid-volumes, cleamess, turbidity, blood, staining adhesions.

Air mater injected: haemorrhage, etc.

Lymbh or pus person.

74. Brain-Average M. 1440 gms: F 1320 gms.

Convolution flattened verticles, full, empty ventricular, fluid, clear, turpid blood stained choroid plexus inflamed.

Substance, soft (reddish, yellow), firm, inflamed abscess, softening, tumour (site) haemorrhage (site) injury (site).

Brain vessels.— Thickened altheroma (site) ambolism (site)  
thorposis (site) rupture (site).

75. Air Caveties of skull.—Note findings.

#### SPINAL COLUMN.

76. Soft part present, injury

The bonus-injury, disease.

Dura mater-Adherent, anaemic, Vascular hypostasis tumour.

The arachnoid-Dry, Stickly, tubercular.

The pia meter- injected.

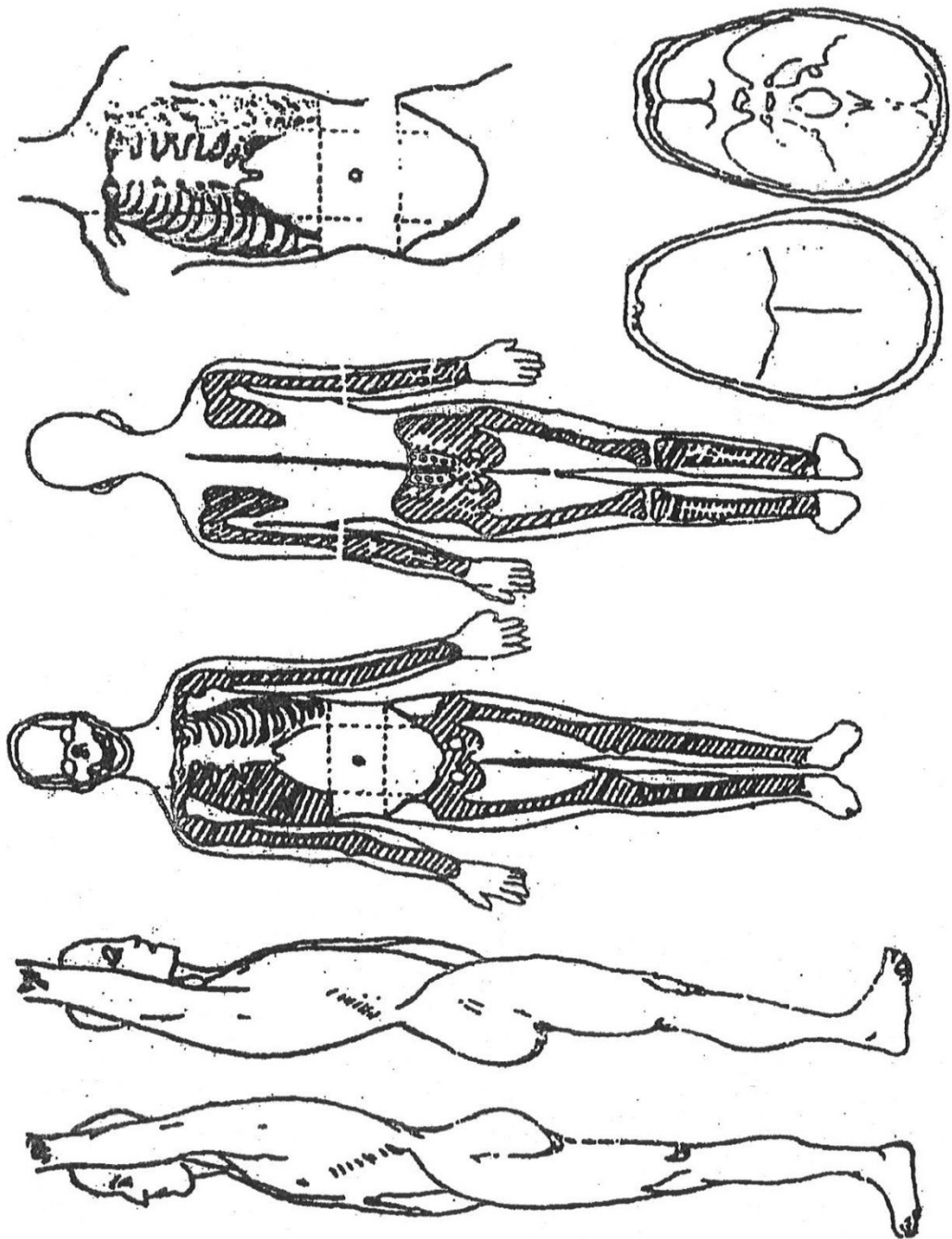
77. Atlas/Aexes                      Fracture, subluxation.

78. The Spinal Cord-Length                      Weight                      Cz.                      Oc.

length-41cms. 43 cms.

Weight-45 gms.

Soft, firm vascular injected, atrophied, semi-transluscent, narrow  
in parts (Where) never roots.



Tusises preserved for microscopic section area.

**Materials sent for-Bacteriological investigation.**

The following numbered and sealed as under and each labelled with a signed note of reference to this report are together with a sample of the preservative in which they are preserved are reserved for chemical analysis—

1. Stomach and contents.
2. Intestines and contents.
3. Sample of liver (not less than 50 gms.).
4. Kidney (one).
5. Sample of urine (100 c.c. at least).
6. Brain.
7. Blood.
8. Preservative (nature and quantity not less than 100 c.c.)

Post-mortem concluded at                      a.m.                      on                      20                      p.m.

### Summary of opinion.

The deceased would appear to have

Dated \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Signature)

Result of Microscopical Bacteriological and Chemicals Examinations, etc.,

Final opinion in case it was reserved.



Post-mortem certificate handed over to

on

at (time)

Inquest  
When held:

Date

Time

Summary of evidence at inquest:

Question put by the police and answers given to them regarding the  
post-mortem—

Magisterial Enquiry (Chief points of evidence to be noted)

Sessions—(Chief points of examination and cross-examination).

Judgement.

PM No:

Date:

**Post-mortem Certificate**Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....Requisition ..... received ..... at.....AM/PM ..... on ..... from  
the<sup>2</sup>.....of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....Its ..... condition ..... then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....

Opinion as to cause of death –

- a) Reserved pending report of.....
- b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After “appearances found” enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
8. The certificate should not be filled in until the post-mortem notes have been entered in full in ink in the post-mortem register. This should be done at once to obviate the possibility of any delay in the delivery of the certificate to the Police.



**Post-Mortem Serial Number—**

**Post-Mortem Certificate Number—**

This form is intended for use only in medico-legal cases. The Medical Officer Conducting the autopsy may dictate rough notes as the examination proceeds, which may be entered in copying pencil in this loose form by his assistant or Compounder. The Medical Officer should sign the loose form after satisfying himself that the entries are correctly made and should copy the same himself in his bound book M1-64 immediately (*Vide* G.O.No.206, Medical, dated 7th April 1919). The loose form (Medical-1-28) should be considered as the original document liable to be produced in Judicial Courts as evidence on proof of the correctness of the entries made in the post-mortem certificates. No additions should be made to it later.

2. Medical Officer conducting Post-Mortem Examinations should go through Paragraphs 399 to 410 and Paragraphs 591 and 592 of the Madras Civil Medical Code (Code-1).

3. The printed matter indicates the Principal, morbid appearances and is a guide and refresher to memory. It is not to be considered complete and detailed. The measurements and weights are from European sources and are perhaps higher than the average for this country. In recording appearances both positive and negative findings would be of value.

4. Attention is invited to the Surgeon-General's Circular No. 39 of the 7th July 1914, regarding the responsibility of Senior Medical Officers in Station towards autopsies.

#### Post-Mortem Examination

ON THE BODY OF

male  
\_\_\_\_\_ named  
female

Age

Conducted By

at

on

GCP—180-3 (Medl. I-28)—10,000 Cps.—28-5-14 [HCL-8]

180-3—1

Notes from the requisition for a post-mortem examination on the body of a male  
female.

Named \_\_\_\_\_ aged about \_\_\_\_\_

Year \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Residence \_\_\_\_\_

Caste : \_\_\_\_\_ Occupation: \_\_\_\_\_

Approximate height \_\_\_\_\_ feet : \_\_\_\_\_ inches \_\_\_\_\_ New born averages

Approximate breadth \_\_\_\_\_ inches \_\_\_\_\_ Europeans (Jellet)

Approximate girth : \_\_\_\_\_ inches \_\_\_\_\_ length 20 inches weight

Approximate weight \_\_\_\_\_ pounds \_\_\_\_\_ 8 lb, 8 oz to 7 lb

Identification marks—

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) Tatoo marks and pattern \_\_\_\_\_

(5) Caste marks — \_\_\_\_\_

Found \_\_\_\_\_ at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

Died \_\_\_\_\_ p.m. \_\_\_\_\_

sent by \_\_\_\_\_ with letter No. \_\_\_\_\_

dated \_\_\_\_\_ incharge of Constable \_\_\_\_\_ No. \_\_\_\_\_

Received at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ p.m. \_\_\_\_\_

It is stated that the body found "at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ p.m. \_\_\_\_\_

It is stated that there was an interval of hours \_\_\_\_\_

minutes between the last eating, drinking \_\_\_\_\_

and the development of the symptoms which were:—

Vomiting \_\_\_\_\_

Purging \_\_\_\_\_

Loss of sensation. \_\_\_\_\_

Dilatation \_\_\_\_\_

\_\_\_\_\_ of pupils \_\_\_\_\_

Contraction. \_\_\_\_\_

Unconsciousness \_\_\_\_\_

Excitement \_\_\_\_\_

Flushing of face \_\_\_\_\_

\*State, if hanging, drowned or other posture in relation to surrounding objects.

State Nature of vomit exerts.

State parts affected and nature:

Twitching

Tinging

convulsions      clonic  
Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:                      colours.

Dryness of moistness of skin

Collapse

Suffocation

Cyanosis (Lividity)

Deep Sleep

Other persons partook of the same food, drink and exhibited (Symptoms)

The following articles were also sent with the corpse:—

The purpose for which these  
were sent and nature of  
examination to be conducted

Description cuts, stains and  
number of cloths, etc.

Clothes

Ornaments, Jewellery

Excreta

Vomit.

Urine

Weapons

Gas (from unused wells, cesspools, rooms, etc.)

Is the body decomposed or otherwise.

Short history of case in duplicate, if supplied or not.

Copy of history or case sheet from hospital or if treated outside sent or not.

The body was reported to have been received in Mortuary at  
on                      through Police Constable No.

Further notes, if any (such as short notes from case sheet of Hospital, etc.)

(signed)

### Notes of Post-Mortem Examination

The body was first seen by the undersigned at \_\_\_\_\_ a.m. \_\_\_\_\_ if the body was seen before  
 \_\_\_\_\_ on post-mortem examination,  
 p.m. note time and general condi-  
 tion found.

Its condition then was \_\_\_\_\_

The examination was conducted by \_\_\_\_\_ (on dated)  
 and was begun at \_\_\_\_\_ (place)

Name : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : \_\_\_\_\_  
 Height : \_\_\_\_\_ Breadth : \_\_\_\_\_ Weight : \_\_\_\_\_

Identification marks (as seen by the Medical Officer)

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_

These \_\_\_\_\_ do  
 \_\_\_\_\_ agree with the identification marks given is the requisition  
 do not \_\_\_\_\_

Clothing—

Say whether worn or not  
 and how worn and describe.

Jewellery—

Whether worn or not  
 marks left by them and describe.

Body identified by P.C. No.

Name

## EXTERNAL EXAMINATION.

## GENERAL SURVEY OF THE BODY.

1. *Condition of cloths* - Dry or wet, Stained, etc., ..
2. *Surroundings of the body* .. .. .
3. *Attitude of Body*-Lies on back, arms close to sides flexed at elbows, forearms in pronation supination palms resting on trunk, lower limbs extended, flexed, close or apart.
4. *Temperature of the body with a thermometer*
5. *State of Nutrition*-Body is corpulent, stout, well-nourished, emaciated, not muscular, adipose cremation.
6. *Symmetry of body*-proportion of head to body; unequal development of limbs; atrophy of muscles (name them); deformities or losses. Maldevelopments; co-tractors; distortion (rickets Osteomalasia).
7. *Colour of skin*-Pale, purple or lived of face, neck and trunk, colour of mucosa (oral, conjunctival, preputial, vaginac and anal).Discoloration (pigmentation and decoloration-Mention Sites, distribution and colour)-albinism, leucoderma, leprosy, pityriasis, chlorosis, jaundice, Addison's-Patches.
8. (a) Colour of iris.  
(b) Colour of hair, length of hair, shaved or not-  
Head  
\_\_\_\_\_  
Mustache,  
\_\_\_\_\_  
Ampits.  
\_\_\_\_\_  
Pubis.
9. Presence of visible diseases,-Bilsters, Vehicles, eruptions or rash, scales, erysipelae, thickening tumours, ulcers (oral, labial Cutaneous, anal), scare naevi disease of hair, mention site and nature,
10. (a) Body is covered with blood, vermix, caseous with down, scraf skin.
11. (b) *Scars and tatoo marks Injuries*-Describe them (*Vida* sketch) (Scratches, Echymosisbruises-contusions, wounds fracture, dismemberment, etc., location, direction, length, breadth, depth margins, talling (examine with lens; draw outlines if injuries if possible) bleeding or covered with clot or scab-Probable age of injury, foreign bodies in wounds, cuts on clothing correspond with wounds on body. Foreign bodies in natural passages (mention nature, size, weight, etc.) marks of rope round, neck injuries caused by sharp or blunt, heavy or light weapons sell inflicted or produced by fits, mention whether Epileptic, Eclamptic-Uraemic, etc., and those induced by drugs. When injury to tongue by biting or to face by falling, etc. may be caused, returns and scaled :





12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body ward, muscles relaxed and contractile, rigidly rigor mortis present (parts), passed off (parts), eyeballs flaccid, flattening or points of support, postmortem hypostasis (prove by pressure and incision and state and area), marks and lived blood vessels green discoloration, odour, softening of eyeballs, exudation from mouth and nose, ova of flies present moving maggots seep, prebs on back of legs, neck sides of chest, etc., peeling cuticle loosening of hair, thorax and abdomen burst sutures of skull opened, eyelids everted, saproscopic, mummification, damage by wild animals skeletonization.
14. The general appearances do or do not tally police report.
15. Death would have occurred about (so many) hours or days ago.

#### HEAD FACE AND FORM.

16. Head of new born-diameter-Jellet—

|                             |       |                 |
|-----------------------------|-------|-----------------|
| (a) Cervico-bregmatic       | .. .. | 7.88 cms. (8)   |
| (b) Frontal-mental          | .. .. | 12.38 cms. (12) |
| (c) Supra occipito mental   | .. .. | 11.25 cms. (11) |
| (d) Occipito mental         | .. .. | 10.12 cms. (10) |
| (e) Occipito frontal        | .. .. | .. ..           |
| (f) Sub-Occipito frontal    | .. .. | 9 cms.          |
| (g) Sub-Occipito leregmatic | .. .. | 8.43 cms. (8)   |
| (h) Bitemporal              | .. .. | 7.2 cms. (7)    |
| (i) Biparietal              | .. .. | 8.43 cms. (8)   |
| (a) Sub-occipito-pregmatic  | .. .. | 28.5 cms. (29)  |
| (b) Occipito-frontal        | .. .. | 30.93 cms. (31) |
| (c) Supra occipito-mental   | .. .. | 32.40 cms. (32) |
| (d) Cervico-bregmatic       | .. .. | 28.4 cms. (29)  |

17. *Features*.— Symmetrical, contorted, calm, distorted, pale, lived, congested, swollen, bloated, prominent veins of forehead, mutilated.
18. *Scalp*.— Loss of hair, arrangement of hair, disorder of hair oedema, tumours, caput-succidaneum, haemorrhage, suppuration, depression bosses.
19. *Eyelids*.— Open, closed, bulged, gouged, arcus, senils, pupils contracted, normal, dilated, Eyelids-suffused, swollen haemorrhage is angles of eyes, horizontal upturned, downturned.
20. *Nose*.— Broken, discharge of blood, frothy blood mucous, foreign body, polypus, uicey of septum.
21. *Mouth and lips*.— Give forth characteristic odour of discoloured stained. Mucous lining softened, destroyed, exoriated herpeson.
22. *The tongue*.— Protruded between teeth, stained mucous surface swollen, ulcer, new growth.
23. *Discharge of blood*.— Frothy frothy blood, putrid, fluid, etc., from mouth or nose of both. Trial of saliva running down the chest; foreign body in mouth.
24. *The jaws*.— clenched, gums blue, red, spongy, tumours, necrosis, etc.
25. *The teeth*.— Complete number broken, decayed, lost (mention the missing) tumours.
26. *The ears*.— Discharge of pus, blood, fluid foreign body, pierced lobes recently torn.

27. *The neck glands*-Enlarged, caseous situation.
28. *Thorax*-Shape well formed, long and narrow barrel shaped, pigeon breasted funnel breasted, rickety rosary, on difference between to sides, fracture or diseases of ribs, cartilages, Tumours in thorax
29. *Trunk*-New born diameters jellied.  
Shoulders bisacromial 9.9 cms. (10)  
Sterno-dorsal 8.85 cms. (9)  
Bitrochanteric 8.85 cms. (9)  
Bis-iliac 8.43 cms. (8)  
Sacro-iliac 4.95 cms. (5)
30. *Mammary glands*-development, hypertrophy, atrophy, tumours cysts, primary areolae, secondary areolae (colour) stris alba.
31. *Axillary glands*-Enlarged, length.
32. *Abdomen*-Striae albicantes, linea, nigra caput medusae, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia umbilicus healed, umbilical cord, demarcated, tied and adherent, fallen).
33. *Groin*-Glands enlarged, buboes; ulcers, undescended testis tumours, scars.
34. *Generative organs*-Penis indrawn, shortened, development Urethral discharge-Veneral sore-Circumcised or not, scars.
35. *Scrotum*, elephantoid, hydrocele, tests enlarged, Labia-Hymen-vaginitis fistula-Discharge of blood mucus, pus, presence of absence, torn fresh or old carunculate foreign body, ulcers, Marks of violence, Loose hairs (Preserve stains hair and foreign bodies) dimensions of genitals.

#### EXTREMITIES.

36. *Upper and lower limbs*-the hands, clenched, empty, contain straw, mud, extra digits show no signs of work fingers flexed, mark of wedding ring on finger, stains, fracture, dislocation nails not broken blue pale, sand mud or foreign body under nails; over grown or palrod; cholera fingers. *The feet*-Flat, inverted oedematoas, nodes fractures dislocation deformity, stains on soles; foreign bodies under nails.

#### CENTRES OF OSSIFICATION.

(Casper and Tidy)

37. In the new born centre of ossification in of femur epiphysis of femur is three lines in diameter. Give others will be necessary.

#### INTERNAL EXAMINATION

*N.B.*—Don't tear through adhesions but cut them.

#### OPENING OF ABDOMEN.

38. *Abdomen*-Size, uniform, prominent or unequal, Fat, Depth, inches, colour *Paries*-Retracted, distended, site of umbilicus Muscles; development-colour -Extravasation of blood in omentum spread, etc.
39. *Lapel of diaphragm*, Right-Left-Domes, Position of organs Normal-Adhesions-Enlargements, local inflammations-tumours.
40. *Peritoneal cavity*-Fluid in ounces, nature of fluid, turbid, blood stained, puerulent, lymph, flakes of fibrin.

Peritoneum; adherent-Tubercle, Smears from exudate in peritoneum

*Note* :—Organs to be merely examined this stage.



## OPENING OF THORAX

41. Position and colour of organs, normal or abnormal.  
Fracture of ribs, pleura injected, surface roughened flakes of fibrin, effusion of blood fluid in-Amount in ounces Character lymph; old or recent adhesions wound. Spots of haemorrhage on visceral or parietal surfaces (Tardieu's spots) Mediastina Haemorrhages, etc., Lung borders meet or overlap; overlap on heart.
42. *Thymus*-Size (length, breadth, thickness), weight section-haemorrhage, tubercle, tumour.
43. *Pericardium*-staining, inflamed distended, fluid, amount, ounces, character of inner surface dark, rough., wounded, milk spots, exudate-Smears. Spot of haemorrhage on visceral or parietal surface adhesions.
44. The heart-weight 150-360 grams, wound, rupture.  
Right auricle and appendage contain fluid blood-Right or dark, mixed clot, uniform clot, thrombus.  
Right ventricle contain fluid, clot, embolus, thrombus.  
Pulmonary artery-clot, embolus, thrombus  
Left auricle contain fluid blood clot thrombus. Left ventricle contain fluid blood, clot, thrombus, chambers dilated; mention them.  
Valvular rings dilated or contracted.
45. Valves and endocardium rigid, contracted, thickened, adherent, Valves perforated, torn vegetations, on puckered, atheromatous, chordae tendinae opaque, thickened, shortened broken.
46. *Coronary vessels*-Atheroma, emboli, thrombosis. Musculature hypertrophied, brown hypertrophied, fatty infiltration, fatty degeneration, abnormality other diseases.
47. *The great vessels*-Aorta, vena-cava, pulmonary artery, pulmonary veins, iliac vessels, etc., thrombosis, embolism, atheroma calcification, aneurism would rupture.
48. *The blood*-General character-Dark cherry coloured/coagulated clot soft or firm, layered or of uniform colour. Abnormally fluid. Take a blood smear, Bacteriological test if needed.
49. *The lungs*-Normal lung 240 gms to 660 gms. Average R 540 gms to 480 gms, colour-Distended Marked by ribs, do not collapse, dry, crepitant, soft oedematous congested friable, inelastic emphysematous congested friable. Inelastic emphysematous, collapsed atelectoid; lobes swollen shrunken, dark red, gray, firm friable soft, dry exclude frothy aerum, blood tent matter Pigmented adhesions haemorrhage, infraction, pleurisy, patches, if any, shape-Scars tubercle on surface.  
Section-Dry granular, moist on pressure exclude blood, (amount) watery fluid, mucus, pus, secretion, blood, tenacious. Air tubes rodged, thickened, dilated narrowed grew yellow tubercle chalky mass sinking cavities, pigment, fibroid change, red or gray hepatization purulent filtration, diffuse or circumscribed abscess, gangrene fumous, wound rupture, oedema, haemorrhage, Cut piece skin or float in water.
50. *Larynx, glottis, trachea bronchi*-Contain water, mud, vegetation (nature) etc. mucosa, injected, swollen, stained discoloured oedematous, covered with froth corrugated: leathery new growth, foreign body, loose or impacted, nature colour of mucosa.
51. *Hyoid bone broken*-Describe fracture, etc.,

52. *Thoracic duct*-inflamed, obstructed rupture wound etc.,  
 53. *Thyroid parathyroids*-Enlarged firm fibrous, etc.  
 54. *The Stomach*-Size, dilated, shrunken, distended with food or gas, hour-glass, outer surface, vascular, fresh lymph injected adherent, wound rupture.

*Contents* Inarims odour colour, consistency foreign particles food particles nature and stage or digestion.

*Inner surface*-Colour, injected, dilated and tortuous vessels, walls oedematous firm, hard, charge extravasation, effusion embedded foreign particles atrophied ulcer (character of edge base, perforation) tumours, etc., mucus-Anaemic injected inflamed thick soft hard, eroded, corrugated, leathery.

55. *Oesophagus*-Length 25 cms. (Grey) length:  
*Mucosa* Partly detached, easily, stripped, soft, brittle, sodder while, brown, yellowish; charred structure; ulcer; new growth impacted mass, wound rupture, diverticular.

#### PANCREAS

56. Average weight-60 to 180 gms.  
 Weight ounce, colour, consistence, inflammation, abscess, cyst, tumour, fat necrosis.

#### THE LIVER.

57. Weight-1,200 to 1,800 gms.  
 Relations, adhesions, rupture, weight, enlarged diminished alaphed wound.  
*Capsule*-Thin, loose, wrinkled, adherent.  
*Edges*-Thick, thin, rounded, firm.  
*Surface*-smooth, shining dull, nodulated, searlike bands or put red depressions.  
*Colour*-Red, Yellow mottled nutmeg, pigmented, brown Pale chocolate, slaty.  
*Consistence*-soft, firm, flabby, tough, fleshy, greasy friable, waxy, difficult translucent.  
 58. Gall bladder, full empty, stone, inflamed mucosa, thickened wall contracted, adherent-Lymphatic hands under liver enlarged malignant, etc.  
*Section*-Colour, hyperaemic, nutmeg, granular, distended ducts embolism hydatid, abscess cuts with creaking noise grease on knife free iron-"Prussian, blue reaction" (Pot, Ferrocyanide and dilute hydrochloric acid), amyloid reaction (Finn's iodine and dilute sulphuric acid) cut pieces sink or float in water.

#### THE SPLEEN.

59. Size 13 x 9 x 4 cms, Weight 90 to 210 gms.  
 Weight colour size, shape large, small, notch (portion) capsule wrinkled, thick, adherent, splenitis (iced spleen) rupture, wound.  
*Consistence*-Firm, soft, wax, friable, abscess, infarcts, furbercle.  
*Section*-Trabeculae and vessels not easily seen markedly visible, increased, colour cut surface, dry, moist concave, convex, in outline malpighian, bodies visible, enlarged.  
*Consistence of section*-pulp, easily, wasted, off scraped with difficulty Accessory spleen.

#### OMENTUM AND MESENTERY.

60. Mesentery-cm, long  
 (Grey 202 cms. broad)  
 Relations fat, adhesions, injections, hypostasis, Herira, glands,

swollen desecous, ulcerating tubercle, effusion of lymph into transesophageal and oedema.

61. THE KIDNEYS

Weight-90-180 gms.

Male-120 to 165 gms.

FEMALE LEFT HEAVIER.

Size-10 x 6 x 3 cms.

Weight Right left-Grams,

Larger, Smaller, heavier, colour-Red, pale mottled, translucent, purple pale, yellowish, consistence, firm, flabby, position of ureters abnormalities, section-soft, firm, friable anaemic, pyramidal, colour difference between cortex increased diminished, narrow, pelvis, dilated, peripelvis at increased pyramids, calices, infraction embolism in vessels, Capsule strips easily, partially adherent, very adherent, thick, thin.

Surface of kidney-Congested, pale, stellate veins markedly visible, cysts on surface, smooth, rough granular, lobulated.

62. SUPRARENAL CAPSULES.

|      |           |
|------|-----------|
| Size | Length    |
|      | Breadth   |
|      | Thickness |

Weight Accessory Suprarenals— abscess.

cyst, rupture, wound, enlarged, irregular, firm, adherent, section, yellow, grey white cheesy, calcified.

63. THE INTESTINES.

Pylorus to ileo caecal valve 610 cms. to 1057 cms. (Grey)

Duodenum 2.5 cms.

Jejunum 244 cms.

Ileum 366 cms.

Caecum 6 cms.

Colon 56 cms-152 cms.

Ascending colon 13 cms.

Transverse 51 cms.

Descending 25 cms.

Sigmoid 41 cms.

Rectum 11 cms. 12 cms.

64. Small intestine-outer, surface, injected, hypostasis, lymph, fibrin, adhesions, tubercle, tumours.

Contents-Colour, quantity, consistency, food particles, foreign particles, parasites, bacteriological, examination, if needed.

Mucosa-Injected, pale, atrophied swollen pulpy, gangrenous ulcerated direction, of ulcers lymph follicles, Peyer's patches lymphatics, sloughing (size and shape slough and ulcers) character margins of ulcers impacted masses.

Twisting intussusception contracted, strangulation, hernia, new, new growth, diverticula.

65. APPENDIX.

Length 2.5 cms. to 20 cms.

Average 10 cms.

Position length, thickness, inflammation abscess strophy, hands



of kindling, mucosa-inflamed, ulcerated, atrophied, tumour contents-Vacees, colour, consistence, parasites, pus foreign bodies stones.

66.

## LARGE INTESTINE.

Heo-caecal valve Intussusception, etc.

Coecm-Position, mobility thickened, inflamed, tubercle, tumour, stenosis, dilation adhesions, pericoecal abscesses, mucosa atrophied, inflamed, tumour.

Colon-Sagging dilation flexures-Normal in position linking sacculaton, stenosis, injected adhesion, matting fistulae, contents, colour consistence, foreign particles, food particles, parasites, mucosa, injected, inflamed, ulcers, stough, colour extent, location (Describe).

Stomach and oesophagus here.

67.

## THE BLADDER.

Contents grams, Urine-Recation, sugar albumin, calculas, new growth mucosa inflamed, ulcers, muscle hypertrophied, prostate enlarged tumour, seminal vesicles-tubercle, etc.

68.

## UTERUS

Grey Length 6 cms. Breadth 5 cms.

Thickness 2.5 cms.

Weight 60 gms.

Menstruation, pregnancy, abortion, violence, wound, rupture, foreign body, new growth or other disease—

69. Ovaries-Right and Left.

Size, adhesions, inflammation, enlargement, cyst, tumour, Corpus luteum.

70.

## PELVIS.

Fracture disarticulation, deformity.

71.

## OPENING OF THE HEAD.

The soft parts, present injury inflammation.

Scalp-Extravasation of blood beneath, caput succedaneum, caul present.

72. Bones—Thick, thin, caries, depression, injury.

N.B.—Strip dura examine for basal fracture, injury include separation of sutures, indentations fractures.

73.

## THE MEMBRANES.

Sinuses full, empty, thrombosed clotted duramater, adhereent, anaemic, vascular, hypostasis congested, inflamed, extravation of blood external or internal to dura or pia (amouint situation and extend) adhesions-(Discribe and sketch).

The arachnoid-Dry Stickly, tubercular.

Cerebo-Spinal fluid-volumes, cleamess, turbidity, blood, staining adhesions.

Air mater injected: haemorrhage, etc.

Lymbh or pus person.

74. Brain-Average M. 1440 gms: F 1320 gms.

Convolution flattened verticles, full, empty ventricular, fluid, clear, turpid blood stained choroid plexus inflamed.

Substance, soft (reddish, yellow), firm, inflamed abscess, softening, tumour (site) haemorrhage (site) injury (site).

Brain vessels.— Thickened altheroma (site) embolism (site)  
thorposis (site) rupture (site).

75. Air Cavities of skull.—Note findings.

#### SPINAL COLUMN.

76. Soft part present, injury

The bonus-injury, disease.

Dura mater-Adherent, anaemic, Vascular hypostasis tumour.

The arachnoid-Dry, Stickly, tubercular.

The pia meter- injected.

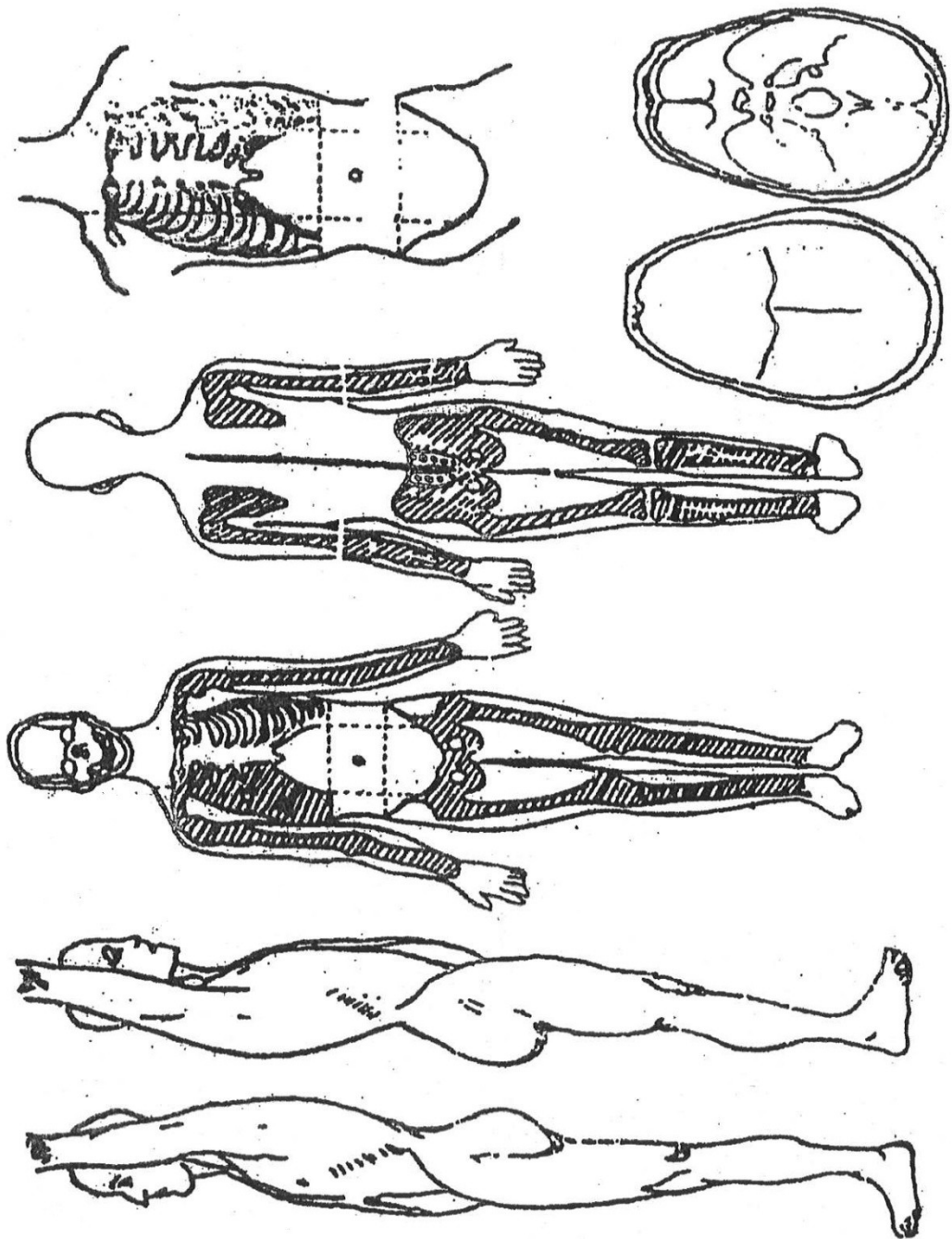
77. Atlas/Aexes                      Fracture, subluxation.

78. The Spinal Cord-Length                      Weight                      Cz.                      Oc.

length-41cms. 43 cms.

Weight-45 gms.

Soft, firm vascular injected, atrophied, semi-transluscent, narrow  
in parts (Where) never roots.



Tusises preserved for microscopic section area.

Materials sent for-Bacteriological investigation.

The following numbered and sealed as under and each labelled with a signed note of reference to this report are together with a sample of the preservative in which they are preserved are reserved for chemical analysis—

1. Stomach and contents.
2. Intestines and contents.
3. Sample of liver (not less than 50 gms.).
4. Kidney (one).
5. Sample of urine (100 c.c. at least).
6. Brain.
7. Blood.
8. Preservative (nature and quantity not less than 100 c.c.)

Post-mortem concluded at                      a.m.                      on                      20                      p.m.

### Summary of opinion.

The deceased would appear to have

Dated \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Signature)

Result of Microscopical Bacteriological and Chemicals Examinations, etc.,

Final opinion in case it was reserved.

Post-mortem certificate handed over to

on

at (time)

Inquest  
When held:

Date

Time

Summary of evidence at inquest:

Question put by the police and answers given to them regarding the  
post-mortem—

Magisterial Enquiry (Chief points of evidence to be noted)

Sessions—(Chief points of examination and cross-examination).

Judgement.



PM No:

Date:

**Post-mortem Certificate**Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....Requisition received at.....AM/PM on ..... from the<sup>2</sup>.....of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....Its condition then was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....



Opinion as to cause of death –

- a) Reserved pending report of.....
- b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After "appearances found" enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
8. The certificate should not be filled in until the post-mortem notes have been entered in full in ink in the post-mortem register. This should be done at once to obviate the possibility of any delay in the delivery of the certificate to the Police.

*Post-Mortem Serial Number—*

**Post-Mortem Certificate Number—**

This form is intended for use only in medico-legal cases. The Medical Officer Conducting the autopsy may dictate rough notes as the examination proceeds, which may be entered in copying pencil in this loose form by his assistant or Compounder. The Medical Officer should sign the loose form after satisfying himself that the entries are correctly made and should copy the same himself in his bound book M1-64 immediately (*Vide* G.O.No.206, Medical, dated 7th April 1919). The loose form (Medical-1-28) should be considered as the original document liable to be produced in Judicial Courts as evidence on proof of the correctness of the entries made in the post-mortem certificates. No additions should be made to it later.

2. Medical Officer conducting Post-Mortem Examinations should go through Paragraphs 399 to 410 and Paragraphs 591 and 592 of the Madras Civil Medical Code (Code-1).

3. The printed matter indicates the Principal, morbid appearances and is a guide and refresher to memory. It is not to be considered complete and detailed. The measurements and weights are from European sources and are perhaps higher than the average for this country. In recording appearances both positive and negative findings would be of value.

4. Attention is invited to the Surgeon-General's Circular No. 39 of the 7th July 1914, regarding the responsibility of Senior Medical Officers in Station towards autopsies.

**Post-Mortem Examination**

ON THE BODY OF

male  
\_\_\_\_\_ named  
female

Age

Conducted By

at

on

GCP—130-3 (Medl. I-28)—10,000 Cps.—28-5-14 [HCL-8]

180-3—1

Notes from the requisition for a post-mortem examination on the body of a male  
female

Named \_\_\_\_\_ aged about \_\_\_\_\_  
 Year \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Caste : \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Approximate height feet : \_\_\_\_\_ inches New born averages  
 Approximate breadth inches Europeans (Jelliet)  
 Approximate girth : inches length 20 inches weight  
 8 lb, 8 oz to 7 lb  
 Approximate weight pounds Indian (Lyons) length 16 to 20 inches,  
 weight 4 lb, 5 oz to 7 lb.  
 Identification marks—  
 (1)  
 (2)  
 (3)  
 (4) Tatoo marks and pattern  
 (5) Caste marks —  
 Found \_\_\_\_\_ at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
 Died \_\_\_\_\_ p.m. \_\_\_\_\_  
 sent by \_\_\_\_\_ with letter No. \_\_\_\_\_  
 dated \_\_\_\_\_ in charge of Constable No. \_\_\_\_\_  
 Received at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_ p.m. \_\_\_\_\_  
 It is stated that the body found\*at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_  
 \_\_\_\_\_ p.m. \_\_\_\_\_  
 It is stated that there was an interval of hours \_\_\_\_\_  
 \_\_\_\_\_ minutes between the last eating, drinking  
 and the development of the symptoms which were:—  
 Vomiting  
 Purging  
 Loss of sensation.  
 Dilation \_\_\_\_\_ of pupils  
 Contraction.  
 Unconsciousness  
 Excitement  
 Flushing of face

\*State, if hanging, drowned or  
 other posture in relation to  
 surrounding objects.

State Nature of vomit exerts.

State parts affected and nature:

Twitching

Tinging

convulsions      clonic  
Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:                      colours.

Dryness of moistness of skin

Collapse

Suffocation

Cyanosis (Lividity)

Deep Sleep

Other persons partook of the same food, drink and exhibited (Symptoms)

The following articles were also sent with the corpse:—

The purpose for which these  
were sent and nature of  
examination to be conducted

Description cuts, stains and  
number of cloths, etc.

Clothes

Ornaments, Jewellery

Excreta

Vomit.

Urine

Weapons

Gas (from unused wells, cesspools, rooms, etc.)

Is the body decomposed or otherwise.

Short history of case in duplicate, if supplied or not.

Copy of history or case sheet from hospital or if treated outside sent or not.

The body was reported to have been received in Mortuary at  
on                      through Police Constable No.

Further notes, if any (such as short notes from case sheet of Hospital, etc.)

(signed)

## Notes of Post-Mortem Examination

The body was first seen by the undersigned at \_\_\_\_\_ a.m. \_\_\_\_\_ if the body was seen before  
 \_\_\_\_\_ on post-mortem examination,  
 p.m. note time and general condi-  
 tion found.

Its condition then was \_\_\_\_\_

The examination was conducted by \_\_\_\_\_ (on dated)  
 and was begun at (place)

Name : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : \_\_\_\_\_  
 Height : \_\_\_\_\_ Breadth : \_\_\_\_\_ Weight : \_\_\_\_\_

Identification marks (as seen by the Medical Officer)

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_

These \_\_\_\_\_ do agree with the identification marks given is the requisition  
 do not

Clothing—

Say whether worn or not  
 and how worn and describe.

Jewellery—

Whether worn or not  
 marks left by them and describe.

Body identified by P.C. No.

Name

## EXTERNAL EXAMINATION.

## GENERAL SURVEY OF THE BODY.

1. *Condition of cloths* - Dry or wet, Stained, etc., ..
2. *Surroundings of the body* .. .. .
3. *Attitude of Body*-Lies on back, arms close to sides flexed at elbows, forearms in pronation supination palms resting on trunk, lower limbs extended, flexed, close or apart.
4. *Temperature of the body with a thermometer*
5. *State of Nutrition*-Body is corpulent, stout, well-nourished, emaciated, not muscular, adipose cremation.
6. *Symmetry of body*-proportion of head to body; unequal development of limbs; atrophy of muscles (name them); deformities or losses. Maldevelopments; co-tractors; distortion (rickets Osteomalasia).
7. *Colour of skin*-Pale, purple or lived of face, neck and trunk, colour of mucosa (oral, conjunctival, preputial, vaginac and anal).Discoloration (pigmentation and decoloration-Mention Sites, distribution and colour).albinism, leucoderma, leprosy, pityriasis, chlorosis, jaundice, Addison's-Patches.
8. (a) Colour of iris.
- (b) Colour of hair, length of hair, shaved or not-
- Head  
\_\_\_\_\_
- Mustache,  
\_\_\_\_\_
- Amputs.  
\_\_\_\_\_
- Pubis.
9. Presence of visible diseases,-Bilsters, Vehicles, eruptions or rash, scales, erysipelas, thickening tumours, ulcers (oral, labial Cutaneous, anal), scare naevi disease of hair, mention site and nature.
10. (a) Body is covered with blood, vermix, caseous with down, scraf skin.
11. (b) *Scars and tatoo marks Injuries*-Describe them (*Vide sketch*) (Scratches, Echymosisbruises-contusions, wounds fracture, dismemberment, etc., location, direction, length, breadth, depth margins, talling (examine with lens; draw outlines if injuries if possible) bleeding or covered with clot or scab-Probable age of injury, foreign bodies-In wounds, cuts on clothing correspond with wounds on body. Foreign bodies in natural passages (mention nature, size, weight, etc.) marks of rope round, neck injuries caused by sharp or blunt, heavy or light weapons sell inflicted or produced by fits, mention whether Epileptic, Eclamptic-Uraemic, etc., and those induced by drugs. When injury to tongue by biting or to face by falling, etc. may be caused, returns and scaled :





12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body ward, muscles relaxed and contractile, rigidly rigor mortis present (parts), passed off (parts), eyeballs flaccid, flattening or points of support, postmortem hypostasis (prove by pressure and incision and state and area), marks and lived blood vessels green discoloration, odour, softening of eyeballs, exudation from mouth and nose, ova of flies present moving maggots seep, prebs on back of legs, neck sides of chest, etc., peeling cuticle loosening of hair, thorax and abdomen burst sutures of skull opened, eyelid everted, saproscopic, mummification, damage by wild animals skeletonization.
14. The general appearances do or do not tally police report.
15. Death would have occurred about (so many) hours or days ago.

#### HEAD FACE AND FORM.

16. Head of new born diameter-Jellet—
 

|                             |       |                 |
|-----------------------------|-------|-----------------|
| (a) Cervico-bregmatic       | .. .. | 7.88 cms. (8)   |
| (b) Fronta-mental           | .. .. | 12.38 cms. (12) |
| (c) Supra occipito mental   | .. .. | 11.25 cms. (11) |
| (d) Occipito mental         | .. .. | 10.12 cms. (10) |
| (e) Occipito frontal        | .. .. | 9 cms.          |
| (f) Sub-Occipito frontal    | .. .. | 8.43 cms. (8)   |
| (g) Sub-Occipito leregmatic | .. .. | 7.2 cms. (7)    |
| (h) Bitemporal              | .. .. | 8.43 cms. (8)   |
| (i) Biparietal              | .. .. | 28.5 cms. (29)  |
| (a) Sub-occipito-pregmatic  | .. .. | 30.93 cms. (31) |
| (b) Occipito-frontal        | .. .. | 32.40 cms. (32) |
| (c) Supra occipito-mental   | .. .. | 28.4 cms. (29)  |
| (d) Cervico-bregmatic       | .. .. |                 |
17. *Features*.—Symmetrical, contorted, calm, distorted, pale, lived, congested, swollen, bloated, prominent veins of forehead, mutilated.
18. *Scalp*—Loss of hair, arrangement of hair, disorder of hair oedema, tumours, caput-succidaneum, haemorrhage, suppuration, depression bosses.
19. *Eyelids*.—Open, closed, bulged, gouged, arcus, senils, pupils contracted, normal, dilated, Eyelids-suffused, swollen haemorrhage is angles of eyes, horizontal upturned, downturned.
20. *Nose*—Broken, discharge of blood, frothy blood mucous, foreign body, polypus, uicey of septum.
21. *Mouth and lips*—Give forth characteristic odour of discoloured stained. Mucous lining softened, destroyed, exoriated herpeson.
22. *The tongue*—Protruded between teeth, stained mucous surface swollen, ulcer, new growth.
23. *Discharge of blood*—Froth frothy blood, putrid, fluid, etc., from mouth or nose of both. Trial of saliva running down the chest; foreign body in mouth.
24. *The jaws*—clenched, gums blue, red, spongy, tumours, necrosis, etc.
25. *The teeth*—Complete number broken, decayed, lost (mention the missing) tumours.
26. *The ears*—Discharge of pus, blood, fluid foreign body, pierced lobes recently torn.

27. *The neck glands*-Enlarged, caseous situation.
28. *Thorax*-Shape well formed, long and narrow barrel shaped, pigeon breasted funnel breasted, rickety rosary, on difference between to sides, fracture or diseases of ribs, cartilages, Tumours in thorax
29. *Trunk*-New born diameters jelliet.  
Shoulders bisacromial 9.9. cms. (10)  
Sterno-dorsal 8.85 cms. (9)  
Bitrochanteric 8.85 cms. (9)  
Bis-iliac 8.43 cms. (8)  
Sacro-iliac 4.95 cms. (5)
30. *Mammary glands*-development, hypertrophy, atrophy, tumours cysts, primary areolae, secondary areolae (colour) stris alba.
31. *Axillary glands*-Enlarged, length.
32. *Abdomen*-Striae albicantes, linea, nigra caput medusae, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia umbilicus healed, umbilical cord, demarcated, tied and adherent, fallen).
33. *Groin*-Glands enlarged, buboes; ulcers, undescended testis tumours, scars.
34. *Generative organs*-Penis indrawn, shortened, development Urethral discharge-Veneral sore-Circumcised or not, scars.
35. *Scrotum*, elephantoid, hydrocele, tests enlarged, Labia-Hymen-vaginitis fistula-Discharge of blood mucus, pus, presence of absence, torn fresh or old carunculate foreign body, ulcers, Marks of violence, Loose hairs (Preserve stains hair and foreign bodies) dimensions of genitals.

#### EXTREMITIES.

36. *Upper and lower limbs*-the hands, clenched, empty, contain straw, mud, extra digits show no signs of work fingers flexed, mark of wedding ring on finger, stains, fracture, dislocation nails not broken blue pale, sand mud or foreign body under nails; over grown or palrod; cholera fingers. *The feet*-Flat, inverted oedematous, nodes fractures dislocation deformity, stains on soles; foreign bodies under nails.

#### CENTRES OF OSSIFICATION.

(Casper and Tidy)

37. In the new born centre of ossification in of femur epiphysis of femur is three lines in diameter. Give others will be necessary.

#### INTERNAL EXAMINATION

*N.B.*—Don't tear through adhesions but cut them.

#### OPENING OF ABDOMEN.

38. *Abdomen*-Size, uniform, prominent or unequal, Fat, Depth, inches, colour *Parietes*-Retracted, distended, site of umbilicus Muscles; development-colour -Extravasation of blood in omentum spread, etc.
39. *Lapel of diaphragm*, Right-Left-Domes, Position of organs Normal-Adhesions-Enlargements, local inflammations-tumours.
40. *Peritoneal cavity*-Fluid in ounces, nature of fluid, turbid, blood stained, puerulent, lymph, flakes of fibrin.

Peritoneum; adherent-Tubercle, Smears from exudate in peritoneum

*Note* :—Organs to be merely examined this stage.

## OPENING OF THORAX

41. Position and colour of organs, normal or abnormal.  
Fracture of ribs, pleura injected, surface roughened flakes of fibrin, effusion of blood fluid in-Amount in ounces Character-lymph; old or recent adhesions wound. Spots of haemorrhage on visceral or parietal surfaces (Tardieu's spots) Mediastina Haemorrhages, etc., Lung borders meet or overlap; overlap on heart.
42. *Thymus*-Size (length, breadth, thickness), weight section-haemorrhage, tubercle, tumour.
43. *Pericardium*-staining, inflamed distended, fluid, amount, ounces, character of inner surface dark, rough., wounded, milk spots, exudate-Smears. Sopt of haemorrhage on visceral or parietal surface adhesions.
44. The heart-weight 150-360 grams, wound, rupture.  
Right auricle and appendage contain fluid blood-Right or dark, mixed clot, uniform clot, thrombus.  
Right ventricle contain fluid, clot, embolous, thrombus.  
Pulmonary artery-clot, embolus, thrombus  
Left auricle contain fluid blood clot thrombus. Left ventricle contain fluid blood, clot, thrombus, chambers dilated; mention them.  
Valvular rings dilated or contracted.
45. Valves and endocardium rigid, contracted, thickened, adherent, Valves perforated, torn vegetations, on puckered, atheromatous, chordae tendinae opaque, thickened, shortened broken.
46. *Coronary vessels*-Atheroma, emboli, thrombosis. Muscular atrophied, brown hypertrophied, fatty infiltration, fatty degeneration, abnormality other diseases.
47. *The great vessels*-Aorta, vena-cava, pulmonary artery, pulmonary veins, iliac vessels, etc., thrombosis, embolism, atheroma calcification, aneurism would rupture.
48. *The blood*-General character-Dark cherry coloured/coagulated clot soft or firm, layered or of uniform colour. Abnormally fluid. Take a blood smear, Bacteriological test if needed.
49. *The lungs*-Normal lung 240 gms to 660 gms. Average R 540 gms to 480 gms, colour-Distended Marked by ribs, do not collapse, dry, crepitant, soft oedematous congested friable, inelastic emphysematous congested friable. Inelastic emphysematous, collapsed atelectoid; lobes swollen shrunken, dark red, gray, firm friable soft, dry exclude frothy aerum, blood tent matter Pigmented adhesions haemorrhage, infraction, pleurisy, patches, if any, shape-Scares tubercle on surface.  
Section-Dry granular, moist on pressure exude blood, (amount) watery fluid, mucus, pus, secretion, blood, tenacious, Air tubes rodged, thickened, dilated narrowed grew yellow tubercle chalky mass sinking cavities, pigment, fibroid change, red or gray hepatization purulent filtration, diffuse or circumscribed abscess, gangrene fumous, wound rupture, oedema, haemorrhage, Cut piece skin or float in water.
50. *Larynx*, glottis, *trachea bronchi*-Contain water, mud, vegetation (nature) etc. mucosa, infected, swollen, stained discoloured oedematous, covered with froth corrugated: leathery new growth, foreign body, loose or impacted, nature colour of mucosa.
51. *Hyoid bone broken*-Describe fracture, etc.,



52. *Thoracoduct*-inflamed, obstructed rupture wound etc.,  
 53. *Thyroid parathyroids*-Enlarged firm fibrous, etc.  
 54. *The Stomach*-Size, dilated, shrunken, distended with food or gas, hour-glass, outer surface, vascular, fresh lymph injected adherent, wound rupture.

*Contents* Inarims odour colour, consistency foreign particles food particles nature and stage or digestion.

*Inner surface*-Colour, injected, dilated and tortuous vessels, walls oedematous firm, hard, charge extravasation, effusion embedded foreign particles atrophied ulcer (character of edge base, perforation) tumours, etc., mucus-Anaemic injected inflamed thick soft hard, eroded, corrugated, leathery.

55. *Oesophagus*-Length 25 cms. (Grey) length:  
*Mucosa* Partly detached, easily, stripped; soft, brittle, sodder while, brown, yellowish; charred structure; ulcer; new growth impacted mass, wound rupture, diverticular.

#### PANCREAS

56. Average weight-60 to 180 gms.  
 Weight ounce, colour, consistence, inflammation, abscess, cystic tumour, fat necrosis.

#### THE LIVER.

57. Weight-1,200 to 1,800 gms.  
 Relations, adhesions, rupture, weight, enlarged diminished atrophied wound.  
*Capsule*-Thin, loose, wrinkled, adherent.  
*Edges*-Thick, thin, rounded, firm.  
*Surface*-smooth, shining dull, nodulated, scarlike bands or put red depressions.  
*Colour*-Red, Yellow mottled nutmeg, pigmented, brown Pale chocolate, slaty.  
*Consistence*-soft, firm, flabby, tough, fleshy, greasy friable, waxy, difficult translucent.  
 58. Gall bladder, full empty, stone, inflamed mucosa, thickened wall contracted, adherent-Lymphatic hands under liver enlarged malignant, etc.  
*Section*-Colour, hyperaemic, nutmeg, granular, distended ducts embolism hydatid, abscess cuts with creaking noise grease on knife free iron-"Prussian, blue reaction" (Pot. Ferrocyanide and dilute hydrochloric acid), amaloïd reaction (Finn's iodine and dilute sulphuric acid) cut pieces sink or float in water.

#### THE SPLEEN.

59. Size 13 x 9 x 4 cms, Weight 90 to 210 gms.  
 Weight colour size, shape large, small, notch (portion) capsule wrinkled, thick, adherent, perisplenitis (iced spleen) rupture, wound.  
*Consistence*-Firm, soft, wax, friable, abscess, infarcts, furbercle.  
*Section*-Trabeculae and vessels not easily seen markedly visible, increased, colour cut surface, dry, moist concave, convex, in outline malpighian, bodies visible, enlarged.  
*Consistence of section*-pulp, easily, wasted, off scraped with difficulty Accessory spleen.

#### OMENTUM AND MESENTERY.

60. Mesentery-cm, long  
 (Grey 202 cms. broad)  
 Relations fat, adhesions, injections, hypostasis, Heria, glands,

swollen desecous, ulcerating tubercle, effusion of lymph into transesence and oedema.

61. THE KIDNEYS

Weight-90-180 gms.

Male-120 to 165 gms.

FEMALE LEFT HEAVIER.

Size-10 x 6 x 3 cms.

Weight Right left-Grams,

Larger, Smaller, heavier, colour-Red, pale mottled, translucent, purple pale, yellowish, consistence, firm, flabby, position of ureters abnormalities, section-soft, firm, friable anaemic, pyperafatmic, colour difference between cortex increased diminished, narrow, pelvis, dilated, peripelvis at increased pyramids, calices, infraction embolism in vessels, Capsule strips easily, partially adherent, very adherent, thick, thin.

Surface of kidney-Congested, pale, stellate veins markedly visible, cysts on surface, smooth, rough granular, lobulated.

62. SUPRARENAL CAPSULES.

|      |           |
|------|-----------|
| Size | Length    |
|      | Breadth   |
|      | Thickness |

Weight Accessory Suprarenals— abscess.  
cyst, rupture, wound, enlarged, irregular, firm, adherent, section, yellow, grey white cheesy, calcified.

63. THE INTESTINES.

Pylorus to lico caecal valve 610 cms. to 1057 cms. (Grey)

Duodenum 2.5 cms.

Jejunum 244 cms.

Ileum 366 cms.

Caecum 6 cms.

Colon 56 cms-152 cms.

Ascending colon 13 cms.

Transverse 51 cms.

Descending 25 cms.

Sigmoid 41 cms.

Return 11 cms. 12 cms.

64. Small intestine-outer, surface, injected, hypostasis, lymph, fibrin, adhesions, tubercle, tumours.

Contents-Colour, quantity, consistency, food particles, foreign particles, parasites, bacteriological, examination, if needed.

Mucosa-Injected, pale, atrophied swollen pulpy, gangrenous ulcerated direction, of ulcers lymph follicles, Peyer's patches lymphatics, stoughing (size and shape slough and ulcers) character margins of ulcers impacted masses.

Twisting intessusception contracted, strangulation, hernia, new, new growth, diverticula.

65. APPENDIX.

Length 2.5 cms. to 20 cms.

Average 10 cms.

Position length, thickness, inflammation abscess strophy, hands

of kindling, mucosa-inflamed, ulcerated, atrophied, tumour contents-Vacees, colour, consistence, parasites, pus foreign bodies stones.

66.

## LARGE INTESTINE.

Heo-caecal valve Intussusception, etc.

Coeum-Position, mobility thickened, inflamed, tubercle, tumour, stenosis, dilation adhesions, pericoecal abscesses, mucosa atrophied, inflamed, tumour.

Colon-Sagging dilation flexures-Normal in position linking sacculum, stenosis, injected adhesion, matting fistulae, contents, colour consistence, foreign particles, food particles, parasites, mucosa, injected, inflamed, ulcers, stough, colour extent, location (Describe).

Stomach and oesophagus here.

67.

## THE BLADDER.

Contents grams, Urine-Recation, sugar albumin, calculas, new growth mucosa inflamed, ulcers, muscle hypertrophied, prostate enlarged tumour, seminal vesicles-tubercle, etc.

68.

## UTERUS

Grey Length 6 cms. Breadth 5 cms.

Thickness 2.5 cms.

Weight 60 gms.

Menstruation, pregnancy, abortion, violence, wound, rupture, foreign body, new growth or other disease—

69. Ovaries-Right and Left.

Size, adhesions, inflammation, enlargement, cyst, tumour, Corpus luteum.

70.

## PELVIS.

Fracture disarticulation, deformity.

71.

## OPENING OF THE HEAD.

The soft parts, present injury inflammation.

Scalp-Extravasation of blood beneath, caput succedaneum, caul present.

72. Bones—Thick, thin, caries, depression, injury.

N.B.—Strip dura examine for basal fracture, injury include separation of sutures, indentations fractures.

73.

## THE MEMBRANES.

Sinuses full, empty, thrombosed clotted duramater, adhereent, anaemic, vascular, hypostasis congested, inflamed, extravation of blood external or internal to dura or pia (amount situation and extend) adhesions-(Describe and sketch).

The arachnoid-Dry Sticky, tubercular.

Cerebro-Spinal fluid-volumes, cleanness, turbidity, blood, staining adhesions.

Air mater injected: haemorrhage, etc.

Lymph or pus present.

74. Brain-Average M. 1440 gms: F 1320 gms.

Convolution flattened ventricles, full, empty ventricular, fluid, clear, turbid blood stained choroid plexus inflamed.

Substance, soft (reddish, yellow), firm, inflamed abscess, softening, tumour (site) haemorrhage (site) injury (site).

Brain vessels.— Thickened altheroma (site) embolism (site)  
thorposis (site) rupture (site).

75. Air Cavities of skull.—Note findings.

#### SPINAL COLUMN.

76. Soft part present, injury

The bonus-injury, disease.

Dura mater-Adherent, anaemic, Vascular hypostasis tumour.

The arachnoid-Dry, Sticky, tubercular.

The pia meter- injected.

77. Atlas/Aexes                      Fracture, subluxation.

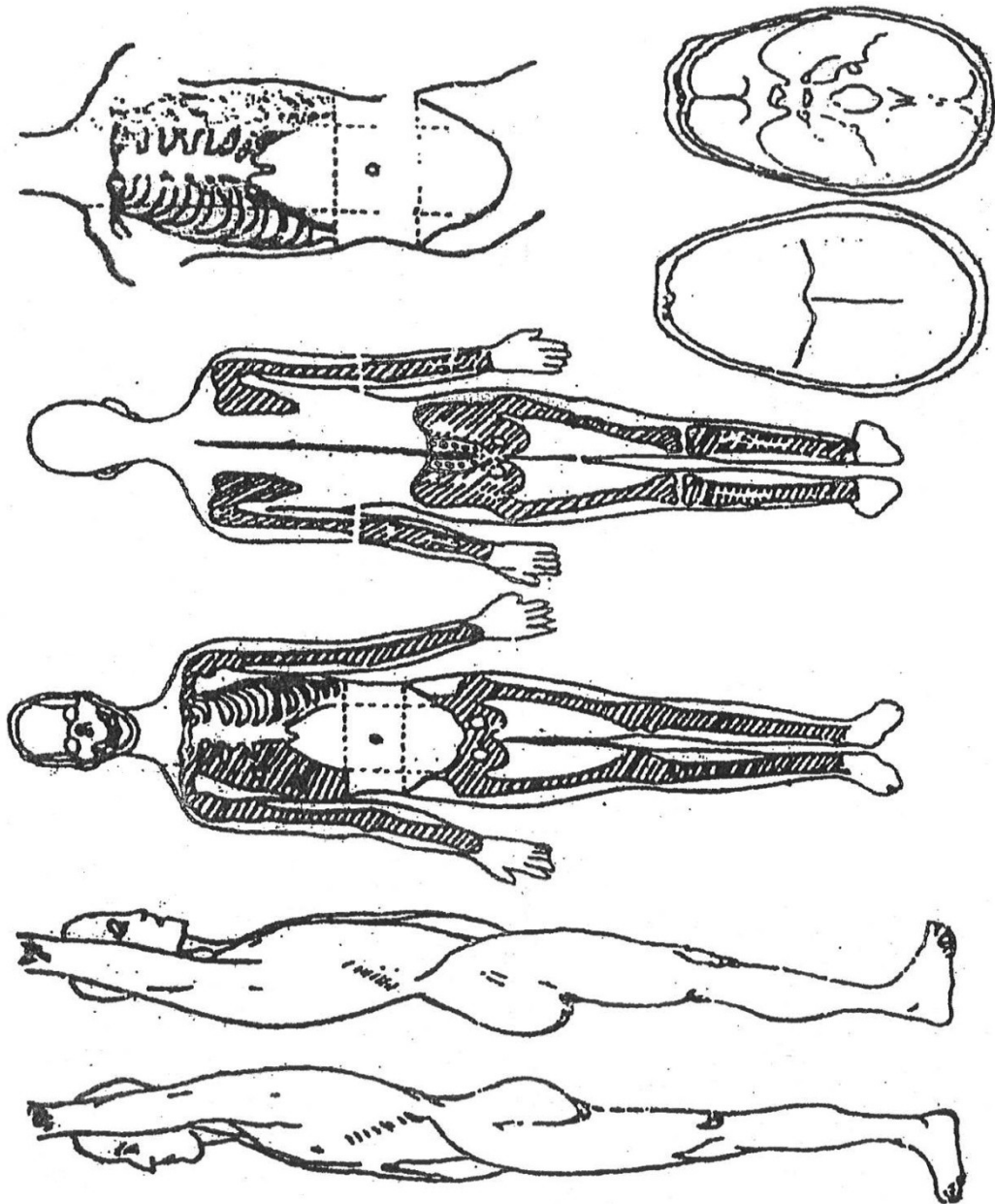
78. The Spinal Cord-Length                      Weight                      Cz.                      Oc.

length-41cms. 43 cms.

Weight-45 gms.

Soft, firm vascular injected, atrophied, semi-translucent, narrow  
in parts (Where) never roots.





Tissues preserved for microscopic section area.

Materials sent for-Bacteriological investigation.

The following numbered and sealed as under and each labelled with a signed note of reference to this report are together with a sample of the preservative in which they are preserved are reserved for chemical analysis—

1. Stomach and contents.
2. Intestines and contents.
3. Sample of liver (not less than 50 gms.).
4. Kidney (one).
5. Sample of urine (100 c.c. at least).
6. Brain.
7. Blood.
8. Preservative (nature and quantity not less than 100 c.c.)

Post-mortem concluded at

a.m.

p.m.

on

20

Summary of opinion.

The deceased would appear to have

Dated

day of

20

(Signature)

Result of Microscopical Bacteriological and Chemicals Examinations, etc.,

Final opinion in case it was reserved.

Post-mortem certificate handed over to

on

at (time)

Inquest  
When held:

Date

Time

Summary of evidence at inquest:

Question put by the police and answers given to them regarding the  
post-mortem—

Magisterial Enquiry (Chief points of evidence to be noted)

Sessions—(Chief points of examination and cross-examination).

Judgement.

PM No:

Date:

**Post-mortem Certificate**Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....Requisition received at.....AM/PM on ..... from  
the<sup>2</sup>.....of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....Its condition then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....

Opinion as to cause of death –

- a) Reserved pending report of.....
- b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After “appearances found” enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
8. The certificate should not be filled in until the post-mortem notes have been entered in full in ink in the post-mortem register. This should be done at once to obviate the possibility of any delay in the delivery of the certificate to the Police.

**Post-Mortem Serial Number—**

**Post-Mortem Certificate Number—**

This form is intended for use only in medico-legal cases. The Medical Officer Conducting the autopsy may dictate rough notes as the examination proceeds, which may be entered in copying pencil in this loose form by his assistant or Compounder. The Medical Officer should sign the loose form after satisfying himself that the entries are correctly made and should copy the same himself in his bound book M1-64 immediately (*Vide* G.O.No.206, Medical, dated 7th April 1919). The loose form (Medical-1-28) should be considered as the original document liable to be produced in Judicial Courts as evidence on proof of the correctness of the entries made in the post-mortem certificates. No additions should be made to it later.

2. Medical Officer conducting Post-Mortem Examinations should go through Paragraphs 399 to 410 and Paragraphs 591 and 592 of the Madras Civil Medical Code (Code-1).

3. The printed matter indicates the Principal, morbid appearances and is a guide and refresher to memory. It is not to be considered complete and detailed. The measurements and weights are from European sources and are perhaps higher than the average for this country. In recording appearances both positive and negative findings would be of value.

4. Attention is invited to the Surgeon-General's Circular No. 39 of the 7th July 1914, regarding the responsibility of Senior Medical Officers in Station towards autopsies.

#### Post-Mortem Examination

ON THE BODY OF

male  
\_\_\_\_\_ named  
female

Age

Conducted By

at

on

GCP—130-3 (Medl. I-28)—10,000 Cps.—28-5-14 [HCL-8]

180-3—1

Notes from the requisition for a post-mortem examination on the body of a male  
female.

Named \_\_\_\_\_ aged about \_\_\_\_\_  
 Year \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Caste : \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Approximate height feet : \_\_\_\_\_ inches New born averages  
 Approximate breadth inches Europeans (Jellet)  
 Approximate girth : inches length 20 inches weight  
 8 lb, 8 oz to 7 lb  
 Approximate weight pounds Indian (Lyons) length 16 to 20 inches.  
 weight 4 lb, 5 oz to 7 lb.  
 Identification marks—  
 (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_  
 (4) Tatoo marks and pattern \_\_\_\_\_  
 (5) Caste marks — \_\_\_\_\_  
 Found at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
 Died \_\_\_\_\_ p.m. \_\_\_\_\_  
 sent by \_\_\_\_\_ with letter No. \_\_\_\_\_  
 dated incharge of Constable No. \_\_\_\_\_  
 Received at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_ p.m. \_\_\_\_\_  
 It is stated that the body found\*at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ 20  
 \_\_\_\_\_ p.m. \_\_\_\_\_  
 It is stated that there was an interval of hours \_\_\_\_\_  
 minutes between the last eating, drinking \_\_\_\_\_  
 and the development of the symptoms which were:—  
 Vomiting \_\_\_\_\_  
 Purging \_\_\_\_\_  
 Loss of sensation. \_\_\_\_\_  
 Dilation \_\_\_\_\_  
 \_\_\_\_\_ of pupils \_\_\_\_\_  
 Contraction. \_\_\_\_\_  
 Unconsciousness \_\_\_\_\_  
 Excitement \_\_\_\_\_  
 Flushing of face \_\_\_\_\_

\*State, if hanging, drowned or  
other posture in relation to  
surrounding objects

State Nature of vomit exerts.

State parts affected and nature:

Twitching:

Tinging

convulsions      clonic  
                             Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:                      colours.

Dryness of moistness of skin

Collapse

Suffocation

Cyanosis (Lividity)

Deep Sleep

Other persons partook of the same food, drink and exhibited (Symptoms)

The following articles were also sent with the corpse:—

The purpose for which these  
were sent and nature of  
examination to be conducted

Description cuts, stains and  
number of cloths, etc.

Clothes

Ornaments, Jewellery

Excreta

Vomit.

Urine

Weapons

Gas (from unused wells, cesspools, rooms, etc.)

Describe the mode of packing  
and seals.

Is the body decomposed or otherwise.

Short history of case in duplicate, if supplied or not.

Copy of history or case sheet from hospital or if treated outside sent or not.

The body was reported to have been received in Mortuary at  
on                      through Police Constable No.

Further notes, if any (such as short notes from case sheet of Hospital, etc.)

(signed)



## Notes of Post-Mortem Examination

The body was first seen by the undersigned at \_\_\_\_\_ a.m. \_\_\_\_\_ if the body was seen before  
 \_\_\_\_\_ on post-mortem examination,  
 p.m. note time and general condi-  
 tion found.

Its condition then was \_\_\_\_\_

The examination was conducted by \_\_\_\_\_ (on dated)  
 and was begun at (place)

Name : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : \_\_\_\_\_  
 Height : \_\_\_\_\_ Breadth : \_\_\_\_\_ Weight : \_\_\_\_\_

Identification marks (as seen by the Medical Officer)

(1)

(2)

(3)

(4)

(5)

(6)

These \_\_\_\_\_ do  
 \_\_\_\_\_ agree with the identification marks given is the requisition  
 do not \_\_\_\_\_

Clothing—

Say whether worn or not  
 and how worn and describe.

Jewellery—

Whether worn or not  
 marks left by them and describe.

Body identified by P.C. No.

Name

## EXTERNAL EXAMINATION.

## GENERAL SURVEY OF THE BODY.

1. *Condition of cloths* - Dry or wet, Stained, etc., ..
2. *Surroundings of the body* .. .. .
3. *Attitude of Body*-Lies on back, arms close to sides flexed at elbows, forearms in pronation supination palms resting on trunk, lower limbs extended, flexed, close or apart.
4. *Temperature of the body with a thermometer*
5. *State of Nutrition*-Body is corpulent, stout, well-nourished, emaciated, not muscular, adipose cremation.
6. *Symmetry of body*-proportion of head to body; unequal development of limbs; atrophy of muscles (name them); deformities or losses. Maldevelopments; co-tractors; distortion (rickets Osteomalasia).
7. *Colour of skin*-Pale, purple or lived of face, neck and trunk, colour of mucosa (oral, conjunctival, preputial, vaginal and anal).Discoloration (pigmentation and decoloration-Mention Sites, distribution and colour) albinism, leucoderma, leprosy, pityriasis, chlorosis, jaundice, Addison's-Patches.
8. (a) Colour of Iris.
- (b) Colour of hair, length of hair, shaved or not-  
 Head  
 \_\_\_\_\_  
 Mustache.  
 \_\_\_\_\_  
 Ampits.  
 \_\_\_\_\_  
 Pubis.
9. Presence of visible diseases,-Bilsters, Vehicles, eruptions or rash, scales, erysipelas, thickening tumours, ulcers (oral, labial Cutaneous, anal), scare naevi disease of hair, mention site and nature.
10. (a) Body is covered with blood, vermix, caseous with down, scraf skin.
11. (b) *Scars and tatoo marks Injuries*-Describe them (Vide sketch) (Scratches, Echymosisbruises-contusions, wounds fracture, dismemberment, etc., location, direction, length, breadth, depth margins, talling (examine with lens; draw outlines if injuries if possible) bleeding or covered with clot or scab-Probable age of injury, foreign bodies in wounds, cuts on clothing correspond with wounds on body. Foreign bodies in natural passages (mention nature, size, weight, etc.) marks of rope round, neck injuries caused by sharp or blunt, heavy or light weapons self inflicted or produced by fits, mention whether Epléptic, Eclamptic-Uraemic, etc., and those induced by drugs. When injury to tongue by biting or to face by falling, etc. may be caused, returns and scaled :



12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body waxy, muscles relaxed and contractile, rigidly rigor mortis present (parts), passed off (parts), eyeballs flaccid, flattening or points of support, postmortem hypostasis (prove by pressure and incision and state and area), marks and lived blood vessels green discoloration, odour, softening of eyeballs, exudation from mouth and nose, ova of flies present moving maggots seep, prebs on back of legs, neck sides of chest, etc., peeling cuticle loosening of hair, thorax and abdomen burst sutures of skull opened, eyelid everted, saprophytic, mummification, damage by wild animals skeletonization.
14. The general appearances do or do not tally police report.
15. Death would have occurred about (so many) hours or days ago.

#### HEAD FACE AND FORM.

16. Head of new born-diameter-Jellet—
 

|                             |       |                 |
|-----------------------------|-------|-----------------|
| (a) Cervico-bregmatic       | .. .. | 7.88 cms. (8)   |
| (b) Frontal-mental          | .. .. | 12.38 cms. (12) |
| (c) Supra occipito mental   | .. .. | 11.25 cms. (11) |
| (d) Occipito mental         | .. .. | 10.12 cms. (10) |
| (e) Occipito frontal        | .. .. |                 |
| (f) Sub-Occipito frontal    | .. .. | 9 cms.          |
| (g) Sub-Occipito leregmatic | .. .. | 8.43. cms. (8)  |
| (h) Bitemporal              | .. .. | 7.2. cms. (7)   |
| (i) Biparietal              | .. .. | 8.43. cms. (8)  |
| (a) Sub-occipito-pregmatic  | .. .. | 28.5 cms. (29)  |
| (b) Occipito-frontal        | .. .. | 30.93 cms. (31) |
| (c) Supra occipito-mental   | .. .. | 32.40 cms. (32) |
| (d) Cervico-bregmatic       | .. .. | 28.4 cms. (29)  |
17. *Features*.—Symmetrical, contorted, calm, distorted, pale, lived, congested, swollen, bloated, prominent veins of forehead, mutilated.
18. *Scalp*—Loss of hair, arrangement of hair, disorder of hair oedema, tumours, caput-succidaneum, haemorrhage, suppuration, depression bosses.
19. *Eyelids*.—Open, closed, bulged, gouged, arcus, senils, pupils-contracted, normal, dilated, Eyelids-suffused, swollen haemorrhage is angles of eyes, horizontal upturned, downturned.
20. *Nose*—Broken, discharge of blood, frothy blood mucous, foreign body, polypus, uicey of septum.
21. *Mouth and lips*—Give forth characteristic odour of discoloured stained. Mucous lining softened, destroyed, exoriated herpeson.
22. *The tongue*—Protruded between teeth, stained mucous surface swollen, ulcer, new growth.
23. *Discharge of blood*—Froth frothy blood, putrid, fluid, etc., from mouth or nose of both. Trial of saliva running down the chest; foreign body in mouth.
24. *The jaws*—clenched, gums blue, red, spongy, tumours, necrosis, etc.
25. *The teeth*—Complete number broken, decayed, lost (mention the missing) tumours.
26. *The ears*—Discharge of pus, blood, fluid foreign body, pierced lobes recently torn.

27. *The neck glands*-Enlarged, caseous situation.
28. *Thorax*-Shape well formed, long and narrow barrel shaped, pigeon breasted funnel breasted, rickety rosary, on difference between to sides, fracture or diseases of ribs, cartilages, Tumours in thorax
29. *Trunk*-New born diameters jellet.  
Shoulders bisacromial 9.9. cms. (10)  
Sterno-dorsal 8.85 cms. (9)  
Bitrochanteric 8.85 cms. (9)  
Bis-iliac 8.43 cms. (8)  
Sacro-iliac 4.95 cms. (5)
30. *Mummy glands*-development, hypertrophy, atrophy, tumours cysts, primary areolae, secondary areolae (colour) stris alba.
31. *Axillary glands*-Enlarged, length.
32. *Abdomen*-Striae albicantes, linea, nigra caput medusae, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia umbilicus healed, umbilical cord, demarcated, tied and adherent, fallen).
33. *Groin*-Glands enlarged, buboes; ulcers, undescended testis tumours, scars.
34. *Generative organs*-Penis indrawn, shortened, development Urethral discharge-Veneral sore-Circumcised or not, scars.
35. *Scrotum*, elephantoid, hydrocele, tests enlarged, Labia-Hymen-vaginitis fistula-Discharge of blood mucus, pus, presence of absence, torn fresh or old carunculate foreign body, ulcers, Marks of violence, Loose hairs (Preserve stains hair and foreign bodies) dimensions of genitals.

#### EXTREMITIES.

36. *Upper and lower limbs*-the hands, clenched, empty, contain straw, mud, extra digits show no signs of work fingers flexed, mark of wedding ring on finger, stains, fracture, dislocation nails not broken blue pale, sand mud or foreign body under nails; over grown or palred; cholera fingers. *The feet*-Flat, inverted oedematous, nodes fractures dislocation deformity, stains on soles, foreign bodies under nails.

#### CENTRES OF OSSIFICATION.

(Casper and Tidy)

37. In the new born centre of ossification in of ferior epiphysis of femour is three lines in diameter. Give others will be necessary.

#### INTERNAL EXAMINATION

*N.B.*—Don't tear through adhesions but cut them.

#### OPENING OF ABDOMEN.

38. *Abdomen*-Size, uniform, prominent or unequal, Fat, Depth, inches, colour *Parietes*-Retracted, distended, site of umbilicus Muscles; development-colour -Extravasation of blood in omentum spread, etc.
39. Level of diaphragm, Right-Left-Domes, Position of organs Normal-Adhesions-Enlargements, local inflammations-tumours.
40. Peritoneal cavity-Fluid in ounces, nature of fluid, turbid, blood stained, puerulent, lymph, flakes of fibrin.

Peritoneum; adherent-Tubercle, Smears from exudate in peritoneum

*Note* :—Organs to be merely examined this stage.

## OPENING OF THORAX

41. Position and colour of organs, normal or abnormal.  
Fracture of ribs, pleura injected, surface roughened flakes of fibrin, effusion of blood fluid in-Amount in ounces Character lymph; old or recent adhesions wound. Spots of haemorrhage on visceral or parietal surfaces (Tardieu's spots) Mediastina Haemorrhages, etc., Lung borders meet or overlap; overlap on heart.
42. *Thymus*-Size (length, breadth, thickness), weight section-haemorrhage, tubercle, tumour.
43. *Pericardium*-staining, inflamed distended, fluid, amount, ounces, character of inner surface dark, rough, wounded, milk spots, exudate-Smears. Sopt of haemorrhage on visceral or parietal surface adhesions.
44. The heart-weight 150-360 grams, wound, rupture.  
Right auricle and appendage contain fluid blood-Right or dark, mixed clot, uniform clot, thrombus.  
Right ventricle contain fluid, clot, embolus, thrombus.  
Pulmonary artery-clot, embolus, thrombus  
Left auricle contain fluid blood clot thrombus. Left ventricle contain fluid blood, clot, thrombus, chambers dilated; mention them.  
Valvular rings dilated or contracted.
45. Valves and endocardium rigid, contracted, thickened, adherent, Valves perforated, torn vegetations, on puckered, atheromatous, chordae tendinae opaque, thickened, shortened broken.
46. *Coronary vessels*-Atheroma, emboli, thrombosis. Musculature hypertrophied, brown hypertrophied, fatty infiltration, fatty degeneration, abnormality other diseases.
47. *The great vessels*-Aorta, vena-cava, pulmonary artery, pulmonary veins, iliac vessels, etc., thrombosis, embolism, atheroma calcification, aneurism would rupture.
48. *The blood*-General character-Dark cherry coloured/coagulated clot soft or firm, layered or of uniform colour. Abnormally fluid. Take a blood smear, Bacteriological test if needed.
49. *The lungs*-Normal lung 240 gms to 660 gms. Average R 540 gms to 480 gms, colour-Distended Marked by ribs, do not collapse, dry, crepitant, soft oedematous congested friable, inelastic emphysematous congested friable. Inelastic emphysematous, collapsed atelectoid; lobes swollen shrunken, dark red, gray, firm friable soft, dry exclude frothy aerum, blood tent matter Pigmented adhesions haemorrhage, infarction, pleurisy, patches, if any, shape-Scares tubercle on surface.  
Section-Dry granular, moist on pressure exude blood (amount) watery fluid, mucus, pus, secretion, blood, tenacious, Air tubes rodged, thickened, dilated narrowed grew yellow tubercle chalky mass sinking cavities, pigment, fibroid change, red or gray hepatization purulent filtration, diffuse or circumscribed abscess gangrene fumous, wound rupture, oedema, haemorrhage, Cut piece skin or float in water.
50. *Larynx*, glottis, *trachea bronchi*-Contain water, mud, vegetation (nature) etc. mucosa, injected, swollen, stained discoloured oedematous, covered with froth corrugated: leathery new growth, foreign body, loose or impacted, nature colour of mucosa.
51. *Hyoid bone broken*-Describe fracture, etc.,

52. *Thoracic duct*-inflamed, obstructed rupture wound etc.,
53. *Thyroid parathyroids*-Enlarged firm fibrous, etc.
54. *The Stomach*-Size, dilated, shrunken, distended with food or gas, hour-glass, outer surface, vascular, fresh lymph injected adherent, wound rupture.  
*Contents* Inartms odour colour, consistency foreign particles food particles nature and stage or digestion.  
*Inner surface*-Colour, injected, dilated and tortuous vessels, walls oedematous firm, hard, charge extravasation, effusion embedded foreign particles atrophied ulcer (character of edge base, perforation) tumours, etc., mucus-Anaemic injected inflamed thick soft hard, eroded, corrugated, leathery.
55. *Oesophagus*-Length 25 cms, (Grey) length:  
*Mucosa* Partly detached, easily, stripped; soft, brittle, sodder while, brown, yellowish; charred structure; ulcer, new growth impacted mass, wound rupture, diverticular.

#### PANCREAS

56. Average weight-60 to 180 gms.  
 Weight ounce, colour, consistence, inflammation, abscess, cude tumour, far necrosis.

#### THE LIVER.

57. Weight-1,200 to 1,800 gms.  
*Relations*, adhesions, rupture, weight, enlarged diminished alaphed wound.  
*Capsule*-Thin, loose, wrinkled, adherent.  
*Edges*-Thick, thin, rounded, firm.  
*Surface*-smooth, shining dull, nodulated, searlike bands or put red depressions.  
*Colour*-Red, Yellow mottled nutmeg, pigmented, brown Pale chocolate, slaty.  
*Consistence*-soft, firm, flabby, tough, fleshy, greasy friable, waxy, difficult translucent.
58. Gall bladder, full empty, stone, indamed mucosa, thickened wall contracted, adherent-Lymphatic hands under liver enlarged malignant, etc.  
*Section*-Colour, hyperaemic, nutmeg, granular, distended ducts embolism hydatid, abces cuts with creaking noise grease on knife free iron-"Prussian, blue reaction" (Pot, Ferrocyanide and dilute hydrochloric acid), amaloid reaction (Tinct iodine and dilute sulphuric acid) cut pieces sink or float in water.

#### THE SPLEEN.

59. Size 13 x 9 x 4 cms, Weight 90 to 210 gms.  
 Weight colour size, shape large, small, notch (portion) capsule wrinkled, thick, adherent, prispentitis (iced spleen) rupture, wound.  
*Consistence*-Firm, soft, wax, friable, abscess, infarcts, furbercle.  
*Section*-Trabuculae and vessels not easily seen markedly visible, increased, colour cut surface, dry, moist concave, convex, in outline malpighian, bodies visible, enlarged.  
*Consistence of section*: pulp, easily, wasted, off scraped with difficulty Assessory spleen.

#### OMENTUM AND MESENTERY.

60. Mesentery-cm, long  
 (Grey 202 cms. broad)  
*Relations* fat, adhesions, injections, hypostasis, Herira, glands,

swollen diseased, ulcerating tubercle, effusion of lymph into transusence and oedema.

61. THE KIDNEYS

Weight-90-180 gms.  
Male-120 to 165 gms.

FEMALE LEFT HEAVIER.

Size-10 x 6 x 3 cms.

Weight Right left-Grams,

Larger, Smaller, heavier, colour-Red, pale mottled, translucent, purple pale, yellowish, consistence, firm, flabby, position of ureters abnormalities, section-soft, firm, friable anaemic, pyperafatmic, colour difference between cortex increased diminished, narrow, pelvis, dilated, peripelvis at increased pyramids, calices, infraction embolism in vessels, Capsule strips easily, partially adherent, very adherent, thick, thin.

Surface of kidney-Congested, pale, stellate veins markedly visible, cysts on surface, smooth, rough granular, lobulated.

62. SUPRARENAL CAPSULES.

|      |           |
|------|-----------|
| Size | Length    |
|      | Breadth   |
|      | Thickness |

Weight Accessory Suprarenals— abscess.  
cyst, rupture, wound, enlarged, irregular, firm, adherent, section, yellow, grey white cheesy, calcified.

63. THE INTESTINES.

Pylorus to ileo caecal valve 610 cms. to 1057 cms. (Grey)

Duodenum 2.5 cms.

Jejunum 244 cms.

Ileum 366 cms.

Caecum 6 cms.

Colon 56 cms-152 cms.

Ascending colon 13 cms.

Transverse 51 cms.

Descending 25 cms.

Sigmoid 41 cms.

Rectum 11 cms. 12 cms.

64. Small intestine-outer, surface, injected, hypostasis, lymph, fibrin, adhesions, tubercle, tumours.

Contents-Colour, quantity, consistency, food particles, foreign particles, parasites, bacteriological, examination, if needed.

Mucosa-Injected, pale, atrophied swollen pulpy, gangrenous ulcerated direction, of ulcers lymph follicles, Peyer's patches lymphatics, stoughing (size and shape slough and ulcers) character margins of ulcers impacted masses.

Twisting intussusception contracted, strangulation, hernia, new, new growth, diverticula.

65. APPENDIX.

Length 2.5 cms. to 20 cms.

Average 10 cms.

Position length, thickness, inflammation abscess atrophy, hands



of kindling, mucosa-inflamed, ulcerated, atrophied, tumour contents-Vacees, colour, consistence, parasites, pus foreign bodies stones.

66. LARGE INTESTINE.

Heo-caecal valve intussusception, etc.

Coeum-Position, mobility thickened, inflamed, tubercle, tumour, stenosis, dilation adhesions, pericoecal abscesses, mucosa atrophied, inflamed, tumour.

Colon-Sagging dilation flexures-Normal in position linking sacculum, stenosis, injected adhesion, matting fistulae, contents, colour consistence, foreign particles, food particles, parasites, mucosa, injected, inflamed, ulcers, stough, colour extent, location (Describe).

Stomach and oesophagus here.

67. THE BLADDER.

Contents grams, Urine-Recation, sugar albumin, calculus, new growth mucosa inflamed, ulcers, muscle hypertrophied, prostate enlarged tumour, seminal vesicles-tubercle, etc.

68. UTERUS

Grey Length 6 cms. Breadth 5 cms.

Thickness 2.5 cms.

Weight 60 gms.

Menstruation, pregnancy, abortion, violence, wound, rupture, foreign body, new growth or other disease—

69. Ovaries-Right and Left.

Size, adhesions, inflammation, enlargement, cyst, tumour, Corpus luteum.

70. PELVIS.

Fracture disarticulation, deformity.

71. OPENING OF THE HEAD.

The soft parts, present injury inflammation.

Scalp-Extravasation of blood beneath, caput succedaneum, caul present.

72. Bones—Thick, thin, caries, depression, injury.

N.B.—Strip dura examine for basal fracture, injury include separation of sutures, indentations fractures.

73. THE MEMBRANES.

Sinuses full, empty, thrombosed clotted duramater, adhereent, anaemic, vascular, hypostasis congested, inflamed, extravation of blood external or internal to dura or pia (amount situation and extend) adhesions-(Describe and sketch).

The arachnoid-Dry Stickly, tubercular.

Cerebro-Spinal fluid-volumes, cleanness, turbidity, blood, staining adhesions.

Air mater injected: haemorrhage, etc.

Lymph or pus present.

74. Brain-Average M. 1440 gms: F 1320 gms.

Convolution flattened verticles, full, empty ventricular, fluid, clear, turbid blood stained choroid plexus inflamed.

Substance, soft (reddish, yellow), firm, inflamed abscess, softening, tumour (site) haemorrhage (site) injury (site).

Brain vessels.— Thickened altheroma (site) embolism (site)  
thorposis (site) rupture (site).

75. Air Cavities of skull.—Note findings.

#### SPINAL COLUMN.

76. Soft part present, injury

The bonus-injury, disease.

Dura mater-Adherent, anaemic, Vascular hypostasis tumour.

The arachnoid-Dry, Sticky, tubercular.

The pia meter- injected.

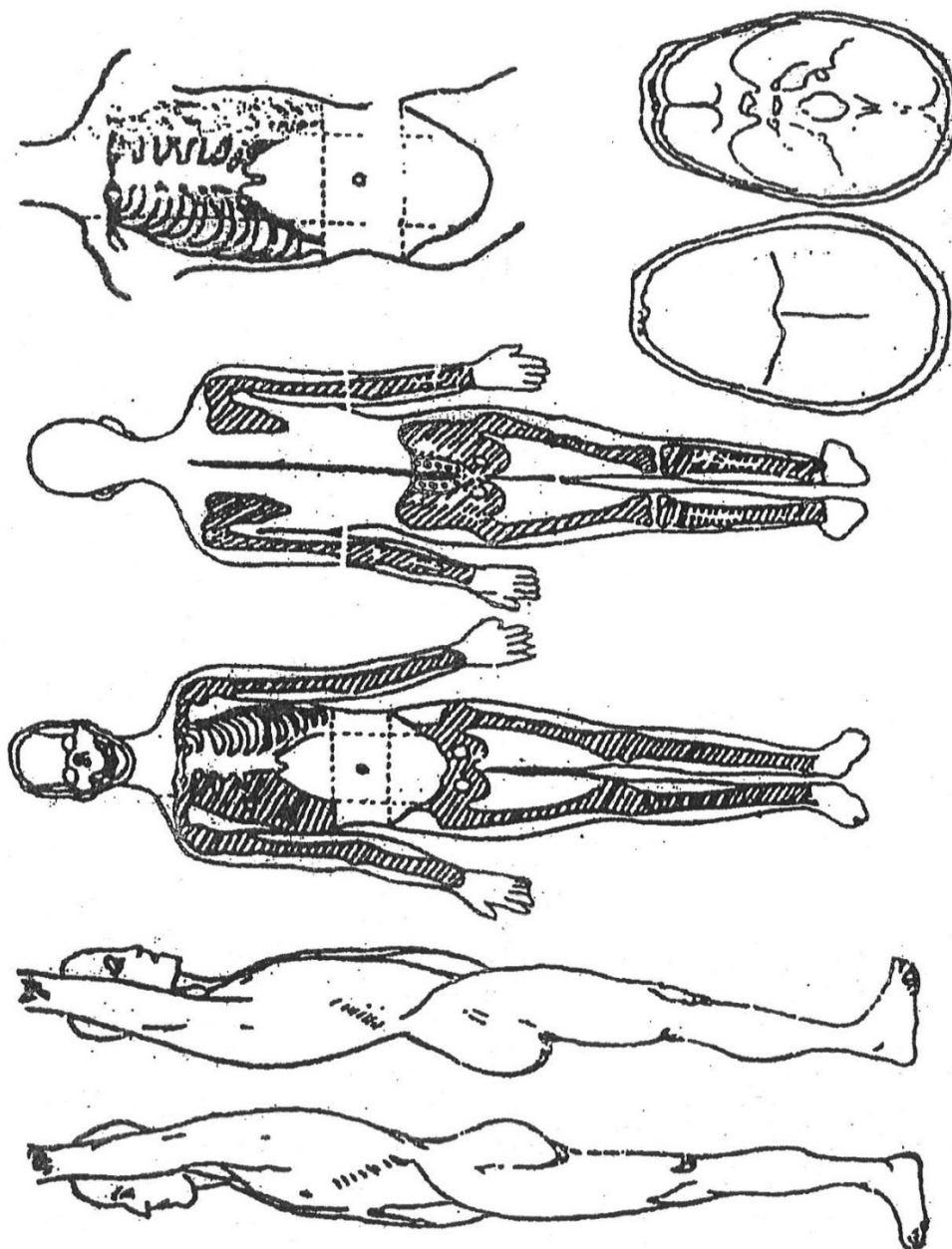
77. Atlas/Axes                      Fracture, subluxation.

78. The Spinal Cord-Length                      Weight                      Cz.                      Oc.

length-41cms. 43 cms.

Weight-45 gms.

Soft, firm vascular injected, atrophied, semi-translucent, narrow  
in parts (Where) never roots.



Tissues preserved for microscopic section area.

Materials sent for-Bacteriological investigation.

The following numbered and sealed as under and each labelled with a signed note of reference to this report are together with a sample of the preservative in which they are preserved are reserved for chemical analysis---

1. Stomach and contents.
2. Intestines and contents.
3. Sample of liver (not less than 50 gms.).
4. Kidney (one).
5. Sample of urine (100 c.c. atleast).
6. Brain.
7. Blood.
8. Preservative (nature and quantity not less than 100 c.c.)

Post-mortem concluded at

a.m.

p.m.

on

20

Summary of opinion.

The deceased would appear to have

Dated

day of

20

(Signature)

Result of Microscopical Bacteriological and Chemicals Examinations, etc.,

Final opinion in case it was reserved.

Post-mortem certificate handed over to

on

at (time)

Inquest  
When held:

Date:

Time

Summary of evidence at inquest:

Question put by the police and answers given to them regarding the  
post-mortem—

Magisterial Enquiry (Chief points of evidence to be noted)

Sessions—(Chief points of examination and cross-examination).

Judgement.

PM No:

Date:

**Post-mortem Certificate**Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....Requisition ..... received ..... at.....AM/PM ..... on ..... from  
the<sup>2</sup>.....of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....Its ..... condition ..... then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....

Opinion as to cause of death –

- a) Reserved pending report of.....
- b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After "appearances found" enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
8. The certificate should not be filled in until the post-mortem notes have been entered in full in ink in the post-mortem register. This should be done at once to obviate the possibility of any delay in the delivery of the certificate to the Police.

*Post-Mortem Serial Number—*

**Post-Mortem Certificate Number—**

This form is intended for use only in medico-legal cases. The Medical Officer Conducting the autopsy may dictate rough notes as the examination proceeds, which may be entered in copying pencil in this loose form by his assistant or Compounder. The Medical Officer should sign the loose form after satisfying himself that the entries are correctly made and should copy the same himself in his bound book M1-64 immediately (*Vide* G.O.No.206, Medical, dated 7th April 1919). The loose form (Medical-1-28) should be considered as the original document liable to be produced in Judicial Courts as evidence on proof of the correctness of the entries made in the post-mortem certificates. No additions should be made to it later.

2. Medical Officer conducting Post-Mortem Examinations should go through Paragraphs 399 to 410 and Paragraphs 591 and 592 of the Madras Civil Medical Code (Code-1).

3. The printed matter indicates the Principal, morbid appearances and is a guide and refresher to memory. It is not to be considered complete and detailed. The measurements and weights are from European sources and are perhaps higher than the average for this country. In recording appearances both positive and negative findings would be of value.

4. Attention is invited to the Surgeon-General's Circular No. 39 of the 7th July 1914, regarding the responsibility of Senior Medical Officers in Station towards autopsies.

#### Post-Mortem Examination

ON THE BODY OF

male  
\_\_\_\_\_ named  
female

Age

Conducted By

at

on

GCP—180-3 (Medl. I-28)—10,000 Cps.—28-5-14 [HCL-8]

180-3—1



Notes from the requisition for a post-mortem examination on the body of a male  
female.

Named \_\_\_\_\_ aged about \_\_\_\_\_  
 Year \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Caste : \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Approximate height \_\_\_\_\_ feet : \_\_\_\_\_ inches \_\_\_\_\_ New born averages  
 Approximate breadth \_\_\_\_\_ inches \_\_\_\_\_ Europeans (Jellet)  
 Approximate girth : \_\_\_\_\_ inches \_\_\_\_\_ length 20 inches weight  
 8 lb, 8 oz to 7 lb  
 Approximate weight \_\_\_\_\_ pounds \_\_\_\_\_ Indian (Lyons) length 16 to 20 inches,  
 weight 4 lb, 5 oz to 7 lb.  
 Identification marks—  
 (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_  
 (4) Tatoo marks and pattern \_\_\_\_\_  
 (5) Caste marks — \_\_\_\_\_  
 Found \_\_\_\_\_ at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
 Died \_\_\_\_\_ p.m. \_\_\_\_\_  
 sent by \_\_\_\_\_ with letter No. \_\_\_\_\_  
 dated \_\_\_\_\_ in charge of Constable \_\_\_\_\_ No. \_\_\_\_\_  
 Received at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_ p.m. \_\_\_\_\_  
 It is stated that the body found\*at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_  
 \_\_\_\_\_ p.m. \_\_\_\_\_  
 It is stated that there was an interval of hours \_\_\_\_\_  
 \_\_\_\_\_ minutes between the last eating, drinking \_\_\_\_\_  
 and the development of the symptoms which were:—  
 Vomiting \_\_\_\_\_  
 Purging \_\_\_\_\_  
 Loss of sensation. \_\_\_\_\_  
 Dilation \_\_\_\_\_ of pupils \_\_\_\_\_  
 Contraction. \_\_\_\_\_  
 Unconsciousness \_\_\_\_\_  
 Excitement \_\_\_\_\_  
 Flushing of face \_\_\_\_\_

\*State, if hanging, drowned or  
other posture in relation to  
surrounding objects.

State Nature of vomit exerts.

State parts affected and nature:

Twitching:

Tinging

convulsions      clonic  
                             Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:                      colours.

Dryness of moistness of skin

Collapse

Suffocation

Cyanosis (Lividity)

Deep Sleep

Other persons partook of the same food, drink and exhibited (Symptoms)

The following articles were also sent with the corpse:—

The purpose for which these  
were sent and nature of  
examination to be conducted

Description cuts, stains and  
number of cloths, etc.

Clothes

Ornaments, Jewellery

Excreta

Vomit.

Urine

Weapons

Gas (from unused wells, cesspools, rooms, etc.)

Is the body decomposed or otherwise.

Short history of case in duplicate, if supplied or not.

Copy of history or case sheet from hospital or if treated outside sent or not.

The body was reported to have been received in Mortuary at  
on                      through Police Constable No.

Further notes, if any (such as short notes from case sheet of Hospital, etc.)

(signed)

## Notes of Post-Mortem Examination

The body was first seen by the undersigned at \_\_\_\_\_ a.m. \_\_\_\_\_ if the body was seen before  
 \_\_\_\_\_ on post-mortem examination,  
 p.m. note time and general condi-  
 tion found.

Its condition then was \_\_\_\_\_

The examination was conducted by \_\_\_\_\_ (on dated)  
 and was begun at \_\_\_\_\_ (place)

Name : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : \_\_\_\_\_  
 Height : \_\_\_\_\_ Breadth : \_\_\_\_\_ Weight : \_\_\_\_\_

Identification marks (as seen by the Medical Officer)

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_

These \_\_\_\_\_ do  
 \_\_\_\_\_ agree with the identification marks given in the requisition  
 do not

Clothing—

Say whether worn or not  
 and how worn and describe.

Jewellery—

Whether worn or not  
 marks left by them and describe.

Body identified by P.C. No.

Name

## EXTERNAL EXAMINATION.

## GENERAL SURVEY OF THE BODY.

1. *Condition of cloths* - Dry or wet, Stained, etc., ..
2. *Surroundings of the body* .. .. .
3. *Attitude of Body*-Lies on back, arms close to sides flexed at elbows, forearms in pronation supination palms resting on trunk, lower limbs extended, flexed, close or apart.
4. *Temperature of the body with a thermometer*
5. *State of Nutrition*-Body is corpulent, stout, well-nourished, emaciated, not muscular, adipose cremation.
6. *Symmetry of body*-proportion of head to body; unequal development of limbs; atrophy of muscles (name them); deformities or losses. Maldevelopments; co-tractors; distortion (rickets Osteomalasia).
7. *Colour of skin*-Pale, purple or lived of face, neck and trunk, colour of mucosa (oral, conjunctival, preputial, vaginal and anal).Discoloration (pigmentation and decoloration-Mention Sites, distribution and colour).albinism, leucoderma, leprosy, pityriasis, chlorosis, jaundice, Addison's-Patches.
8. (a) Colour of iris.
- (b) Colour of hair, length of hair, shaved or not-  
Head  
\_\_\_\_\_  
Mustache,  
\_\_\_\_\_  
Ampits.  
\_\_\_\_\_  
Pubis.
9. Presence of visible diseases,-Bilsters, Vehicles, eruptions or rash, scales, erysipelae, thickening tumours, ulcers (oral, labial Cutaneous, anal), scare naevi disease of hair, mention site and nature.
10. (a) Body is covered with blood, vermix, caseous with down, scraf skin.
11. (b) *Scars and tatoo marks Injuries*-Describe them (*Vide* sketch) (Scratches, Echymosisbruises-contusions, wounds fracture, dismemberment, etc., location, direction, length, breadth, depth margins, talling (examine with lens; draw outlines if injuries if possible) bleeding or covered with clot or scab-Probable age of injury, foreign bodies in wounds, cuts on clothing correspond with wounds on body. Foreign bodies in natural passages (mention nature, size, weight, etc.) marks of rope round, neck injuries caused by sharp or blunt, heavy or light weapons self inflicted or produced by fits, mention whether Epileptic, Eclamptic-Uraemic, etc., and those induced by drugs. When injury to tongue by biting or to face by falling, etc. may be caused, returns and scaled :



12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body ward, muscles relaxed and contractile, rigidly rigor mortis present (parts), passed off (parts), eyeballs flaccid, flattening or points of support, postmortem hypostasis (prove by pressure and incision and state and area), marks and lived blood vessels green discoloration, odour, softening of eyeballs, exudation from mouth and nose, ova of flies present moving maggots seep, prebs on back of legs, neck sides of chest, etc., peeling cuticle loosening of hair, thorax and abdomen burst sutures of skull opened, eyelid everted, sapnification, mummification, damage by wild animals skeletonization.
14. The general appearances do or do not tally police report.
15. Death would have to occurred about (so many) hours or days ago.

#### HEAD FACE AND FORM.

16. Head of new born-diameter-Jellet—
 

|                             |       |                 |
|-----------------------------|-------|-----------------|
| (a) Cervico-bregmatic       | .. .. | 7.88 cms. (8)   |
| (b) Fronta-mental           | .. .. | 12.38 cms. (12) |
| (c) Supra occipito mental   | .. .. | 11.25 cms. (11) |
| (d) Occipito mental         | .. .. | 10.12 cms. (10) |
| (e) Occipito frontal        | .. .. |                 |
| (f) Sub-Occipito frontal    | .. .. | 9 cms.          |
| (g) Sub-Occipito leregmatic | .. .. | 8.43 cms. (8)   |
| (h) Bitemporal              | .. .. | 7.2 cms. (7)    |
| (i) Biparietal              | .. .. | 8.43 cms. (8)   |
| (a) Sub-occipito-pregmatic  | .. .. | 28.5 cms. (29)  |
| (b) Occipito-frontal        | .. .. | 30.93 cms. (31) |
| (c) Supra occipito-mental   | .. .. | 32.40 cms. (32) |
| (d) Cervico-bregmatic       | .. .. | 28.4 cms. (29)  |
17. *Features*.— Symmetrical, contorted, calm, disorted, pale, lived, congested, swollen, bloated, prominent veins of forehead, mutilated.
18. *Scalp*-Loss of hair, arrangement of hair, disorder of hair oedema, tumours, caput-succidaneoum, haemorrhage, suppuration, depression bosses.
19. *Eyelids*.—Open, closed, bulged, gouged, arcus, senils, pupils-contracted, normal, dilated, Eyelids-suffused, swollen haemorrhage is angles of eyes, horizontal upturned, downturned.
20. *Nose*-Broken, discharge of blood, frothy blood mucous, foreign body, polypus, uicey of septum.
21. *Mouth and lips*-Give forth characteristic odour of discoloured stained. Mucous lining softened, destroyed, exoriated herpeson.
22. *The tongue*-Protruded between teeth, stained mucous surface swollen, ulcer, new growth.
23. *Discharge of blood*-Froth frothy blood, putrid, fluid, etc., from mouth or nose of both. Trial of saliva running down the chest; foreign body in mouth.
24. *The jaws*-clenched, gums blue, red, spongy, tumours, necrosis, etc.
25. *The teeth*-Complete number broker, decayed, lost (mention the missing) tumours.
26. *The ears*-Discharge of pus, blood, fluid foreign body, pierced lotes recently torn.

27. *The neck glands*-Enlarged, caseous situation.
28. *Thorax*-Shape well formed, long and narrow barrel shaped, pigeon breasted funnel breasted, rickety rosary, on difference between to sides, fracture or diseases of ribs, cartilages, Tumours in thorax
29. *Trunk*-New born diameters jellied.  
Shoulders bisacromial 9.9. cms. (10)  
Sterno-dorsal 8.85 cms. (9)  
Bitrochanteric 8.85 cms. (9)  
Bis-iliac 8.43 cms. (8)  
Sacro-iliac 4.95 cms. (5)
30. *Mammary glands*-development, hypertrophy, atrophy, tumours cysts, primary areolae, secondary areolae (colour) stris alba.
31. *Axillary glands*-Enlarged, length.
32. *Abdomen*-Striae albicantes, linea, nigra caput medusae, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia umbilicus healed, umbilical cord, demarcated, tied and adherent, fallen).
33. *Groin*-Glands enlarged, buboes; ulcers, undescended testis tumours, scars.
34. *Generative organs*-Penis indrawn, shortened, development Urethral discharge-Veneral sore-Circumcised or not, scars.
35. *Scrotum*, elephantoid, hydrocele, tests enlarged, Labia-Hymen-vaginitis fistula-Discharge of blood mucus, pus, presence of absence, torn fresh or old carunculate foreign body, ulcers, Marks of violence, Loose hairs (Preserve stains hair and foreign bodies) dimensions of genitals.

#### EXTREMITIES.

36. *Upper and lower limbs*-the hands, clenched, empty, contain straw, mud, extra digits show no signs of work fingers flexed, mark of wedding ring on finger, stains, fracture, dislocation nails not broken blue pale, sand mud or foreign body under nails; over grown or palrod; cholera fingers. *The feet*-Flat, inverted oedematous, nodes fractures dislocation deformity, stains on soles; foreign bodies under nails.

#### CENTRES OF OSSIFICATION.

(Casper and Tidy)

37. In the new born centre of ossification in of femur epiphysis of femur is three lines in diameter. Give others will be necessary.

#### INTERNAL EXAMINATION

*N.B.*—Don't tear through adhesions but cut them.

#### OPENING OF ABDOMEN.

38. *Abdomen*-Size, uniform, prominent or unequal, Fat, Depth, inches, colour *Parietes*-Retracted, distended, site of umbilicus Muscles; development-colour -Extravasion of blood in omentum spread, etc.
39. *Lapel of diaphragm*, Right-Left-Domes, Position of organs Normal-Adhesions-Enlargements, local inflammations-tumours.
40. *Peritoneal cavity*-Fluid in ounces, nature of fluid, turbid, blood stained, puerulent, lymph, flakes of fibrin.  
Peritoneum; adherent-Tubercle, Smears from exudate in peritoneum

*Note* :—Organs to be merely examined this stage.



## OPENING OF THORAX

41. Position and colour of organs, normal or abnormal.  
Fracture of ribs, pleura injected, surface roughened flakes of fibrin, effusion of blood fluid in-Amount in ounces Character lymph; old or recent adhesions wound. Spots of haemorrhage on visceral or parietal surfaces (Tardieu's spots) Mediastina Haemorrhages, etc., Lung borders meet or overlap; overlap on heart.
42. *Thymus*-Size (length, breadth, thickness), weight section-haemorrhage, tubercle, tumour.
43. *Pericardium*-staining, inflamed distended, fluid, amount, ounces, character of inner surface dark, rough., wounded, milk spots, exudate-Smears. Sopt of haemorrhage on visceral or parietal surface adhesions.
44. The heart-weight 150-360 grams, wound, repture.  
Right auricle and appendage contain fluid blood-Right or dark, mixed clot, uniform clot, thrombus.  
Right ventricle contain fluid, clot, embolous, thrombus.  
Pulmonary artery-clot, embouls, thrombus  
Left auricle contain fluid blood clot thrombus. Left ventricle contain fluid blood, clot, thrombus, chambers dilated; mention them.  
Valvular rings dilated or contracted.
45. Valves and endoardium rigid, contracted, thickened; adherent, Valves perforated, torn vegetations, on puckered, atheromatous, chordae tendinae opaque, thickened, shortened broken.
46. *Coronary vessels*-Atheroma, emboli, thrombosis. Musulatrophied, brown hypertrophied, fatty infiltration, fatty degeneration, abnormality other diseases.
47. *The great vessels*-Aorta, vena-cava, pulmonary artery, pulmonary veins, illac vessels, etc., thromobosis, embollism, atheroma calcification, aneurism would rupture.
48. *The blood*-General character-Drak cherry coloured/coagulated clot soft or firm, layered or of uniform colour. Abnormally fluid. Take a blood smear, Bacteriological test if needed.
49. *The lungs*-Normal lung 240 gms to 660 gms. Average R 540 gms to 480 gms, colour-Distended Marked by ribs, do not collapse, dry, crepitant, soft oedematous congested frable, inelastic emphyselatous congested frable. Inelastic emphyselatous, collapsed ateletoïd; lobes swollen shrunken, dark red, gray, firm friabgle soft, dry exclude frothy aerum, blood tent matter Pigmented adhesions haemorrhage, infraction, pleurisy, patches, if any, shape-Scares tubercle on surface.  
Section-Dry granular, moist on pressure excude blood, (amount), watery fluid, mucus, pus, secretion, blood, tenacious, Air tubes roddened, thickened, dilated narroed grew yellow tubercle chalky mass shinking cavities, pigment, fibroid change, red or gray hepatization purulent filtration, diffuse or circumscribed obsess, gangrene fumous, wound rupture, oedema, haemorrhage, Cut piece skin or float in water.
50. *Larynx*, glottle, *trachea bronchi*-Contain water, mud, vegetation (nature) etc. mucosa, injected, swollen, stained discoloured oedematous, covered with froth corrigated: leathery new growth, foreign body, loose or inpacted, nature colour of mucosa.
51. *Hyoid bone broken*-Describe fracture, etc.,



52. *Thoracic duct*-inflamed, obstructed rupture wound etc.,  
 53. *Thyroid parathyroids*-Enlarged firm fibrous, etc.  
 54. *The Stomach*-Size, dilated, shrunken, distended with food or gas, hour-glass, outer surface, vascular, fresh lymph injected-adherent, wound rupture.

*Contents* Inarins odour colour, consistency foreign particles food particles nature and stage of digestion.

*Inner surface*-Colour, injected, dilated and tortuous vessels, walls oedematous firm, hard, charge extravasation, effusion embedded foreign particles atrophied ulcer (character of edge base, perforation) tumours, etc.; mucus-Anaemic injected inflamed thick soft hard, eroded, corrugated, leathery.

55. *Oesophagus*-Length 25 cms. (Grey) length:  
*Mucosa* Partly detached, easily, stripped; soft, brittle, sodder while, brown, yellowish; charred structure; ulcer, new growth impacted mass, wound rupture, diverticular.

#### PANCREAS

56. Average weight-60 to 180 gms.  
 Weight ounce, colour, consistence, inflammation, abscess, cude tumour, far necrosis.

#### THE LIVER.

57. Weight-1,200 to 1,800 gms.  
 Relations, adhesions, rupture, weight, enlarged diminished alaphed wound.  
*Capsule*-Thin, loose, wrinkled, adherent.  
*Edges*-Thick, thin, rounded, firm.  
*Surface*-smooth, shining dull, nodulated, searlike bands or put red depressions.  
*Colour*-Red, Yellow mottled nutmeg, pigmented, brown Pale chocolate, slaty.  
*Consistence*-soft, firm, flabby, tough, fleshy, greasy friable, waxy, difficult translucent.  
 58. Gall bladder, full empty, stone, indlamed mucosa, thickened wall contracted, adherent-Lymphatic hands under liver enlarged malignant, etc.  
*Section*-Colour, hyperaemic, nutmeg, granular, distended ducts embolism hydatid, abces cuts with creaking noise grease on knife free Iron-"Prussian, blue reaction" (Pot, Ferrocyanide and dilute be drochlorica acide), amaloid reaction (Tinet Iodine and dilute sulphuric acid) cut pieces sink or float in water.

#### THE SPLEEN.

59. Size 13 x 9 x 4 cms, Weight 90 to 210 gms.  
 Weight colour size, shape large, small, notch (portion) capsule wrinkled, thick, adherent, prispentitis (iced spleen) rupture, wound.  
*Consistence*-Firm, soft, wax, friable, abscess, infracts; furbercle.  
*Section*-Trabuculae and vessels not easily seen markedly visible, increased, colour cut surface, dry, moist concave, convex, in outline malpighalan, bodies visible, enlarged.  
*Consistence of section* pulp, easily, wasted, off scraped with difficulty Assessory spleen.

#### OMENTUM AND MESENTERY.

60. Mesentery-cm, long  
 (Grey 202 cms. broad)  
 Relations fat, adhensions, injections, hypostasis, Herira, glands,

swollen desecous, ulcerating tubercle, effusion of lymph into transesence and oedema.

61. THE KIDNEYS

Weight-90-180 gms.

Male-120 to 165 gms.

FEMALE LEFT HEAVIER.

Size-10 x 6 x 3 cms.

Weight Right left-Grams,

Larger, Smaller, heavier, colour-Red, pale mottled, translucent, purple pale, yellowish, consistence, firm, flabby, position of ureters abnormalities, section-soft, firm, friable anaemic, pyperafatmic, colour difference between cortex increased diminished, narrow, pelvis, dilated, peripelvis at increased pyramids, calices, infraction embolism in vessels, Capsule strips easily, partially adherent, very adherent, thick, thin.

Surface of kidney-Congested, pale, stellate veins markedly visible, cysts on surface, smooth, rough granular, lobulated.

62. SUPRARENAL CAPSULES.

|      |           |
|------|-----------|
| Size | Length    |
|      | Breadth   |
|      | Thickness |

Weight Accessory Suprenals— abscess.  
cyst, rupture, wound, enlarged, irregular, firm, adherent, section, yellow, grey white cheesy, calcified.

63. THE INTESTINES.

Pylorus to lico caecal valve 610 cms. to 1057 cms. (Grey)

Duodenum 2.5 cms.

Jejunum 244 cms.

Ileum 366 cms.

Caecum 6 cms.

Colon 56 cms-152 cms.

Ascending colon 13 cms.

Transverse 51 cms.

Descending 25 cms.

Sigmoid 41 cms.

Return 11 cms. 12 cms.

64. Small intestine-outer, surface, injected, hypostasis, lymph, fibrin, adhesions, tubercle, tumours.

Contents-Colour, quantity, consistency, food particles, foreign particles, parasites, bacteriological, examination, if needed.

Mucosa-Injected, pale, atrophied swollen pulpy, gangrenous ulcerated direction, of ulcers lymph follicles, Peyer's patches lymphatics, stoughing (size and shape slough and ulcers) character margins of ulcers impected masses.

Twisting intessusception contracted, strangulation, hernia, new, new growth, diverticula.

65. APPENDIX.

Length 2.5 cms. to 20 cms.

Average 10 cms.

Position length, thickness, inflammation abscess strophy, hands

of kindling, mucosa-inflamed, ulcerated, atrophied, tumour contents-Vacees, colour, consistence, parasites, pus foreign bodies stones.

66.

## LARGE INTESTINE.

Heo-caecal valve Intussusception, etc.

Coeem-Position, mobility thickened, inflamed, tubercle, tumour, stenosis, dilation adhesions, pericoecal abscesses, mucosa atrophied, inflamed, tumour.

Colon-Sagging dilation flexures-Normal in position linking sacculaton, stenosis, injected adhesion, matting fistulae, contents, colour consistence, foreign particles, food particles, parasites, mucosa, injected, inflamed, ulcers, stough, colour extent, location (Describe).

Stomach and oesophagus here.

67.

## THE BLADDER.

Contents grams, Urine-Recation, sugar albumin, calculas, new growth mucosa inflamed, ulcers, muscle hypertrophied, prostate enlarged tumour, seminal vesicles-tubercle, etc.

68.

## UTERUS

Grey Length 6 cms. Breadth 5 cms.

Thickness 2.5 cms.

Weight 60 gms.

Menstruation, pregnancy, abortion, violence, wound, rupture, foreign body, new growth or other disease—

69. Ovaries-Right and Left.

Size, adhesions, inflammation, enlargement, cyst, tumour, Corpus luteum.

70.

## PELVIS.

Fracture disarticulation, deformity.

71.

## OPENING OF THE HEAD.

The soft parts, present injury inflammation.

Scalp-Extravasation of blood beneath, caput succedaneum, caul present.

72. Bones—Thick, thin, caries, depression, injury.

N.B.—Strip dura examine for basal fracture, injury include separation of sutures, indentations fractures.

73.

## THE MEMBRANES.

Sinuses full, empty, thrombosed clotted duramater, adhereent, anaemic, vascular, hypostasis congested, inflamed, extravation of blood external or internal to dura or pia (amount situation and extend) adhesions-(Discribe and sketch).

The arachnoid-Dry Stickly, tubercular.

Cerebo-Spinal fluid-volumes, cleamess, turbidity, blood, staining adhesions.

Air mater injected: haemorrhage, etc.

Lymbh or pus person.

74. Brain-Average M. 1440 gms: F 1320 gms.

Convolution flattened verticles, full, empty ventricular, fluid, clear, turpid blood stained choroid plexus inflamed.

Substance, soft (reddish, yellow), firm, inflamed abscess, softening, tumour (site) haemorrhage (site) injury (site).

Brain vessels.— Thickened altheroma (site) embolism (site)  
thorposis (site) rupture (site).

75. Air Cavities of skull.—Note findings.

#### SPINAL COLUMN.

76. Soft part present, injury

The bonus-injury, disease.

Dura mater-Adherent, anaemic, Vascular hypostasis tumour.

The arachnoid-Dry, Stickly, tubercular.

The pia meter- injected.

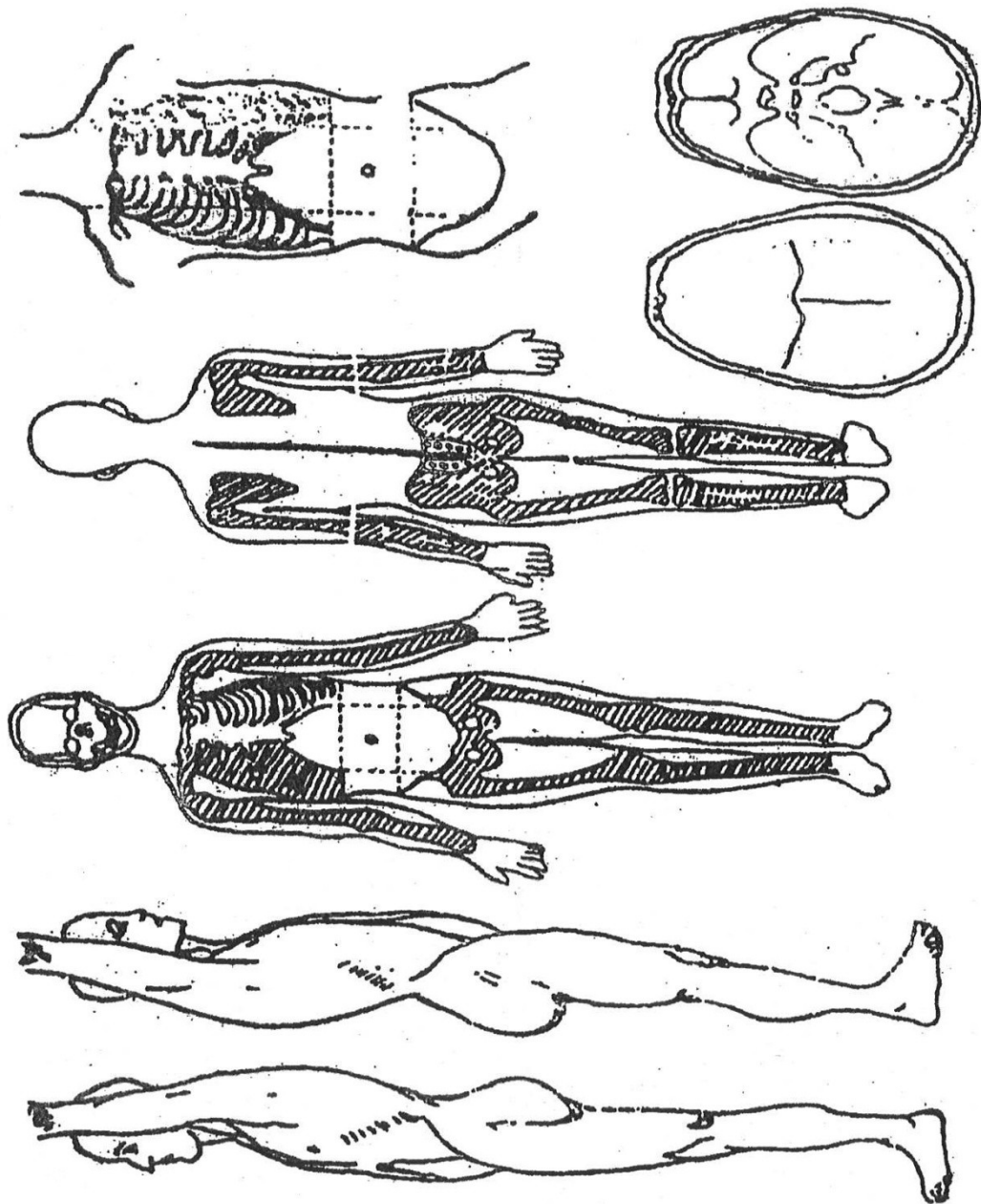
77. Atlas/Aexes                      Fracture, subluxation.

78. The Spinal Cord-Length                      Weight                      Cz.                      Oc.

length-41cms. 43 cms.

Weight-45 gms.

Soft, firm vascular injected, atrophied, semi-transluscent, narrow  
in parts (Where) never roots.



Tusises preserved for microscopic section area.

**Materials sent for-Bacteriological investigation.**

The following numbered and sealed as under and each labelled with a signed note of reference to this report are together with a sample of the preservative in which they are preserved are reserved for chemical analysis---

1. Stomach and contents.
2. Intestines and contents.
3. Sample of liver (not less than 50 gms.).
4. Kidney (one).
5. Sample of urine (100 c.c. at least).
6. Brain.
7. Blood.
8. Preservative (nature and quantity not less than 100 c.c.)

Post-mortem concluded at                      a.m.                      on                      20                      p.m.

### Summary of opinion.

The deceased would appear to have

Dated \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Signature)

Result of Microscopical Bacteriological and Chemicals Examinations, etc.,

Final opinion in case it was reserved.

Post-mortem certificate handed over to

on

at (time)

Inquest  
When held

Date

Time

Summary of evidence at inquest:

Question put by the police and answers given to them regarding the  
post-mortem—

Magisterial Enquiry (Chief points of evidence to be noted)

Sessions—(Chief points of examination and cross-examination).

Judgement.

PM No:

Date:

**Post-mortem Certificate**Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....Requisition ..... received ..... at.....AM/PM ..... on ..... from  
the<sup>2</sup>.....of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....Its ..... condition ..... then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....



Opinion as to cause of death –

- a) Reserved pending report of.....
- b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After "appearances found" enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
8. The certificate should not be filled in until the post-mortem notes have been entered in full in ink in the post-mortem register. This should be done at once to obviate the possibility of any delay in the delivery of the certificate to the Police.

*Post-Mortem Serial Number—*

**Post-Mortem Certificate Number—**

This form is intended for use only in medico-legal cases. The Medical Officer Conducting the autopsy may dictate rough notes as the examination proceeds, which may be entered in copying pencil in this loose form by his assistant or Compounder. The Medical Officer should sign the loose form after satisfying himself that the entries are correctly made and should copy the same himself in his bound book M1-64 immediately (*Vide* G.O.No.206, Medical, dated 7th April 1919). The loose form (Medical-1-28) should be considered as the original document liable to be produced in Judicial Courts as evidence on proof of the correctness of the entries made in the post-mortem certificates. No additions should be made to it later.

2. Medical Officer conducting Post-Mortem Examinations should go through Paragraphs 399 to 410 and Paragraphs 591 and 592 of the Madras Civil Medical Code (Code-1).

3. The printed matter indicates the Principal, morbid appearances and is a guide and refresher to memory. It is not to be considered complete and detailed. The measurements and weights are from European sources and are perhaps higher than the average for this country. In recording appearances both positive and negative findings would be of value.

4. Attention is invited to the Surgeon-General's Circular No. 39 of the 7th July 1914, regarding the responsibility of Senior Medical Officers in Station towards autopsies.

#### Post-Mortem Examination

ON THE BODY OF

male  
\_\_\_\_\_ named  
female

Age

Conducted By

at

on

GCP—130-3 (Medl. 1-28)—10,000 Cps.—28-5-14 [HCL-8]

180-3—1

Notes from the requisition for a post-mortem examination on the body of a male  
female.

Named \_\_\_\_\_ aged about \_\_\_\_\_  
 Year \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Caste : \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Approximate height feet : \_\_\_\_\_ inches New born averages  
 Approximate breadth inches Europeans (Jellet)  
 Approximate girth : inches length 20 inches weight  
 8 lb, 8 oz to 7 lb  
 Approximate weight pounds Indian (Lyons) length 16 to 20 inches,  
 weight 4 lb, 5 oz to 7 lb.  
 Identification marks—  
 (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_  
 (4) Tatoo marks and pattern \_\_\_\_\_  
 (5) Caste marks — \_\_\_\_\_  
 Found \_\_\_\_\_ at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
 Died \_\_\_\_\_ p.m. \_\_\_\_\_  
 sent by \_\_\_\_\_ with letter No. \_\_\_\_\_  
 dated \_\_\_\_\_ in charge of Constable No. \_\_\_\_\_  
 Received at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_ p.m. \_\_\_\_\_  
 It is stated that the body found "at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ 20  
 \_\_\_\_\_ p.m. \_\_\_\_\_  
 It is stated that there was an interval of hours \_\_\_\_\_  
 \_\_\_\_\_ minutes between the last eating, drinking  
 and the development of the symptoms which were:—  
 Vomiting \_\_\_\_\_  
 Purging \_\_\_\_\_  
 Loss of sensation. \_\_\_\_\_  
 Dilation \_\_\_\_\_ of pupils  
 Contraction. \_\_\_\_\_  
 Unconsciousness \_\_\_\_\_  
 Excitement \_\_\_\_\_  
 Flushing of face \_\_\_\_\_

\*State, if hanging, drowned or other posture in relation to surrounding objects.

State Nature of vomit exerts.

State parts affected and nature:

Twitching

Tinging

convulsions      clonic  
                             Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:                      colours.

Dryness of moistness of skin

Collapse

Suffocation

Cyanosis (Lividity)

Deep Sleep

Other persons partook of the same food, drink and exhibited (Symptoms)

The following articles were also sent with the corpse:—

The purpose for which these  
were sent and nature of  
examination to be conducted

Description cuts, stains and  
number of cloths, etc.

Clothes

Ornaments, Jewellery

Excreta

Vomit.

Urine

Weapons

Gas (from unused wells, cesspools, rooms, etc.)

Describe the mode of packing  
and seals.

Is the body decomposed or otherwise.

Short history of case in duplicate, if supplied or not.

Copy of history or case sheet from hospital or if treated outside sent or not.

The body was reported to have been received in Mortuary at  
on                      through Police Constable No.

Further notes, if any (such as short notes from case sheet of Hospital, etc.)

(signed)

## Notes of Post-Mortem Examination

The body was first seen by the undersigned at \_\_\_\_\_ a.m. \_\_\_\_\_ if the body was seen before  
 \_\_\_\_\_ on post-mortem examination,  
 p.m. note time and general condi-  
 tion found.

Its condition then was \_\_\_\_\_

The examination was conducted by \_\_\_\_\_ (on dated)  
 and was begun at (place)

Name : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : \_\_\_\_\_  
 Height : \_\_\_\_\_ Breadth : \_\_\_\_\_ Weight : \_\_\_\_\_

Identification marks (as seen by the Medical Officer)

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_

These \_\_\_\_\_ do agree with the identification marks given in the requisition  
 do not

Clothing—

Say whether worn or not  
 and how worn and describe.

Jewellery—

Whether worn or not  
 marks left by them and describe.

Body identified by P.C. No.

Name

## EXTERNAL EXAMINATION.

## GENERAL SURVEY OF THE BODY.

1. *Condition of cloths* - Dry or wet, Stained, etc., ..
2. *Surroundings of the body* .. .. .
3. *Attitude of Body*-Lies on back, arms close to sides flexed at elbows, forearms in pronation supination palms resting on trunk, lower limbs extended, flexed, close or apart.
4. *Temperature of the body with a thermometer*
5. *State of Nutrition*-Body is corpulent, stout, well-nourished, emaciated, not muscular, adipose cremation.
6. *Symmetry of body*-proportion of head to body; unequal development of limbs; atrophy of muscles (name them); deformities or losses. Maldevelopments; co-tractors; distortion (rickets Osteomalasia).
7. *Colour of skin*-Pale, purple or lived of face, neck and trunk, colour of mucosa (oral, conjunctival, preputial, vaginac and anal).Discoloration (pigmentation and decoloration-Mention Sites, distribution and colour).albinism, leucoderma, leprosy, pityriasis, chlorosis, jaundice, Addison's-Patches.
8. (a) Colour of Iris.  
(b) Colour of hair, length of hair, shaved or not-  
Head  
\_\_\_\_\_  
Mustache,  
\_\_\_\_\_  
Amplts.  
\_\_\_\_\_  
Pubis.
9. Presence of visible diseases,-Bilsters, Vehicles, eruptions or rash, scales, erysipelas, thickening tumours, ulcers (oral, labial Cutaneous, anal), scare naevi disease of hair, mention site and nature.
10. (a) Body is covered with blood, vermix, caseous with down, scraf skin.
11. (b) *Scars and tatoo marks Injuries*-Describe them (*Vide* sketch) (Scratches, Echymosisbruises-contusions, wounds fracture, dismemberment, etc., location, direction, length, breadth, depth margins, talling (examine with lens; draw outlines if injuries if possible) bleeding or covered with clot or scab-Probable age of injury, foreign bodies in wounds, cuts on clothing correspond with wounds on body. Foreign bodies in natural passages (mention nature, size, weight, etc.) marks of rope round, neck injuries caused by sharp or blunt, heavy or light weapons sell inflicted or produced by fits, mention whether Epileptic, Eclamptic-Uraemic, etc., and those induced by drugs. When injury to tongue by biting or to face by falling, etc. may be caused, returns and scaled :





12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body ward, muscles relaxed and contractile, rigidly rigor mortis present (parts), passed off (parts), eyeballs flaccid, flattening or points of support, postmortem hypostasis (prove by pressure and incision and state and area), marks and lived blood vessels green discoloration, odour, softening of eyeballs, exudation from mouth and nose, ova of flies present moving maggots seep, prebs on back of legs, neck sides of chest, etc., peeling cuticle loosening of hair, thorax and abdomen burst sutures of skull opened, eyelid everted, saproscopication, mummification, damage by wild animals skeletonization.
14. The general appearances do or do not tally police report.
15. Death would have to occurred about (so many) hours or days ago.

#### HEAD FACE AND FORM.

16. Head of new born diameter-Jellet—
 

|                             |       |                 |
|-----------------------------|-------|-----------------|
| (a) Cervico-bregmatic       | .. .. | 7.88 cms. (8)   |
| (b) Frontal-mental          | .. .. | 12.38 cms. (12) |
| (c) Supra occipito mental   | .. .. | 11.25 cms. (11) |
| (d) Occipito mental         | .. .. | 10.12 cms. (10) |
| (e) Occipito frontal        | .. .. | 9 cms.          |
| (f) Sub-Occipito frontal    | .. .. | 8.43 cms. (8)   |
| (g) Sub-Occipito leregmatic | .. .. | 7.2 cms. (7)    |
| (h) Bitemporal              | .. .. | 8.43 cms. (8)   |
| (i) Biparietal              | .. .. | 28.5 cms. (29)  |
| (a) Sub-occipito-pregmatic  | .. .. | 30.93 cms. (31) |
| (b) Occipito-frontal        | .. .. | 32.40 cms. (32) |
| (c) Supra occipito-mental   | .. .. | 28.4 cms. (29)  |
| (d) Cervico-bregmatic       | .. .. |                 |
17. Features.— Symmetrical, contorted, calm, distorted, pale, lived, congested, swollen, bloated, prominent veins of forehead, mutilated.
18. Scalp—Loss of hair, arrangement of hair, disorder of hair oedema, tumours, caput-succidaneum, haemorrhage, suppuration, depression bosses.
19. Eyelids.—Open, closed, bulged, gouged, arcus, senils, pupils-contracted, normal, dilated, Eyelids-suffused, swollen haemorrhage is angles of eyes, horizontal upturned, downturned.
20. Nose—Broken, discharge of blood, frothy blood mucous, foreign body, polypus, uiccy of septum.
21. Mouth and lips—Give forth characteristic odour of discoloured stained. Mucous lining softened, destroyed, exoriated herpeson.
22. The tongue—Protruded between teeth, stained mucous surface swollen, ulcer, new growth.
23. Discharge of blood—Froth frothy blood, putrid, fluid, etc., from mouth or nose of both. Trial of saliva running down the chest; foreign body in mouth.
24. The jaws—clenched, gums blue, red, spongy, tumours, necrosis, etc.
25. The teeth—Complete number broken, decayed, lost (mention the missing) tumours.
26. The ears—Discharge of pus, blood, fluid foreign body, pierced lobes recently torn.



27. *The neck glands*-Enlarged, caseous situation.
28. *Thorax*-Shape well formed, long and narrow barrel shaped, pigeon breasted funnel breasted, rickety rosary, on difference between to sides, fracture or diseases of ribs, cartilages, Tumours in thorax
29. *Trunk*-New born diameters jellat.  
Shoulders bisacromial 9.9. cms. (10)  
Sterno-dorsal 8.85 cms. (9)  
Bitrochanteric 8.85 cms. (9)  
Bis-iliac 8.43 cms. (8)  
Sacro-iliac 4.95 cms. (5)
30. *Mammary glands*-development, hypertrophy, atrophy, tumours cysts, primary areolae, secondary areolae (colour) stris alba.
31. *Axillary glands*-Enlarged, length.
32. *Abdomen*-Striae albicantes, linea, nigra caput medusae, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia umbilicus healed, umbilical cord, demarcated, tied and adherent, fallen).
33. *Groin*-Glands enlarged, buboes; ulcers, undescended testis tumours, scars.
34. *Generative organs*-Penis indrawn, shortened, development Urethral discharge-Veneral sore-Circumcised or not, scars.
35. *Scrotum*, elephantoid, hydrocele, tests enlarged, Labia-Hymenorrhoea fistula-Discharge of blood mucus, pus, presence of abscess, torn fresh or old carunculate foreign body, ulcers, Marks of violence, Loose hairs (Preserve stains hair and foreign bodies) dimensions of genitals.

#### EXTREMITIES.

36. *Upper and lower limbs*-the hands, clenched, empty, contain straw, mud, extra digits show no signs of work fingers flexed, mark of wedding ring on finger, stains, fracture, dislocation nails not broken blue pale, sand mud or foreign body under nails; over grown or palrod; cholera fingers. *The feet*-Flat, inverted oedematous, nodes fractures dislocation deformity, stains on soles; foreign bodies under nails.

#### CENTRES OF OSSIFICATION.

(Casper and Tidy)

37. In the new born centre of ossification in of inferior epiphysis of femur is three lines in diameter. Give others will be necessary.

#### INTERNAL EXAMINATION

*N.B.*—Don't tear through adhesions but cut them.

#### OPENING OF ABDOMEN.

38. *Abdomen*-Size, uniform, prominent or unequal, Fat, Depth, inches, colour *Parietes*-Retracted, distended, site of umbilicus Muscles; development-colour -Extravasation of blood in omentum spread, etc.
39. Level of diaphragm, Right-Left-Domes, Position of organs Normal-Adhesions-Enlargements, local inflammations-tumours.
40. Peritoneal cavity-Fluid in ounces, nature of fluid, turbid, blood stained, purulent, lymph, flakes of fibrin.

Peritoneum; adherent-Tubercle, Smears from exudate in peritoneum

*Note* :—Organs to be merely examined this stage.

## OPENING OF THORAX

41. Position and colour of organs, normal or abnormal.  
Fracture of ribs, pleura injected, surface roughened flakes of fibrin, effusion of blood fluid in-Amount in ounces Character lymph; old or recent adhesions wound. Spots of haemorrhage on visceral or parietal surfaces (Tardieu's spots) Mediastina Haemorrhages, etc., Lung borders meet or overlap; overlap on heart.
42. *Thymus*-Size (length, breadth, thickness), weight section-haemorrhage, tubercle, tumour.
43. *Pericardium*-staining, inflamed distended, fluid, amount, ounces, character of inner surface dark, rough., wounded, milk spots, exudate-Smears. Sopt of haemorrhage on visceral or parietal surface adhesions.
44. The heart-weight 150-360 grams, wound, rupture.  
Right auricle and appendage contain fluid blood-Right or dark, mixed clot, uniform clot, thrombus.  
Right ventricle contain fluid, clot, embolus, thrombus.  
Pulmonary artery-clot, embolus, thrombus  
Left auricle contain fluid blood clot thrombus. Left ventricle contain fluid blood, clot, thrombus, chambers dilated; mention them.  
Valvular rings dilated or contracted.
45. Valves and endocardium rigid, contracted, thickened, adherent, Valves perforated, torn vegetations, on puckered, atheromatous, chordae tendinae opaque, thickened, shortened broken.
46. *Coronary vessels*-Atheroma, emboli, thrombosis. Musculatrophied, brown hypertrophied, fatty infiltration, fatty degeneration, abnormality other diseases.
47. *The great vessels*-Aorta, vena-cava, pulmonary artery, pulmonary veins, iliac vessels, etc., thrombosis, embolism, atheroma calcification, aneurism would rupture.
48. *The blood*-General character-Drak cherry coloured/coagulated clot soft or firm, layered or of uniform colour. Abnormally fluid. Take a blood smear, Bacteriological test if needed.
49. *The lungs*-Normal lung 240 gms to 660 gms. Average R 540 gms to 480 gms, colour-Distended Marked by ribs, do not collapse, dry, crepitant, soft oedematous congested friable, inelastic emphyseleatous congested friable. Inelastic emphyseleatous, collapsed ateleloid; lobels swollen shrunken, dark red, gray, firm friable soft, dry exclude frothy aerum, blood tent matter Pigmented adhesions haemorrhage, infraction, pleurisy, patches, if any, shape-Scares tubercle on surface.  
Section-Dry granular, moist on pressure excude blood;(amount) watery fluid, mucus, pus, secretion, blood, tenacious, Air tubes roddened, thickened, dilated narroed grew yellow tubercle chalky mass shinking cavities, plgment, fibroid change, red or gray hepatization purulent filtration, diffuse or circumscribed obsess' gangrene fumous, wound rupture, oedema, haemorrhage, Cut piece skin or float in water.
50. *Larynx*, glottle, *trachea bronchi*-Contain water, mud, vegetation (nature) etc. mucosa, injected, swollen, stained discoloured oedematous, covered with froth corrigated: leathery new growth, foreign body, loose or impacted, nature colour of mucosa.
51. *Hyoid bone broken*-Describe fracture, etc.,

52. *Thoracic duct*-inflamed, obstructed rupture wound etc.,  
 53. *Thyroid parathyroids*-Enlarged firm fibrous, etc.  
 54. *The Stomach*-Size, dilated, shrunken, distended with food or gas, hour-glass, outer surface, vascular, fresh lymph injected adherent, wound rupture.

*Contents* Inarins odour colour, consistency foreign particles food particles nature and stage or digestion.

*Inner surface*-Colour, injected, dilated and tortuous vessels, walls oedematous firm, hard, charge extravasation, effusion embedded foreign particles atrophied ulcer (character of edge base, perforation) tumours, etc., mucus-Anaemic injected inflamed thick soft hard, eroded, corrugated, leathery.

55. *Oesophagus*-Length 25 cms., (Grey) length:  
*Mucosa* Partly detached, easily, stripped; soft, brittle, sodder while, brown, yellowish; charred structure; ulcer; new growth impacted mass, wound rupture, diverticular.

#### PANCREAS

56. Average weight-60 to 180 gms.  
 Weight ounce, colour, consistence, inflammation, abscess, cystic tumour, fat necrosis.

#### THE LIVER.

57. Weight-1,200 to 1,800 gms.  
 Relations, adhesions, rupture, weight, enlarged diminished alaphed wound.  
*Capsule*-Thin, loose, wrinkled, adherent.  
*Edges*-Thick, thin, rounded, firm.  
*Surface*-smooth, shining dull, nodulated, searlike bands or put red depressions.  
*Colour*-Red, Yellow mottled nutmeg, pigmented, brown Pale chocolate, slaty.  
*Consistence*-soft, firm, flabby, tough, fleshy, greasy friable, waxy, difficult translucent.  
 58. Gall bladder, full empty, stone, inflamed mucosa, thickened wall contracted, adherent-Lymphatic hands under liver enlarged malignant, etc.  
*Section*-Colour, hyperaemic, nutmeg, granular, distended ducts embolism hydatid, abscess cuts with creaking noise grease on knife free iron-"Prussian, blue reaction" (Pot, Ferrocyanide and dilute hydrochloric acid), amaloïd reaction (Finn's Iodine and dilute sulphuric acid) cut pieces sink or float in water.

#### THE SPLEEN.

59. Size 13 x 9 x 4 cms, Weight 90 to 210 gms.  
 Weight colour size, shape large, small, notch (portion) capsule wrinkled, thick, adherent, splenitis (iced spleen) rupture, wound.  
*Consistence*-Firm, soft, wax, friable, abscess, infarcts, furbercle.  
*Section*-Trabeculae and vessels not easily seen markedly visible, increased, colour cut surface, dry, moist concave, convex, in outline malpighian, bodies visible, enlarged.  
*Consistence of section*-pulp, easily, wasted, off scraped with difficulty Accessory spleen.

#### OMENTUM AND MESENTERY.

60. Mesentery-cm, long  
 (Grey 202 cms. broad)  
 Relations fat, adhesions, injections, hypostasis, Herira, glands,



swollen deseous, ulcerating tubercle, efution of lymph into tranesusence and oedema.

61. THE KIDNEYS

Weight-90-180 gms.  
Male-120 to 165 gms.

FEMALE LEFT HEAVIER.

Size-10 x 6 x 3 cms.

Weight Right left-Grams,

Larger, Smaller, heavier, colour-Red, pale mottled, translucent, purple pale, yellowish, consistence, firm, flabby, position of ureters abnormalities, section-soft, firm, friable anaemic, pyperafatmic, colour difference between cortex increased diminished, narrow, pelvis, dilated, peripelvis at increased pyramids, calices, infraction embolism in vessels, Capsule strips easily, partialy adherent, very adherent, thick, thin.

Surface of kidney-Congested, pale, stellale veins markedly visible, cysts on surface, smooth, rough granular, lobulated.

62. SUPRARENAL CAPSULES.

|      |           |
|------|-----------|
| Size | Length    |
|      | Breadth   |
|      | Thickness |

Weight Accessory Suprenals— abscess.  
cyst, rupture, wound, enlarged, irregular, firm, adherent, section, yellow, grey white cheesy, calcified.

63. THE INTESTINES.

Pylorus to lico caecal valve 610 cms. to 1057 cms. (Grey)  
Duodenum 2.5 cms.  
Jejunum 244 cms.  
Ileum 366 cms.  
Caecum 6 cms.  
Colon 56 cms-152 cms.  
Ascending colon 13 cms.  
Transverse 51 cms.  
Descending 25 cms.  
Sigmoid 41 cms.  
Return 11 cms. 12 cms.

64. Small intestine-outer, surface, injected, hypostasis, lymph, fibrin, adhesions, tubercle, tumours.

Contents-Colour, quantity, consistency, food particles, foreign particles, parasites, bacteriological, examination, if needed.

Mucosa-Injected, pale, alrophied swollen pulpy, gangerenous ulcerated direction, of ulcers lymph follicles, Peyer's patches lymphatices, stoughing (size and shape slough and ulcers) character margins of ulcers impected masses.

Twisting intessusception contracted, strangulation, hemia, new, new growth, diverticula.

65. APPENDIX.

Length 2.5 cms. to 20 cms.

Average 10 cms.

Position length, thickness, inflammation abscess strophy, hands

of kindling, mucosa-inflamed, ulcerated, atrophied, tumour contents-Vacees, colour, consistence, parasites, pus foreign bodies stones.

66.

## LARGE INTESTINE.

Heo-caecal valve intussusception, etc.

Coecm-Position, mobility thickened, inflamed, tubercle, tumour, stenosis, dilation adhesions, pericoecal abscesses, mucosa atrophied, inflamed, tumour.

Colon-Sagging dilation flexures-Normal in position linking sacculum, stenosis, injected adhesion, matting fistulae, contents, colour consistence, foreign particles, food particles, parasites, mucosa, injected, inflamed, ulcers, stough, colour extent, location (Describe).

Stomach and oesophagus here.

67.

## THE BLADDER.

Contents grams, Urine-Recation, sugar albumin, calculus, new growth mucosa inflamed, ulcers, muscle hypertrophied, prostate enlarged tumour, seminal vesicles-tubercle, etc.

68.

## UTERUS

Grey Length 6 cms. Breadth 5 cms.

Thickness 2.5 cms.

Weight 60 gms.

Menstruation, pregnancy, abortion, violence, wound, rupture, foreign body, new growth or other disease—

69. Ovaries-Right and Left.

Size, adhesions, inflammation, enlargement, cyst, tumour, Corpus luteum.

70.

## PELVIS.

Fracture disarticulation, deformity.

71.

## OPENING OF THE HEAD.

The soft parts, present injury inflammation.

Scalp-Extravasation of blood beneath, caput succedaneum, caul present.

72. Bones—Thick, thin, caries, depression, injury.

N.B.—Strip dura examine for basal fracture, injury include separation of sutures, indentations fractures.

73.

## THE MEMBRANES.

Sinuses full, empty, thrombosed clotted duramater, adherent, anaemic, vascular, hypostasis congested, inflamed, extravasation of blood external or internal to dura or pia (amount situation and extend) adhesions-(Describe and sketch).

The arachnoid-Dry Stickly, tubercular.

Cerebro-Spinal fluid-volumes, cleanness, turbidity, blood, staining adhesions.

Air mater injected: haemorrhage, etc.

Lymph or pus present.

74. Brain-Average M. 1440 gms: F 1320 gms.

Convolution flattened verticles, full, empty ventricular, fluid, clear, turbid blood stained choroid plexus inflamed.

Substance, soft (reddish, yellow), firm, inflamed abscess, softening, tumour (site) haemorrhage (site) injury (site).

Brain vessels.— Thickened altheroma (site) embolism (site)  
thorposis (site) rupture (site).

75. Air Cavities of skull.—Note findings.

#### SPINAL COLUMN.

76. Soft part present, injury

The bonus-injury, disease.

Dura mater-Adherent, anaemic, Vascular hypostasis tumour.

The arachnoid-Dry, Sticky, tubercular.

The pia meter- injected.

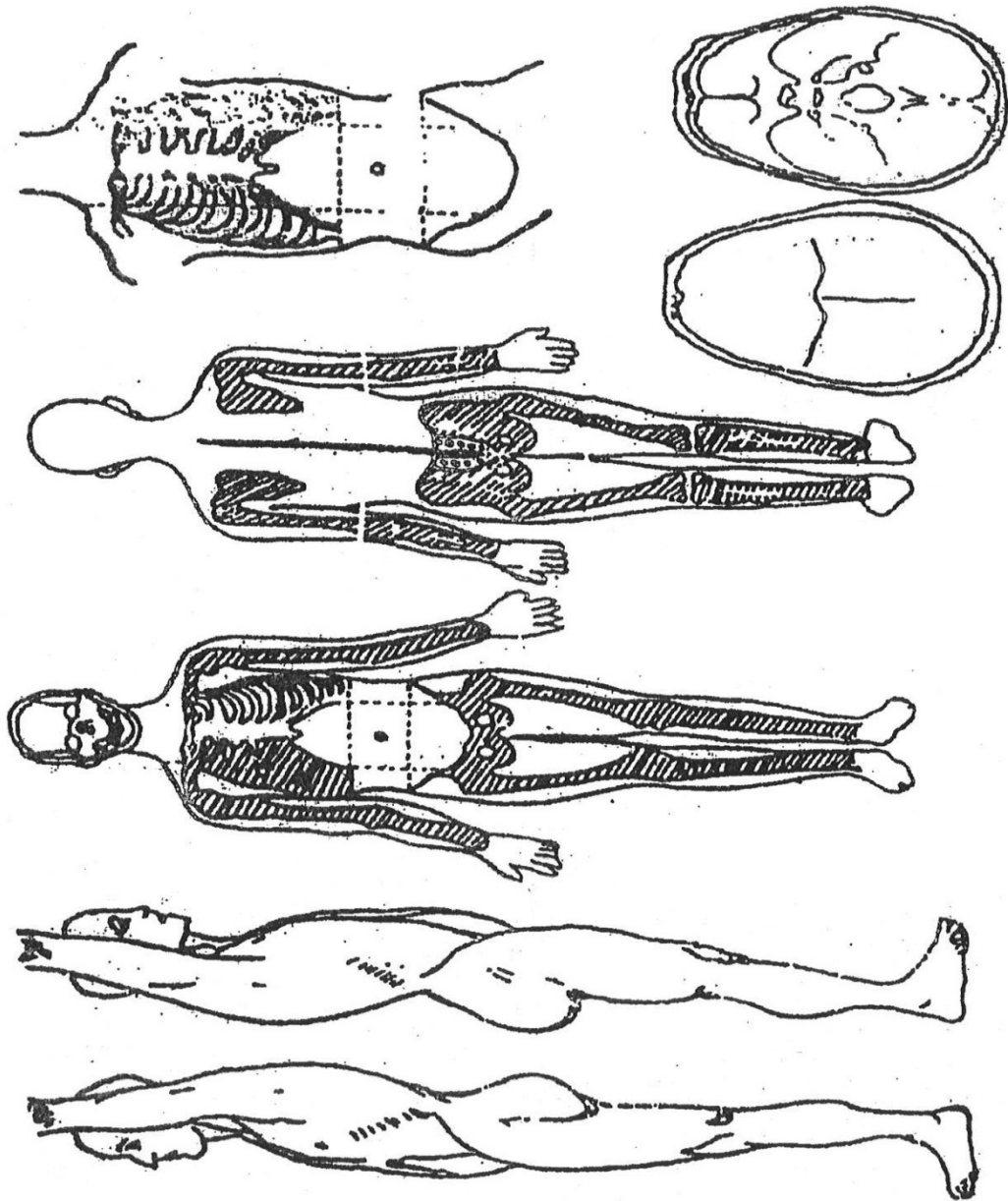
77. Atlas/Axes                      Fracture, subluxation.

78. The Spinal Cord-Length                      Weight                      Cz.                      Oc.

length-41cms. 43 cms.

Weight-45 gms.

Soft, firm vascular injected, atrophied, semi-translucent, narrow  
in parts (Where) never roots.



Tusises preserved for microscopic section area.

Materials sent for-Bacteriological investigation.

The following numbered and sealed as under and each labelled with a signed note of reference to this report are together with a sample of the preservative in which they are preserved are reserved for chemical analysis—

1. Stomach and contents.
2. Intestines and contents.
3. Sample of liver (not less than 50 gms.).
4. Kidney (one).
5. Sample of urine (100 c.c. at least).
6. Brain.
7. Blood.
8. Preservative (nature and quantity not less than 100 c.c.)

Post-mortem concluded at                      a.m.                      on                      20                      p.m.

### Summary of opinion.

The deceased would appear to have

Dated \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Signature)

Result of Microscopical Bacteriological and Chemicals Examinations, etc.,

Final opinion in case it was reserved.



Post-mortem certificate handed over to

on

at (time)

Inquest  
When held:

Date

Time

Summary of evidence at inquest:

Question put by the police and answers given to them regarding the  
post-mortem—

Magisterial Enquiry (Chief points of evidence to be noted)

Sessions—(Chief points of examination and cross-examination).

Judgement.

PM No:

Date:

**Post-mortem Certificate**Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....Requisition received at.....AM/PM on ..... from  
the<sup>2</sup>.....of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....Its condition then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....

Opinion as to cause of death –

- a) Reserved pending report of.....
- b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After "appearances found" enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
8. The certificate should not be filled in until the post-mortem notes have been entered in full in ink in the post-mortem register. This should be done at once to obviate the possibility of any delay in the delivery of the certificate to the Police.

ORIGINAL

PM No:

Date:

### Post-mortem Certificate

Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....

Requisition received at.....AM/PM on ..... from  
the<sup>2</sup>.....

of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

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Its condition then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

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PM No:

Date:

**Post-mortem Certificate**Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....Requisition received at.....AM/PM on ..... from  
the<sup>2</sup>.....of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....Its condition then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....

Opinion as to cause of death –

- a) Reserved pending report of.....
- b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After "appearances found" enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
8. The certificate should not be filled in until the post-mortem notes have been entered in full in ink in the post-mortem register. This should be done at once to obviate the possibility of any delay in the delivery of the certificate to the Police.

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Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....



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Station:

Name:

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Rank:

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the<sup>2</sup>.....of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....Its ..... condition ..... then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....

Opinion as to cause of death –

- a) Reserved pending report of.....
- b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After "appearances found" enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
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PM No:

Date:

**Post-mortem Certificate**Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....Requisition ..... received ..... at.....AM/PM ..... on ..... from  
the<sup>2</sup>.....of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....Its ..... condition ..... then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....

Opinion as to cause of death –

- a) Reserved pending report of.....
- b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After "appearances found" enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
8. The certificate should not be filled in until the post-mortem notes have been entered in full in ink in the post-mortem register. This should be done at once to obviate the possibility of any delay in the delivery of the certificate to the Police.

**Department of Forensic Medicine**

**Final opinion of Cause of Death**

PM No. \_\_\_\_\_

DATE: \_\_\_\_\_

To,  
The Investigating Officer,  
\_\_\_\_\_  
\_\_\_\_\_  
Police Station.

**Sub:** Final opinion regarding cause of death of the deceased \_\_\_\_\_ (Name)  
S/W/D of \_\_\_\_\_ Male/Female, aged \_\_\_\_\_ years.

1. PM No. \_\_\_\_\_ Cr No: \_\_\_\_\_ PS \_\_\_\_\_ Dated \_\_\_\_\_
2. FSL Report No. \_\_\_\_\_ Dated \_\_\_\_\_
3. Histopathology Report No. \_\_\_\_\_ Dated \_\_\_\_\_
4. Other Report/s

With reference to above reports I/We are of the opinion that the final cause of death is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date:

Signature:

Name:

Designation:

\_\_\_\_\_

### **Exercise No. 18 FOETAL AGE ESTIMATION BY POST MORTEM EXAMINATION**

**Competency No. FM14.13**

**To estimate the age of foetus by post mortem examination.**

**[Core Competency - Yes, Domain - Skill, Level- Knows How]**

**Suggested Teaching Learning method** – Small group discussion, DOAP session

**Assessment method suggested** – Theory/ Clinical assessment/ Viva voce

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                                                           | <b>Domain</b> | <b>Level</b> |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM14.13.1      | The student should be able to document the important external features of the foetus which indicate age of the foetus.                                                                                                                       | K             | K            |
| FM14.13.2      | The student should be able to describe the external examination of the foetus & opine on the sex from the findings.                                                                                                                          | S             | KH           |
| FM14.13.3      | The student should be able to document the important internal features of head, neck, thorax, abdomen and all ossification centres of the bones.                                                                                             | K             | K            |
| FM14.13.4      | The student should be able to opine regarding age of the foetus, viability, sex, whether live born or dead born from external and internal examination with name, date, signature, designation, seal) in a simulated/supervised environment. | S             | KH           |

*Post-Mortem Serial Number—*

**Post-Mortem Certificate Number—**

This form is intended for use only in medico-legal cases. The Medical Officer Conducting the autopsy may dictate rough notes as the examination proceeds, which may be entered in copying pencil in this loose form by his assistant or Compounder. The Medical Officer should sign the loose form after satisfying himself that the entries are correctly made and should copy the same himself in kin bound book M1-64 immediately (*Vide* G.O.No.206, Medical, dated 7th April 1919). The loose form (Medical-1-28) should be considered as the original document liable to be produced in Judicial Courts as evidence on proof of the correctness of the entries made in the post-mortem certificate.

Notes from the requisition for a post-mortem examination on the body of a male  
female.

Named \_\_\_\_\_ aged about \_\_\_\_\_  
 Year \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Caste : \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Approximate height \_\_\_\_\_ feet : \_\_\_\_\_ inches New born averages  
 Approximate breadth \_\_\_\_\_ inches Europeans (Jellet)  
 Approximate girth : \_\_\_\_\_ inches length 20 inches weight  
 8 lb, 8 oz to 7 lb  
 Approximate weight \_\_\_\_\_ pounds Indian (Lyons) length 16 to 20 inches,  
 weight 4 lb, 5 oz to 7 lb.

Identification marks—

(1)

(2)

(3)

(4) Tatoo marks and pattern

(5) Caste marks —

Found \_\_\_\_\_ at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at  
 Died \_\_\_\_\_ p.m.

sent by \_\_\_\_\_ with letter No. \_\_\_\_\_

dated \_\_\_\_\_ in charge of Constable No. \_\_\_\_\_

Received at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at  
 \_\_\_\_\_ p.m.

It is stated that the body found\*at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ 20  
 \_\_\_\_\_ p.m.

It is stated that there was an interval of hours

\*State, if hanging, drowned or other posture in relation to surrounding objects.

minutes between the last eating, drinking and the development of the symptoms which were:—

Vomiting

Purging

Loss of sensation.

Dilatation \_\_\_\_\_ of pupils

Contraction.

Unconsciousness

Excitement

Flushing of face

State Nature of vomit exerts



State parts affected and nature:

Twitching

Tinging

convulsions      clonic  
                             Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:                      colours.

Dryness of moistness of skin

Collapse

Suffocation

Cyanosis (Lividity)

Deep Sleep

Other persons partook of the same food, drink and exhibited (Symptoms)

The following articles were also sent with the corpse:—

The purpose for which these  
were sent and nature of  
examination to be conducted

Description cuts, stains and  
number of cloths, etc.

Clothes

Ornaments, Jewellery

Excreta

Vomit.

Urine

Weapons

Gas (from unused wells, cesspools, rooms, etc.)

Is the body decomposed or otherwise.

Short history of case in duplicate, if supplied or not.

Copy of history or case sheet from hospital or if treated outside sent or not.

The body was reported to have been received in Mortuary at  
on                      through Police Constable No.

Further notes, if any (such as short notes from case sheet of Hospital, etc.)

(signed)

### Notes of Post-Mortem Examination

The body was first seen by the undersigned at \_\_\_\_\_ a.m. \_\_\_\_\_ if the body was seen before  
 \_\_\_\_\_ on \_\_\_\_\_ post-mortem examination,  
 \_\_\_\_\_ p.m. \_\_\_\_\_ note time and general condi-  
 \_\_\_\_\_ tion found.

Its condition then was \_\_\_\_\_

The examination was conducted by \_\_\_\_\_ (on dated) \_\_\_\_\_

and was begun at \_\_\_\_\_ (place) \_\_\_\_\_

Name : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : \_\_\_\_\_

Height : \_\_\_\_\_ Breadth : \_\_\_\_\_ Weight : \_\_\_\_\_

Identification marks (as seen by the Medical Officer)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(6) \_\_\_\_\_

These \_\_\_\_\_ do \_\_\_\_\_ agree with the identification marks given in the requisition  
 \_\_\_\_\_ do not \_\_\_\_\_

Clothing—

Say whether worn or not  
and how worn and describe.

Jewellery—

Whether worn or not  
marks left by them and describe.

Body identified by P.C. No.

Name

## EXTERNAL EXAMINATION.

## GENERAL SURVEY OF THE BODY.

1. *Condition of cloths* - Dry or wet, Stained, etc., ..
2. *Surroundings of the body* .. .. .
3. *Attitude of Body*-Lies on back, arms close to sides flexed at elbows, forearms in pronation ~~supination~~ palms resting on trunk, lower limbs extended, flexed, close or apart.
4. *Temperature of the body with a thermometer*
5. *State of Nutrition*-Body is corpulent, stout, well-nourished, emaciated, not muscular, adipose cremation.
6. *Symmetry of body*-proportion of head to body; unequal development of limbs; atrophy of muscles (name them); deformities or losses. Maldevelopments; co-tractors; distortion (rickets Osteomalasia).
7. *Colour of skin*-Pale, purple or lived of face, neck and trunk, colour of mucosa (oral, conjunctival, preputial, vaginac and anal).Discoloration (pigmentation and decoloration-Mention Sites, distribution and colour).albinism, leucoderma, leprosy, pityriasis, chlorosis, jaundice, Addison's-Patches.
8. (a) Colour of Iris.
- (b) Colour of hair, length of hair, shaved or not-
- Head  
\_\_\_\_\_
- Mustache.  
\_\_\_\_\_
- Ampits.  
\_\_\_\_\_
- Pubis.
9. Presence of visible diseases, -Bilsters, Vehicles, eruptions or rash, scales, erysipelae, thickening tumours, ulcers (oral, labial Cutaneous, anal), scare naevi disease of hair, mention site and nature,
10. (a) Body is covered with blood, vermix, caseous with down, scraf skin.
11. (b) *Scars and tatoo marks Injuries*-Describe them (*Vide* sketch) (Scratches, Echymosisbruises-contusions, wounds fracture, dismemberment, etc., location, direction, length, breadth, depth margins, talling (examine with lens; draw outlines if injuries if possible) bleeding or covered with clot or scab-Probable age of injury, foreign bodies in wounds, cuts on clothing correspond with wounds on body. Foreign bodies in natural passages (mention nature, size, weight, etc.) marks of rope round, neck Injuries caused by sharp or blunt, heavy or light weapons self inflicted or produced by fits, mention whether Epileptic, Eclamptic-Uraemic, etc., and those induced by drugs. When injury to tongue by biting or to face by falling, etc. may be caused, returns and scaled :



12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body ward, muscles relaxed and contractile, rigidly rigor mortis present (parts), passed off (parts), eyeballs flaccid, flattening or points of support, postmortem hypostasis (prove by pressure and incision and state and area), marks and lived blood vessels green discoloration, odour, softening of eyeballs, exudation from mouth and nose, ova of flies present moving maggots seep, prebs on back of legs, neck sides of chest, etc., peeling cuticle loosening of hair, thorax and abdomen burst sutures of skull opened, eyelid everted, sapnification, mummification, damage by wild animals skeletonization.
14. The general appearances do or do not tally police report.
15. Death would have to occurred about (so many) hours or days ago.

#### HEAD FACE AND FORM.

16. Head of new born-diameter-Jellet—
 

|                             |       |                 |
|-----------------------------|-------|-----------------|
| (a) Cervico-bregmatic       | .. .. | 7.88 cms. (8)   |
| (b) Fronta-mental           | .. .. | 12.38 cms. (12) |
| (c) Supra occipito mental   | .. .. | 11.25 cms. (11) |
| (d) Occipito mental         | .. .. | 10.12 cms. (10) |
| (e) Occipito frontal        | .. .. |                 |
| (f) Sub-Occipito frontal    | .. .. | 9 cms.          |
| (g) Sub-Occipito leregmatic | .. .. | 8.43 cms. (8)   |
| (h) Bitemporal              | .. .. | 7.2 cms. (7)    |
| (i) Biparietal              | .. .. | 8.43 cms. (8)   |
| (a) Sub-occipito-pregmatic  | .. .. | 28.5 cms. (29)  |
| (b) Occipito-frontal        | .. .. | 30.93 cms. (31) |
| (c) Supra occipito-mental   | .. .. | 32.40 cms. (32) |
| (d) Cervico-bregmatic       | .. .. | 28.4 cms. (29)  |
17. Features.— Symmetrical, contorted, calm, disorted, pale, lived, congested, swollen, bloated, prominent veins of forehead, mutilated.
18. Scalp—Loss of hair, arrangement of hair, disorder of hair oedema, tumours, caput-succidaneum, haemorrhage, suppuration, depression bosses.
19. Eyelids.—Open, closed, bulged, gouged, arcus, senils, pupils-contracted, normal, dilated, Eyelids-suffused, swollen haemorrhage is angles of eyes, horizontal upturned, downturned.
20. Nose—Broken, discharge of blood, frothy blood mucous, foreign body, polypus, uicey of septum.
21. Mouth and lips—Give forth characteristic odour of discoloured stained. Mucous lining softened, destroyed, exoriated herpeson.
22. The tongue—Protruded between teeth, stained mucous surface swollen, ulcer, new growth.
23. Discharge of blood—Froth frothy blood, putrid, fluid, etc., from mouth or nose of both. Trial of saliva running down the chest; foreign body in mouth.
24. The jaws—clenched, gums blue, red, spongy, tumours, necrosis, etc.
25. The teeth—Complete number broker, decayed, lost (mention the missing) tumours.
26. The ears—Discharge of pus, blood, fluid foreign body, pierced lotes recently torn.



27. *The neck glands*-Enlarged, caseous situation.
28. *Thorax*-Shape well formed, long and narrow barrel shaped, pigeon breasted funnel breasted, rickety rosary, on difference between to sides, fracture or diseases of ribs, cartilages, Tumours in thorax
29. *Trunk*-New born diameters jelliet.  
Shoulders bisacromial 9.9 cms. (10)  
Sterno-dorsal 8.85 cms. (9)  
Bitrochanteric 8.85 cms. (9)  
Bis-iliac 8.43 cms. (8)  
Sacro-iliac 4.95 cms. (5)
30. *Mammary glands*-development, hypertrophy, atrophy, tumours cysts, primary areolae, secondary areolae (colour) stris alba.
31. *Axillary glands*-Enlarged, length.
32. *Abdomen*-Striae albicantes, linea, nigra caput medusae, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia umbilicus healed, umbilical cord, demarcated, tied and adherent, fallen).
33. *Groin*-Glands enlarged, buboes; ulcers, undescended testis tumours, scars.
34. *Generative organs*-Penis indrawn, shortened, development Urethral discharge-Veneral sore-Circumcised or not, scars.
35. *Scrotum*, elephantoid, hydrocele, tests enlarged, Labia-Hymen-vaginitis fistula-Discharge of blood mucus, pus, presence of abscess, torn fresh or old carunculate foreign body, ulcers, Marks of violence, Loose hairs (Preserve stains hair and foreign bodies) dimensions of genitals.

#### EXTREMITIES.

36. *Upper and lower limbs*-the hands, clenched, empty, contain straw, mud, extra digits show no signs of work fingers flexed, mark of wedding ring on finger, stains, fracture, dislocation nails not broken blue pale, sand mud or foreign body under nails; over grown or palrod; cholera fingers. *The feet*-Flat, inverted oedematoas, nodes fractures dislocation deformity, stains on soles; foreign bodies under nails.

#### CENTRES OF OSSIFICATION.

(Casper and Tidy)

37. In the new born centre of ossification in of ferior epiphysis of femour is three lines in diameter. Give others will be necessary.

#### INTERNAL EXAMINATION

*N.B.*—Don't tear through adhesions but cut them.

#### OPENING OF ABDOMEN.

38. *Abdomen*-Size, uniform, prominent or unequal, Fat, Depth, inches, colour *Parietes*-Retracted, distended, site of umbilicus Muscles; development-colour -Extravasion of blood in omentum spread, etc.
39. Level of diaphragm, Right-Left-Domes, Position of organs Normal-Adhesions-Enlargements, local inflammations-tumours.
40. Peritoneal cavity-Fluid in ounces, nature of fluid, turbid, blood stained, puerulent, lymph, flaks of fibrin.  
Peritoneum; adherent-Tubercle, Smears from exudate in peritoneum

*Note* :—Organs to be merely examined this stage.

## OPENING OF THORAX

41. Position and colour of organs, normal or abnormal.  
Fracture of ribs, pleura injected, surface roughened flakes of fibrin, effusion of blood fluid in-Amount in ounces Character-lymph; old or recent adhesions wound. Spots of haemorrhage on visceral or parietal surfaces (Tardieu's spots) Mediastina Haemorrhages, etc., Lung borders meet or overlap; overlap on heart.
42. *Thymus*-Size (length, breadth, thickness), weight section-haemorrhage, tubercle, tumour.
43. *Pericardium*-staining, inflamed distended, fluid, amount, ounces, character of inner surface dark, rough., wounded, milk spots, exudate-Smears. Spot of haemorrhage on visceral or parietal surface adhesions.
44. The heart-weight 150-360 grams, wound, rupture.  
Right auricle and appendage contain fluid blood-Right or dark, mixed clot, uniform clot, thrombus.  
Right ventricle contain fluid, clot, embolus, thrombus.  
Pulmonary artery-clot, embolus, thrombus  
Left auricle contain fluid blood clot thrombus. Left ventricle contain fluid blood, clot, thrombus, chambers dilated; mention them.  
Valvular rings dilated or contracted.
45. Valves and endocardium rigid, contracted, thickened, adherent, Valves perforated, torn vegetations, on puckered, atheromatous, chordae tendinae opaque, thickened, shortened broken.
46. *Coronary vessels*-Atheroma, emboli, thrombosis. Musculature hypertrophied, brown hypertrophied, fatty infiltration, fatty degeneration, abnormality other diseases.
47. *The great vessels*-Aorta, vena-cava, pulmonary artery, pulmonary veins, iliac vessels, etc., thrombosis, embolism, atheroma calcification, aneurism would rupture.
48. *The blood*-General character-Dark cherry coloured/coagulated clot soft or firm, layered or of uniform colour. Abnormally fluid. Take a blood smear, Bacteriological test if needed.
49. *The lungs*-Normal lung 240 gms to 660 gms. Average R 540 gms to 480 gms, colour-Distended Marked by ribs, do not collapse, dry, crepitant, soft oedematous congested friable, inelastic emphysematous congested friable. Inelastic emphysematous; collapsed atelectoid; lobes swollen shrunken, dark red, gray, firm friable soft, dry exclude frothy aerum, blood tent matter Pigmented adhesions haemorrhage, infarction, pleurisy, patches, if any, shape-Scars tubercle on surface.  
Section-Dry granular, moist on pressure excude blood, (amount), watery fluid, mucus, pus, secretion, blood, tenacious, Air tubes rodged, thickened, dilated narrowed grew yellow tubercle chalky mass sinking cavities, pigment, fibroid change, red or gray hepatization purulent filtration, diffuse or circumscribed abscess, gangrene fumous, wound rupture, oedema, haemorrhage, Cut piece skin or float in water.
50. *Larynx*, glottis, *trachea bronchi*-Contain water, mud, vegetation (nature) etc. mucosa, injected, swollen, stained discoloured oedematous, covered with froth corrugated: leathery new growth, foreign body, loose or impacted, nature colour of mucosa.
51. *Hyoid bone broken*-Describe fracture, etc.,

52. *Thoracoduct*-inflamed, obstructed rupture wound etc.,  
 53. *Thyroid parathyroids*-Enlarged firm fibrous, etc.  
 54. *The Stomach*-Size, dilated, shrunken, distended with food or gas, hour-gas, outer surface, vascular, fresh lymph injected adherent, wound rupture.

*Contents* Inarims odour colour, consistency foreign particles food particles nature and stage or digestion.

*Inner surface*-Colour, injected, dilated and tortuous vessels, walls oedematous firm, hard, charge extravasation, effusion embedded foreign particles atrophied ulcer (character of edge base, perforation) tumours, etc.; mucoous-Anaemic injected inflamed thick soft hard, eroded, corrugated, leathery.

55. *Oesophagus*-Length 25 cms. (Grey) length:  
*Mucosa* Partly detached, easily, stripped, soft, brittle, sodder while, brown, yellowish; charred structure; ulcer; new growth impacted mass, wound rupture, diverticular.

#### PANCREAS

56. Average weight-60 to 180 gms.  
 Weight ounce, colour, consistence, inflammation, abscess, cude tumour, far necrosis.

#### THE LIVER.

57. Weight-1,200 to 1,800 gms.  
 Relations, adhesions, rupture, weight, enlarged diminished alraphed wound.  
*Capsule*-Thin, loose, wrinkled, adherent.  
*Edges*-Thick, thin, rounded, firm.  
*Surface*-smooth, shining dull, nodulated, searlike bands or put red depressions.  
*Colour*-Red, Yellow mottled mutmeg, pigmented, brown Pale chocolate, slaty.  
*Consistence*-soft, firm, flabby, tough, fleshy, greasy friable, waxy, difficult transliscent.  
 58. Gall bladder, full emty, stone, indlamed mucosa, thickened wall contracted, adherent-Lymphatic hands under liver enlarged malignant, etc.  
*Section*-Colour, hyperaemic, mutmeg, granular, distended ducts embolism hydatid, abces cuts with creaking noise grease on knife free iron-"Prussian, blue reaction" (Pot, Ferrocyanide and dilute be drochlorica acide), amaloid reaction (Tinet Iodine and dilute sulphuric acid) cut pieces sink or float in water.

#### THE SPLEEN.

59. Size 13 x 9 x 4 cms, Weight 90 to 210 gms.  
 Weight colour size, shape large, small, notch (portion) capsule wrinkled, thick, adherent, prispentitis (iced spleen) rupture, wound.  
*Consistence*-Firm, soft, wax, friable, abscess, infracts, furbercle.  
*Section*-Trabuculae and vessels not easily seen markedly visible, increased, colour cut surface, dry, moist concave, convex, in outline malpighalan, bodies visible, enlarged.  
*Consistence of section* pulp, easily, wasted, off scraped with difficulty Assessory spleen.

#### OMENTUM AND MESENTERY.

60. Mesentery-cm, long  
 (Grey 202 cms. broad)  
 Relations fat, adhesions, injections, hypostasis, Herira, glands,



swollen desecous, ulcerating tubercle, effusion of lymph into transesophageal and oedema.

61. THE KIDNEYS

Weight-90-180 gms.

Male-120 to 165 gms.

FEMALE LEFT HEAVIER.

Size-10 x 6 x 3 cms.

Weight Right left-Grams,

Larger, Smaller, heavier, colour-Red, pale mottled, translucent, purple pale, yellowish, consistence, firm, flabby, position of ureters abnormalities, section-soft, firm, friable anaemic, pyramidal, colour difference between cortex increased diminished, narrow, pelvis, dilated, peripelvis at increased pyramids, calices, infraction embolism in vessels, Capsule strips easily, partially adherent, very adherent, thick, thin.

Surface of kidney-Congested, pale, stellate veins markedly visible, cysts on surface, smooth, rough granular, lobulated.

62. SUPRARENAL CAPSULES.

|      |           |
|------|-----------|
| Size | Length    |
|      | Breadth   |
|      | Thickness |

Weight Accessory Suprarenals— abscess.

cyst, rupture, wound, enlarged, irregular, firm, adherent, section, yellow, grey white cheesy, calcified.

63. THE INTESTINES.

Pylorus to ileo caecal valve 610 cms. to 1057 cms. (Grey)

Duodenum 2.5 cms.

Jejunum 244 cms.

Ileum 366 cms.

Caecum 6 cms.

Colon 56 cms-152 cms.

Ascending colon 13 cms.

Transverse 51 cms.

Descending 25 cms.

Sigmoid 41 cms.

Rectum 11 cms. 12 cms.

64. Small intestine-outer, surface, injected, hypostasis, lymph, fibrin, adhesions, tubercle, tumours.

Contents-Colour, quantity, consistency, food particles, foreign particles, parasites, bacteriological, examination, if needed.

Mucosa-Injected, pale, atrophied swollen pulpy, gangrenous ulcerated direction, of ulcers lymph follicles, Peyer's patches lymphatics, sloughing (size and shape slough and ulcers) character margins of ulcers impacted masses.

Twisting intussusception contracted, strangulation, hernia, new, new growth, diverticula.

65. APPENDIX.

Length 2.5 cms. to 20 cms.

Average 10 cms.

Position length, thickness, inflammation abscess strophy, hands

of kindling, mucosa-inflamed, ulcerated, atrophied; tumour contents-Vacees, colour, consistence, parasites, pus foreign bodies stones.

66.

## LARGE INTESTINE.

Heo-caecal valve intussusception, etc.

Coecm-Position, mobility thickened, inflamed, tubercle, tumour, stenosis, dilation adhesions, pericoecal abscesses, mucosa atrophied, inflamed, tumour.

Colon-Sagging dilation flexures-Normal in position linking sacculaton, stenosis, injected adhesion, matting fistulae, contents, colour consistence, foreign particles, food particles, parasites, mucosa, injected, inflamed, ulcers, stough, colour extent, location (Describe).

Stomach and oesophagus here.

67.

## THE BLADDER.

Contents grams, Urine-Recation, sugar albumin, calculus, new growth mucosa inflamed, ulcers, muscle hypertrophied, prostate enlarged tumour, seminal vesicles-tubercle, etc.

68.

## UTERUS

Grey Length 6 cms. Breadth 5 cms.

Thickness 2.5 cms.

Weight 60 gms.

Menstruation, pregnancy, abortion, violence, wound, rupture, foreign body, new growth or other disease—

69. Ovaries-Right and Left.

Size, adhesions, inflammation, enlargement, cyst, tumour, Corpus luteum.

70.

## PELVIS.

Fracture disarticulation, deformity.

71.

## OPENING OF THE HEAD.

The soft parts, present injury inflammation.

Scalp-Extravasation of blood beneath, caput succedaneum, caul present.

72. Bones—Thick, thin, caries, depression, injury.

N.B.—Strip dura examine for basal fracture, injury include separation of sutures, indentations fractures.

73.

## THE MEMBRANES.

Sinuses full, empty, thrombosed clotted duramater, adhereent, anaemic, vascular, hypostasis congested, inflamed, extravation of blood external or internal to dura or pia (amouint situation and extend) adhesions-(Discribe and sketch).

The arachnoid-Dry Sticky, tubercular.

Cerebo-Spinal fluid-volumes, cleamess, turbidity, blood, staining adhesions.

Air mater injected: haemorrhage, etc.

Lymbh or pus person.

74. Brain-Average M. 1440 gms: F 1320 gms.

Convolution flattened verticles, full, empty ventricular, fluid, clear, turpid blood stained choroid plexus inflamed.

Substance, soft (reddish, yellow), firm, inflamed abscess, softening, tumour (site) haemorrhage (site) injury (site).

Brain vessels.— Thickened altheroma (site) embolism (site)  
thorposis (site) rupture (site).

75. Air Cavities of skull.—Note findings.

#### SPINAL COLUMN.

76. Soft part present, injury

The bonus-injury, disease.

Dura mater-Adherent, anaemic, Vascular hypostasis tumour.

The arachnoid-Dry, Sticky, tubercular.

The pia meter- injected.

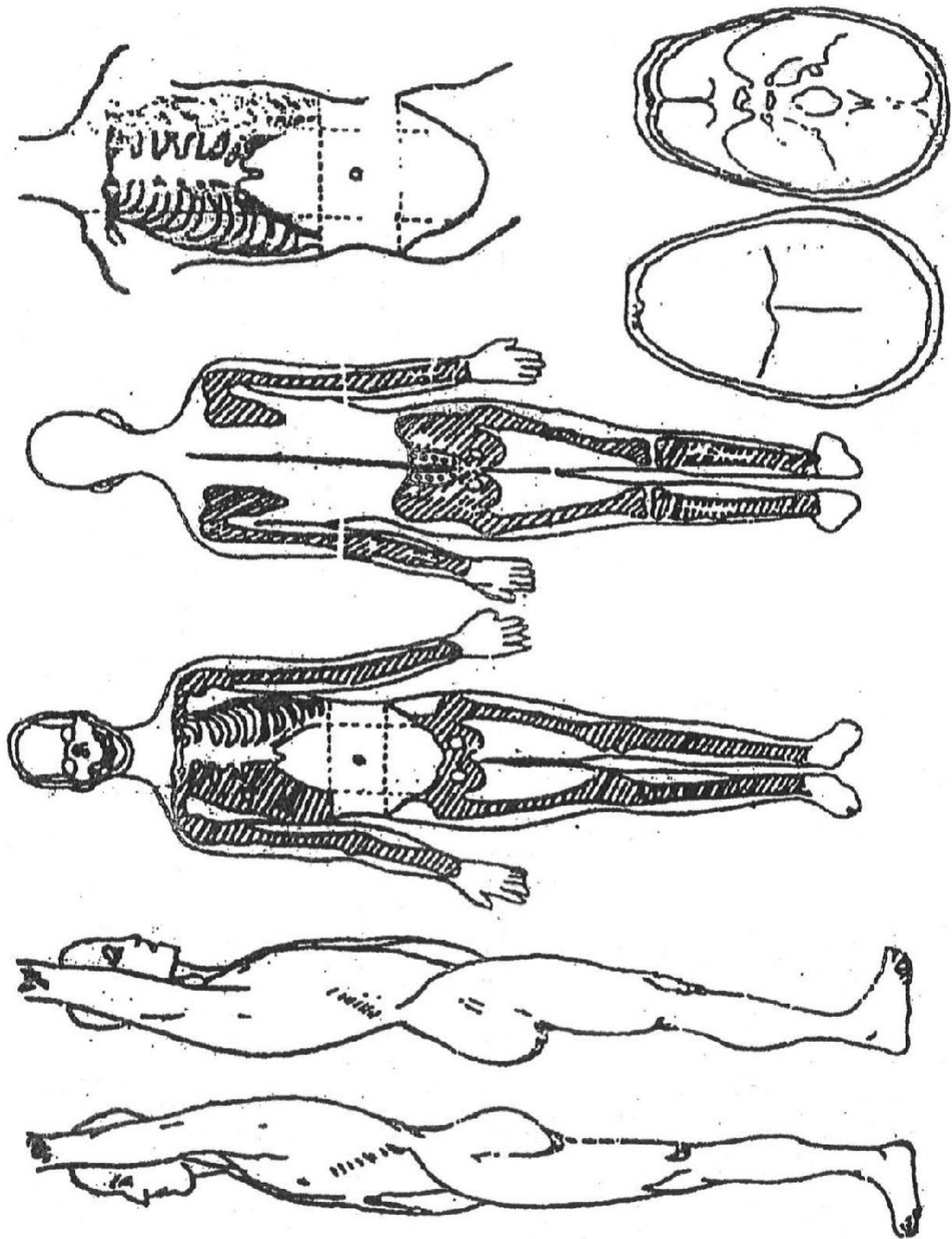
77. Atlas/Aexes                      Fracture, subluxation.

78. The Spinal Cord-Length                      Weight                      Cz.                      Oc.

length-41cms. 43 cms.

Weight-45 gms.

Soft, firm vascular injected, atrophied, semi-transluscent, narrow  
in parts (Where) never roots.



Tusises preserved for microscopic section area.

**Materials sent for-Bacteriological investigation.**

The following numbered and sealed as under and each labelled with a signed note of reference to this report are together with a sample of the preservative in which they are preserved are reserved for chemical analysis—

1. Stomach and contents.
2. Intestines and contents.
3. Sample of liver (not less than 50 gms.).
4. Kidney (one).
5. Sample of urine (100 c.c. atleast).
6. Brain.
7. Blood.
8. Preservative (nature and quantity not less than 100 c.c.)

Post-mortem concluded at           a.m.           on            20            
          p.m.          

### Summary of opinion.

The deceased would appear to have

Dated \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Signature)

Result of Microscopical Bacteriological and Chemicals Examinations, etc.,

Final opinion in case it was reserved.

Post-mortem certificate handed over to

on

at (time)

Inquest  
When held:

Date

Time

Summary of evidence at inquest:

Question put by the police and answers given to them regarding the  
post-mortem—

Magisterial Enquiry (Chief points of evidence to be noted)

Sessions—(Chief points of examination and cross-examination).

Judgement.

PM No:  
Date:

### Post-mortem Certificate

Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....

Requisition received at.....AM/PM on ..... from  
the<sup>2</sup>.....

of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....

Its condition then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....



Opinion as to cause of death –

- a) Reserved pending report of.....
- b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After "appearances found" enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
8. The certificate should not be filled in until the post-mortem notes have been entered in full in ink in the post-mortem register. This should be done at once to obviate the possibility of any delay in the delivery of the certificate to the Police.



## **Exercise No. 19 EXAMINATION OF SKELETAL REMAINS**

### **Competency No. FM14.9**

**Demonstrate examination of bundle of bones & present an opinion after examination of skeletal remains in a simulated/supervised environment.**

[Core Competency - **Yes**, Domain - **Skill**, Level- **Shows How**]

**Suggested Teaching Learning method** – Small group discussion, DOAP session

**Assessment method suggested** – Log book/ Skill station/ Viva voce

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                     | <b>Domain</b> | <b>Level</b> |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM 14.9.1      | The student should be able to enumerate all the required documents for conducting examination of skeletal remains & able to record preliminary data of the case in a simulated/supervised environment. | S             | SH           |
| FM 14.9.2      | The student should be able to identify if it is the skeletal remains of a human or other than human bones – stone or pieces of wood.                                                                   | S             | SH           |
| FM 14.9.3      | The student should be able to determine if the skeletal remains are of human or animal in origin.                                                                                                      | S             | SH           |
| FM 14.9.4      | The student should be able to determine the sex of the individual from examination of the skeletal remains.                                                                                            | S             | SH           |
| FM 14.9.5      | The student should be able to determine the age of the individual from examination of the skeletal remains.                                                                                            | S             | SH           |
| FM 14.9.6      | The student should be able to determine the stature of the individual from examination of the skeletal remains.                                                                                        | S             | SH           |
| FM 14.9.7      | The student should be able to determine whether the skeletal remains belong to one individual or more than one individual.                                                                             | S             | SH           |
| FM 14.9.8      | The student should be able to identify any bony injury on the skeletal remains & further opine whether it is ante-mortem or post-mortem in nature.                                                     | S             | SH           |
| FM 14.9.9      | The student should be able to determine the probable cause of death from examination of the skeletal remains.                                                                                          | S             | SH           |
| FM 14.9.10     | The student should be able to determine the time since death from examination of the skeletal remains.                                                                                                 | S             | SH           |
| FM 14.9.11     | The student should be able to give the opinion with name, date, signature, designation, seal) in a simulated/supervised environment.                                                                   | S             | SH           |

**Post-Mortem Serial Number—**

**Post-Mortem Certificate Number—**

This form is intended for use only in medico-legal cases. The Medical Officer Conducting the autopsy may dictate rough notes as the examination proceeds, which may be entered in copying pencil in this loose form by his assistant or Compounder. The Medical Officer should sign the loose form after satisfying himself that the entries are correctly made and should copy the same himself in his bound book M1-64 immediately (*Vide* G.O.No.206, Medical, dated 7th April 1919). The loose form (Medical-1-28) should be considered as the original document liable to be produced in Judicial Courts as evidence on proof of the correctness of the entries made in the post-mortem certificates. No additions should be made to it later.

2. Medical Officer conducting Post-Mortem Examinations should go through Paragraphs 399 to 410 and Paragraphs 591 and 592 of the Madras Civil Medical Code (Code-1).

3. The printed matter indicates the Principal, morbid appearances and is a guide and refresher to memory. It is not to be considered complete and detailed. The measurements and weights are from European sources and are perhaps higher than the average for this country. In recording appearances both positive and negative findings would be of value.

4. Attention is invited to the Surgeon-General's Circular No. 39 of the 7th July 1914, regarding the responsibility of Senior Medical Officers in Station towards autopsies.

**Post-Mortem Examination**

ON THE BODY OF

male  
\_\_\_\_\_ named  
female

Age

Conducted By

at

on

GCP—180-3 (Medl. I-28)—10,000 Cps.—28-5-14 [HCL-8]

180-3—1

Notes from the requisition for a post-mortem examination on the body of a male  
female.

Named \_\_\_\_\_ aged about \_\_\_\_\_  
 Year \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Caste : \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Approximate height feet : \_\_\_\_\_ inches New born averages  
 Approximate breadth inches Europeans (Jellet)  
 Approximate girth : inches length 20 inches weight  
 8 lb, 8 oz to 7 lb  
 Approximate weight pounds Indian (Lyons) length 16 to 20 inches,  
 weight 4 lb, 5 oz to 7 lb.  
 Identification marks—  
 (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_  
 (4) Tatoo marks and pattern \_\_\_\_\_  
 (5) Caste marks — \_\_\_\_\_  
 Found \_\_\_\_\_ at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
 Died \_\_\_\_\_ p.m. \_\_\_\_\_  
 sent by \_\_\_\_\_ with letter No. \_\_\_\_\_  
 dated \_\_\_\_\_ in charge of Constable No. \_\_\_\_\_  
 Received at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_ p.m. \_\_\_\_\_  
 It is stated that the body found "at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ 20  
 \_\_\_\_\_ p.m. \_\_\_\_\_  
 It is stated that there was an interval of hours \_\_\_\_\_  
 \_\_\_\_\_ minutes between the last eating, drinking  
 and the development of the symptoms which were:—  
 Vomiting \_\_\_\_\_  
 Purging \_\_\_\_\_  
 Loss of sensation. \_\_\_\_\_  
 Dilatation \_\_\_\_\_ of pupils  
 Contraction. \_\_\_\_\_  
 Unconsciousness \_\_\_\_\_  
 Excitement \_\_\_\_\_  
 Flushing of face \_\_\_\_\_

\*State, if hanging, drowned or other posture in relation to surrounding objects.

State Nature of vomit exerts.

State parts affected and nature:

Twitching

Tinging

convulsions      clonic  
                             Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:                      colours.

Dryness of moistness of skin

Collapse

Suffocation

Cyanosis (Lividity)

Deep Sleep

Other persons partook of the same food, drink and exhibited (Symptoms)

The following articles were also sent with the corpse:—

The purpose for which these  
were sent and nature of  
examination to be conducted  
Description cuts, stains and  
number of cloths, etc.

Clothes

Ornaments, Jewellery

Excreta

Vomit.

Urine

Weapons

Gas (from unused wells, cesspools, rooms, etc.)

Is the body decomposed or otherwise.

Short history of case in duplicate, if supplied or not.

Copy of history or case sheet from hospital or if treated outside sent or not.

The body was reported to have been received in Mortuary at  
on                      through Police Constable No.

Further notes, if any (such as short notes from case sheet of Hospital, etc.)

(signed)

## Notes of Post-Mortem Examination

The body was first seen by the undersigned at

a.m.  
— on  
p.m.if the body was seen before  
post-mortem examination,  
note time and general condi-  
tion found.

Its condition then was

The examination was conducted by

(on dated)

and was begun at (place)

Name :

Age :

Sex :

Height :

Breadth :

Weight :

Identification marks (as seen by the Medical Officer)

(1)

(2)

(3)

(4)

(5)

(6)

These do agree with the identification marks given is the requisition  
do not

Clothing—

Say whether worn or not  
and how worn and describe.

Jewellery—

Whether worn or not  
marks left by them and describe.

Body identified by P.C. No.

Name

## EXTERNAL EXAMINATION.

## GENERAL SURVEY OF THE BODY.

1. *Condition of cloths* - Dry or wet, Stained, etc., ..
2. *Surroundings of the body* .. .. .
3. *Attitude of Body*-Lies on back, arms close to sides flexed at elbows, forearms in pronation supination palms resting on trunk, lower limbs extended, flexed, close or apart.
4. *Temperature of the body with a thermometer*
5. *State of Nutrition*-Body is corpulent, stout, well-nourished, emaciated, not muscular, adipose cremation.
6. *Symmetry of body*-proportion of head to body; unequal development of limbs; atrophy of muscles (name them); deformities or losses. Maldevelopments; co-tractors; distortion (rickets Osteomalasia).
7. *Colour of skin*-Pale, purple or lived of face, neck and trunk, colour of mucosa (oral, conjunctival, preputial, vaginac and anal).Discoloration (pigmentation and decoloration-Mention Sites, distribution and colour).albinism, leucoderma, leprosy, pityriasis, chlorosis, jaundice, Addison's-Patches.
8. (a) Colour of Iris.
- (b) Colour of hair, length of hair, shaved or not-
- Head  
\_\_\_\_\_
- Mustache,  
\_\_\_\_\_
- Amplits.  
\_\_\_\_\_
- Pubis.
9. Presence of visible diseases,-Bilsters, Vehicles, eruptions or rash, scales, erysipelas, thickening tumours, ulcers (oral, labial Cutaneous, anal), scare naevi disease of hair, mention site and nature.
10. (a) Body is covered with blood, vermix, caseous with down, scraf skin.
11. (b) *Scars and tatoo marks Injuries*-Describe them (*Vide sketch*) (Scratches, Echymosisbruises-contusions, wounds fracture, dismemberment, etc., location, direction, length, breadth, depth margins, talling (examine with lens; draw outlines if injuries if possible) bleeding or covered with clot or scab-Probable age of injury, foreign bodies in wounds, cuts on clothing correspond with wounds on body. Foreign bodies in natural passages (mention nature, size, weight, etc.) marks of rope round, neck injuries caused by sharp or blunt, heavy or light weapons self inflicted or produced by fits, mention whether Epileptic, Eclamptic-Uraemic, etc., and those induced by drugs. When injury to tongue by biting or to face by falling, etc. may be caused, returns and scaled :





12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body ward, muscles relaxed and contractile, rigidly rigor mortis present (parts), passed off (parts), eyeballs flaccid, flattening or points of support, postmortem hypostasis (prove by pressure and incision and state and area), marks and lived blood vessels green discoloration, odour, softening of eyeballs, exudation from mouth and nose, ova of flies present moving maggots seep, prebs on back of legs, neck sides of chest, etc., peeling cuticle loosening of hair, thorax and abdomen burst sutures of skull opened, eyelid everted, saprophytic, mummification, damage by wild animals skeletonization.
14. The general appearances do or do not tally police report.
15. Death would have occurred about (so many) hours or days ago.

#### HEAD FACE AND FORM.

16. Head of new born-diameter-Jellet—
 

|                             |       |                 |
|-----------------------------|-------|-----------------|
| (a) Cervico-bregmatic       | .. .. | 7.88 cms. (8)   |
| (b) Frontal-mental          | .. .. | 12.38 cms. (12) |
| (c) Supra occipito mental   | .. .. | 11.25 cms. (11) |
| (d) Occipito mental         | .. .. | 10.12 cms. (10) |
| (e) Occipito frontal        | .. .. |                 |
| (f) Sub-Occipito frontal    | .. .. | 9 cms.          |
| (g) Sub-Occipito leregmatic | .. .. | 8.43 cms. (8)   |
| (h) Bitemporal              | .. .. | 7.2 cms. (7)    |
| (i) Biparietal              | .. .. | 8.43 cms. (8)   |
| (a) Sub-occipito-pregmatic  | .. .. | 28.5 cms. (29)  |
| (b) Occipito-frontal        | .. .. | 30.93 cms. (31) |
| (c) Supra occipito-mental   | .. .. | 32.40 cms. (32) |
| (d) Cervico-bregmatic       | .. .. | 28.4 cms. (29)  |
17. *Features*.—Symmetrical, contorted, calm, distorted, pale, lived, congested, swollen, bloated, prominent veins of forehead mutilated.
18. *Scalp*—Loss of hair, arrangement of hair, disorder of hair oedema, tumours, caput-succidaneum, haemorrhage, suppuration, depression bosses.
19. *Eyelids*.—Open, closed, bulged, gouged, arcus, senils, pupils contracted, normal, dilated, Eyelids-suffused, swollen haemorrhage is angles of eyes, horizontal upturned, downturned.
20. *Nose*—Broken, discharge of blood, frothy blood mucous, foreign body, polypus, uicey of septum.
21. *Mouth and lips*—Give forth characteristic odour of discoloured stained. Mucous lining softened, destroyed, exoriated herpeson.
22. *The tongue*—Protruded between teeth, stained mucous surface swollen, ulcer, new growth.
23. *Discharge of blood*—Frothy frothy blood, putrid, fluid, etc., from mouth or nose of both. Trial of saliva running down the chest; foreign body in mouth.
24. *The jaws*—clenched, gums blue, red, spongy, tumours, necrosis, etc.
25. *The teeth*—Complete number broken, decayed, lost (mention the missing) tumours.
26. *The ears*—Discharge of pus, blood, fluid foreign body, pierced lobes recently torn.



27. *The neck glands*-Enlarged, caseous situation.
28. *Thorax*-Shape well formed, long and narrow barrel shaped, pigeon breasted funnel breasted, rickety rosary, on difference between to sides, fracture or diseases of ribs, cartilages, Tumours in thorax
29. *Trunk*-New born diameters jelliet.  
Shoulders bisacromial 9.9 cms. (10)  
Sterno-dorsal 8.85 cms. (9)  
Bitrochanteric 8.85 cms. (9)  
Bis-iliac 8.43 cms. (8)  
Sacro-iliac 4.95 cms. (5)
30. *Mammary glands*-development, hypertrophy, atrophy, tumours cysts, primary areolae, secondary areolae (colour) stris alba.
31. *Axillary glands*-Enlarged, length.
32. *Abdomen*-Striae albicantes, linea, nigra caput medusae, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia umbilicus healed, umbilical cord, demarcated, tied and adherent, fallen).
33. *Groin*-Glands enlarged, buboes; ulcers, undescended testis tumours, scars.
34. *Generative organs*-Penis indrawn, shortened, development Urethral discharge-Veneral sore-Circumcised or not, scars.
35. *Scrotum*, elephantoid, hydrocele, tests enlarged, Labia-Hymen vagina fistula-Discharge of blood mucus, pus, presence of absence, torn fresh or old carunculate foreign body, ulcers, Marks of violence, Loose hairs (Preserve stains hair and foreign bodies) dimensions of genitals.

#### EXTREMITIES.

36. *Upper and lower limbs*-the hands, clenched, empty, contain straw, mud, extra digits show no signs of work fingers flexed, mark of wedding ring on finger, stains, fracture, dislocation nails not broken blue pale, sand mud or foreign body under nails; over grown or palrod; cholera fingers. *The feet*-Flat, inverted oedematous, nodes fractures dislocation deformity, stains on soles; foreign bodies under nails.

#### CENTRES OF OSSIFICATION.

(Casper and Tidy)

37. In the new born centre of ossification in of femur epiphysis of femur is three lines in diameter. Give others will be necessary.

#### INTERNAL EXAMINATION

*N.B.*—Don't tear through adhesions but cut them.

#### OPENING OF ABDOMEN.

38. *Abdomen*-Size, uniform, prominent or unequal, Fat, Depth, inches, colour *Parietes*-Retracted, distended, site of umbilicus Muscles; development-colour -Extravasation of blood in omentum spread, etc.
39. *Lapel of diaphragm*, Right-Left-Domes, Position of organs Normal-Adhesions-Enlargements, local inflammations-tumours.
40. *Peritoneal cavity*-Fluid in ounces, nature of fluid, turbid, blood stained, puerulent, lymph, flakes of fibrin.  
Peritoneum; adherent-Tubercle, Smears from exudate in peritoneum  
*Note* :—Organs to be merely examined this stage.

## OPENING OF THORAX

41. Position and colour of organs, normal or abnormal.  
Fracture of ribs, pleura injected, surface roughened flakes of fibrin, effusion of blood fluid in-Amount in ounces Character lymph; old or recent adhesions wound. Spots of haemorrhage on visceral or parietal surfaces (Tardieu's spots) Mediastina Haemorrhages, etc., Lung borders meet or overlap; overlap on heart.
42. *Thymus*-Size (length, breadth, thickness), weight section-haemorrhage, tubercle, tumour.
43. *Pericardium*-staining, inflamed distended, fluid, amount, ounces, character of inner surface dark, rough., wounded, milk spots, exudate-Smeared. Spot of haemorrhage on visceral or parietal surface adhesions.
44. The heart-weight 150-360 grams, wound, rupture.  
Right auricle and appendage contain fluid blood-Right or dark, mixed clot, uniform clot, thrombus.  
Right ventricle contain fluid, clot, embolus, thrombus.  
Pulmonary artery-clot, embolus, thrombus  
Left auricle contain fluid blood clot thrombus. Left ventricle contain fluid blood, clot, thrombus, chambers dilated; mention them.  
Valvular rings dilated or contracted.
45. Valves and endocardium rigid, contracted, thickened; adherent, Valves perforated, torn vegetations, on puckered, atheromatous, chordae tendinae opaque, thickened, shortened broken.
46. *Coronary vessels*-Atheroma, emboli, thrombosis. Muscular atrophied, brown hypertrophied, fatty infiltration, fatty degeneration, abnormality other diseases.
47. *The great vessels*-Aorta, vena-cava, pulmonary artery, pulmonary veins, iliac vessels, etc., thrombosis, embolism, atheroma calcification, aneurism would rupture.
48. *The blood*-General character-Dark cherry coloured/coagulated clot soft or firm, layered or of uniform colour. Abnormally fluid. Take a blood smear, Bacteriological test if needed.
49. *The lungs*-Normal lung 240 gms to 660 gms. Average R 540 gms to 480 gms, colour-Distended Marked by ribs, do not collapse, dry, crepitant, soft oedematous congested friable, inelastic emphysematous congested friable. Inelastic emphysematous, collapsed atelectoid; lobes swollen shrunken, dark red, gray, firm friable soft, dry exclude frothy aerum, blood tint matter Pigmented adhesions haemorrhage, infraction, pleurisy, patches, if any, shape-Scares tubercle on surface.  
Section-Dry granular, moist on pressure exude blood, (amount) watery fluid, mucus, pus, secretion, blood, tenacious, Air tubes rodged, thickened, dilated narrowed grew yellow tubercle chalky mass sinking cavities, pigment, fibroid change, red or gray hepatization purulent filtration, diffuse or circumscribed abscess, gangrene fumous, wound rupture, oedema, haemorrhage, Cut piece skin or float in water.
50. *Larynx*, glottis, *trachea bronchi*-Contain water, mud, vegetation (nature) etc. mucosa, infected, swollen, stained discoloured oedematous, covered with froth corrugated: leathery new growth, foreign body, loose or impacted, nature colour of mucosa.
51. *Hyoid bone broken*-Describe fracture, etc.,

52. *Thoracic duct*-inflamed, obstructed rupture wound etc.,  
 53. *Thyroid parathyroids*-Enlarged firm fibrous, etc.  
 54. *The Stomach*-Size, dilated, shrunken, distended with food or gas, hour-glass, outer surface, vascular, fresh lymph injected adherent, wound rupture.

*Contents* Inarins odour colour, consistency foreign particles food particles nature and stage of digestion.

*Inner surface*-Colour, injected, dilated and tortuous vessels, walls oedematous firm, hard, charge extravasation, effusion embedded foreign particles atrophied ulcer (character of edge base, perforation) tumours, etc.; mucus-Anaemic injected inflamed thick soft hard, eroded, corrugated, leathery.

55. *Oesophagus*-Length 25 cms., (Grey) length:  
*Mucosa* Partly detached, easily stripped; soft, brittle, sodder while, brown, yellowish; charred structure; ulcer; new growth impacted mass, wound rupture, diverticular.

#### PANCREAS

56. Average weight-60 to 180 gms.  
 Weight ounce, colour, consistence, inflammation, abscess, cystic tumour, fat necrosis.

#### THE LIVER.

57. Weight-1,200 to 1,800 gms.  
 Relations, adhesions, rupture, weight, enlarged diminished atrophied wound.  
*Capsule*-Thin, loose, wrinkled, adherent.  
*Edges*-Thick, thin, rounded, firm.  
*Surface*-smooth, shining dull, nodulated, sear-like bands or put red depressions.  
*Colour*-Red, Yellow mottled nutmeg, pigmented, brown Pale chocolate, slaty.  
*Consistence*-soft, firm, flabby, tough, fleshy, greasy friable, waxy, difficult translucent.  
 58. Gall bladder, full empty, stone, inflamed mucosa, thickened wall contracted, adherent-Lymphatic hands under liver enlarged malignant, etc.  
*Section*-Colour, hyperaemic, nutmeg, granular, distended ducts embolism hydatid, abscess cuts with creaking noise grease on knife free iron-"Prussian, blue reaction" (Pot, Ferricyanide and dilute hydrochloric acid), amaloïd reaction (Tinct iodine and dilute sulphuric acid) cut pieces sink or float in water.

#### THE SPLEEN.

59. Size 13 x 9 x 4 cms, Weight 90 to 210 gms.  
 Weight colour size, shape large, small, notch (portion) capsule wrinkled, thick, adherent, splenitis (iced spleen) rupture, wound.  
*Consistence*-Firm, soft, wax, friable, abscess, infarcts, furbercle.  
*Section*-Trabeculae and vessels not easily seen markedly visible, increased, colour cut surface, dry, moist concave, convex, in outline malpighian, bodies visible, enlarged.  
*Consistence of section*-pulp, easily, wasted, off scraped with difficulty Accessory spleen.

#### OMENTUM AND MESENTERY.

60. Mesentery-cm, long  
 (Grey 202 cms. broad)  
 Relations fat, adhesions, injections, hypostasis, Herira, glands,



swollen deseous, ulcerating tubercle, efution: of lymph into tranesusence and oedema.

61. THE KIDNEYS

Weight-90-180 gms.

Male-120 to 165 gms.

FEMALE LEFT HEAVIER.

Size-10 x 6 x 3 cms.

Weight Right left-Grams,

Larger, Smaller, heavier, colour-Red, pale mottled, translucent, purple pale, yellowish, consistence, firm, flabby, position of ureters abnormalities, section-soft, firm, friable anaemic, pyperafatmic, colour difference between cortex increased diminished, narrow, pelvis, dilated, peripelvis at increased pyramids, calices, infraction embolism in vessels, Capsule strips easily, partialy adherent, very adherent, thick, thin.

Surface of kidney-Congested, pale, stellale veins markedly visible, cysts on surface, smooth, rough granular, lobulated.

62. SUPRARENAL CAPSULES.

Size

Length

Breadth

Thickness

Weight Accessory Suprarenals— abscess.

cyst, rupture, wound, enlarged, Irregular, firm, adherent, section, yellow, grey white cheesy, calcified.

63. THE INTESTINES.

Pylorus to lico caecal valve 610 cms. to 1057 cms. (Grey)

Duodenum 2.5 cms.

Jejunum 244 cms.

Ileum 366 cms.

Caecum 6 cms.

Colon 56 cms-152 cms.

Ascending colon 13 cms.

Transverse 51 cms.

Descending 25 cms.

Sigmoid 41 cms.

Return 11 cms. 12 cms.

64. Small intestine-outer, surface, injected, hypostasis, lymph, fibrin, adhesions, tubercle, tumours.

Contents-Colour, quantity, consistency, food particles, foreign particles, parasites, bacteriological, examination, if needed.

Mucosa-Injected, pale, atrophied swollen pulpy, gangerenous ulcerated direction, of ulcers lymph follicles, Peyer's patches lymphatices, stoughing (size and shape slough and ulcers) character margins of ulcers impected masses.

Twisting intessusception contracted, strangulation, hernia, new, new growth, diverticula.

65. APPENDIX.

Length 2.5 cms. to 20 cms.

Average 10 cms.

Position length, thickness, inflammation abscess strophy, hands

of kindling, mucosa-inflamed, ulcerated, atrophied, tumour contents-Vacees, colour, consistence, parasites, pus foreign bodies stones.

66.

## LARGE INTESTINE.

Heo-caecal valve Intussusception, etc.

Coecm-Position, mobility thickened, inflamed, tubercle, tumour, stenosis, dilation adhesions, pericoecal abscesses, mucosa atrophied, inflamed, tumour.

Colon-Sagging dilation flexures-Normal in position linking sacculaton, stenosis, injected adhesion, matting fistulae, contents, colour consistence, foreign particles, food particles, parasites, mucosa, injected, inflamed, ulcers, stough, colour extent, location (Describe).

Stomach and oesophagus here.

67.

## THE BLADDER.

Contents grams, Urine-Recation, sugar albumin, calculas, new growth mucosa inflamed, ulcers, muscle hypertrophied, prostate enlarged tumour, seminal vesicles-tubercle, etc.

68.

## UTERUS

Grey Length 6 cms. Breadth 5 cms.

Thickness 2.5 cms.

Weight 60 gms.

Menstruation, pregnancy, abortion, violence, wound, rupture, foreign body, new growth or other disease—

69. Ovaries-Right and Left.

Size, adhesions, inflammation, enlargement, cyst, tumour, Corpus luteum.

70.

## PELVIS.

Fracture disarticulation, deformity.

71.

## OPENING OF THE HEAD.

The soft parts, present injury inflammation.

Scalp-Extravasation of blood beneath, caput succedaneum, caul present.

72. Bones—Thick, thin, caries, depression, injury.

N.B.—Strip dura examine for basal fracture, injury include separation of sutures, indentations fractures.

73.

## THE MEMBRANES.

Sinuses full, empty, thrombosed clotted duramater, adhereent, anaemic, vascular, hypostasis congested, inflamed, extravation of blood external or internal to dura or pia (amouint situation and extend) adhesions-(Discribe and sketch).

The arachnoid-Dry Stickly, tubercular.

Cerebo-Spinal fluid-volumes, cleamess, turbidity, blood, staining adhesions.

Air mater injected: haemorrhage, etc.

Lymbh or pus person.

74. Brain-Average M. 1440 gms: F 1320 gms.

Convolution flattened verticles, full, empty ventricular, fluid, clear, turpid blood stained choroid plexus inflamed.

Substance, soft (reddish, yellow), firm, inflamed abscess, softening, tumour (site) haemorrhage (site) injury (site).

Brain vessels.— Thickened altheroma (site) ambolism (site)  
thorposis (site) rupture (site).

75. Air Caveties of skull.—Note findings.

#### SPINAL COLUMN.

76. Soft part present, injury

The bonus-injury, disease.

Dura mater-Adherent, anaemic, Vascular hypostasis tumour.

The arachnoid-Dry, Stickly, tubercular.

The pia meter- injected.

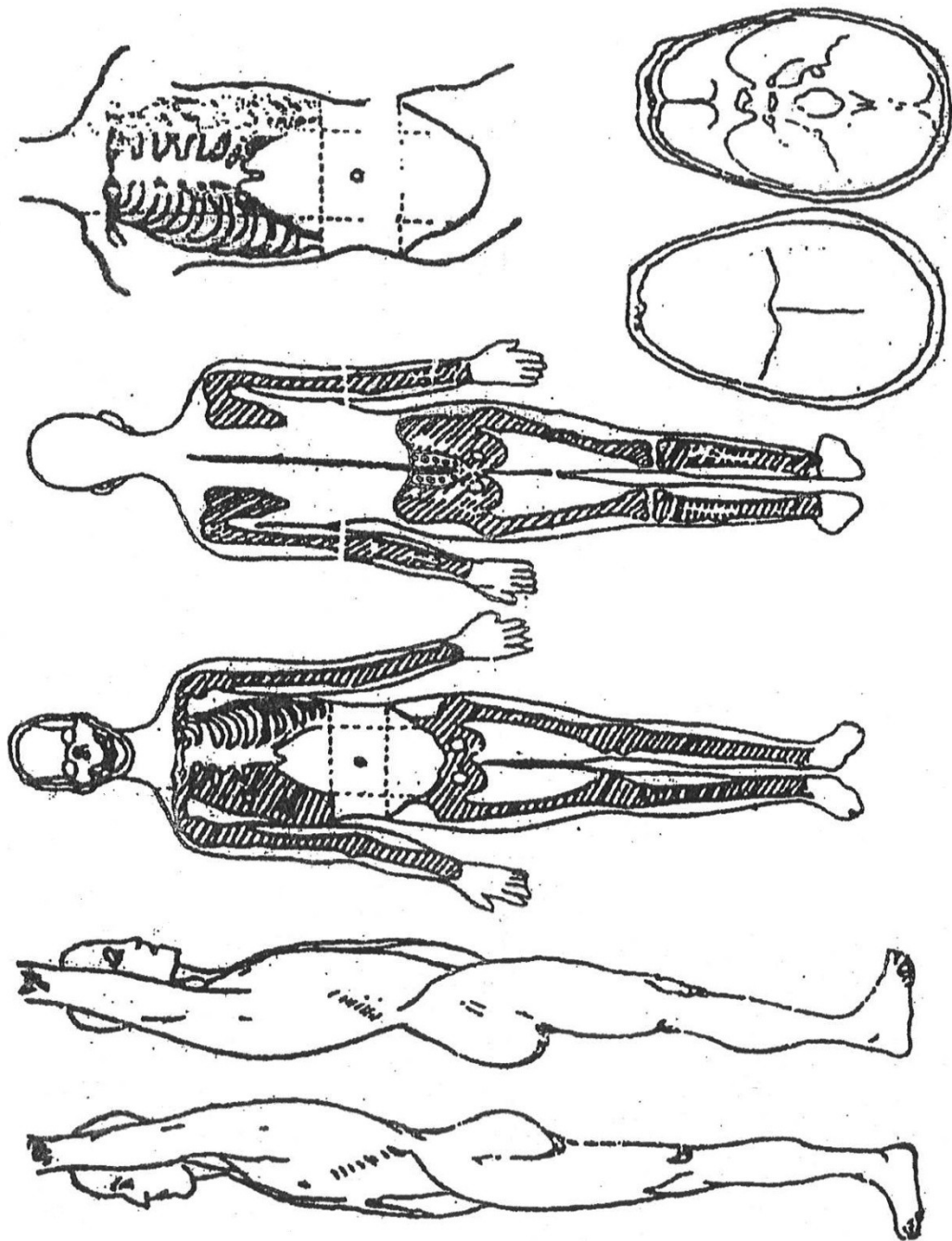
77. Atlas/Aexes                      Fracture, subluxation.

78. The Spinal Cord-Length                      Weight                      Cz.                      Oc.

length-41cms. 43 cms.

Weight-45 gms.

Soft, firm vascular injected, atrophied, semi-transluscent, narrow  
in parts (Where) never roots.



Tusises preserved for microscopic section area.

Materials sent for-Bacteriological investigation.

The following numbered and sealed as under and each labelled with a signed note of reference to this report are together with a sample of the preservative in which they are preserved are reserved for chemical analysis---

1. Stomach and contents.
2. Intestines and contents.
3. Sample of liver (not less than 50 gms.).
4. Kidney (one).
5. Sample of urine (100 c.c. at least).
6. Brain.
7. Blood.
8. Preservative (nature and quantity not less than 100 c.c.)

Post-mortem concluded at                      a.m.                      on                      20                       
                     p.m.

### Summary of opinion.

The deceased would appear to have

Dated \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Signature)

Result of Microscopical Bacteriological and Chemicals Examinations, etc.,

Final opinion in case it was reserved.



Post-mortem certificate handed over to

on

at (time)

Inquest  
When held:

Date

Time

Summary of evidence at inquest:

Question put by the police and answers given to them regarding the  
post-mortem—

Magisterial Enquiry (Chief points of evidence to be noted)

Sessions—(Chief points of examination and cross-examination).

Judgement.

PM No:

Date:

**Post-mortem Certificate**Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....Requisition ..... received ..... at.....AM/PM ..... on ..... from  
the<sup>2</sup>.....of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....Its ..... condition ..... then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....

Opinion as to cause of death –

- a) Reserved pending report of.....
- b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After "appearances found" enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
8. The certificate should not be filled in until the post-mortem notes have been entered in full in ink in the post-mortem register. This should be done at once to obviate the possibility of any delay in the delivery of the certificate to the Police.

## **Exercise No. 20 EXHUMATION REPORT WRITING**

### **Competency No. FM2.17**

**Describe and discuss exhumation.**

[Core Competency - **Yes**, Domain - **Knowledge**, Level- **Knows How**]

**Suggested Teaching Learning method** – Small group discussion, Lecture

**Assessment method suggested** – Written/ Viva voce

| <b>SLO No.</b> | <b>SPECIFIC LEARNING OBJECTIVE</b>                                                                                                                                                                                                                                                                                                 | <b>Domain</b> | <b>Level</b> |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| FM2.17.1       | The student should be able to define exhumation, discuss about Magistrate inquest and the medico legal importance of exhumation.                                                                                                                                                                                                   | K             | K            |
| FM2.17.2       | The student should be able to write all the pre-requisites and necessary documents required for exhumation.                                                                                                                                                                                                                        | K             | KH           |
| FM2.17.3       | The student should able to explain the procedure (time - daylight, exhumed in the presence of an Executive Magistrate & Police officer, identifying the location of burial site, preservation of soil specimens from the exhumation site, preservation of viscera from the body & video recording of the procedure) of exhumation. | K             | KH           |
| FM2.17.4       | The student should be able to write an exhumation report and discuss about the establishment of identification, age estimation, time since death, cause of death, manner of death and their medico legal importance.                                                                                                               | K             | KH           |
| FM2.17.5       | The student should be able to describe the procedure of collection of all the necessary samples (clothes, hair, nail, teeth, bone, ornaments, any other object & samples) & labelling, sealing and handing over of the samples to the Investigation Officer maintaining the chain of custody.                                      | K             | KH           |
| FM2.17.6       | The student should be able to interpret the findings and give a final opinion taking into account – the F.S.L report, exhumation report & any other available report.                                                                                                                                                              | K             | KH           |

## PROFORMA FOR EXHUMATION

Requisition from \_\_\_\_\_ Magistrate of \_\_\_\_\_ vide his Letter No \_\_\_\_\_ dated \_\_\_\_\_  
Letter No \_\_\_\_\_ dated \_\_\_\_\_ from \_\_\_\_\_ of police of P.S. \_\_\_\_\_  
Time of departure \_\_\_\_\_  
Time of arrival at the place of burial \_\_\_\_\_  
Persons identifying the place of burial \_\_\_\_\_  
Description of the burial place and grave \_\_\_\_\_  
Location \_\_\_\_\_ Length \_\_\_\_\_ Breadth \_\_\_\_\_  
Height \_\_\_\_\_ Covered with \_\_\_\_\_  
Stone inscription, if any \_\_\_\_\_  
Inquest conducted by \_\_\_\_\_  
Grave identified by \_\_\_\_\_  
Officers present at the time of exhumation \_\_\_\_\_  
\_\_\_\_\_  
Condition of soil of buried site and surrounding area \_\_\_\_\_  
Grave digging started at \_\_\_\_\_  
Depth from ground level at which the body was seen \_\_\_\_\_  
Position of the body in the grave \_\_\_\_\_  
Description of coffin, if any \_\_\_\_\_  
Body removed from the grave at \_\_\_\_\_  
Description of clothes \_\_\_\_\_  
Persons identifying the clothes \_\_\_\_\_  
Body identified by 1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
P. M. No \_\_\_\_\_ dated \_\_\_\_\_  
P. M. commenced at \_\_\_\_\_  
P. M. concluded at \_\_\_\_\_

**Instructions:**

*(1) Describe clothing.*

*(2) Determine sex and stature.*

*(3) Describe identification marks if any.*

*4) Conduct autopsy in the usual manner and note all the findings.*

*(5) Preserve viscera for chemical analysis.*

*(6) Collect samples of earth (about half kg.) from above, below and from each side of the body.*

*(7) Collect any fluid or debris in the coffin.*

*(8) if the body is reduced to skeleton, collect all the bones and send them to the expert in sealed and labeled packets.*

*(9) Handover the body to the concerned police after autopsy.*

Post-Mortem Serial Number—

Post-Mortem Certificate Number—

This form is intended for use only in medico-legal cases. The Medical Officer Conducting the autopsy may dictate rough notes as the examination proceeds, which may be entered in copying pencil in this loose form by his assistant or Compounder. The Medical Officer should sign the loose form after satisfying himself that the entries are correctly made and should copy the same himself in his bound book M1-64 immediately (*Vide* G.O.No.206, Medical, dated 7th April 1919). The loose form (Medical-1-28) should be considered as the original document liable to be produced in Judicial Courts as evidence on proof of the correctness of the entries made in the post-mortem certificates. No additions should be made to it later.

2. Medical Officer conducting Post-Mortem Examinations should go through Paragraphs 399 to 410 and Paragraphs 591 and 592 of the Madras Civil Medical Code (Code-1).

3. The printed matter indicates the Principal, morbid appearances and is a guide and refresher to memory. It is not to be considered complete and detailed. The measurements and weights are from European sources and are perhaps higher than the average for this country. In recording appearances both positive and negative findings would be of value.

4. Attention is invited to the Surgeon-General's Circular No. 39 of the 7th July 1914, regarding the responsibility of Senior Medical Officers in Station towards autopsies.

#### Post-Mortem Examination

ON THE BODY OF

male  
\_\_\_\_\_  
female      named

Age

Conducted By

at

on

GCP—180-3 (Medl. I-28)—10,000 Cps.—28-5-14 [HCL-8]

180-3—1

Notes from the requisition for a post-mortem examination on the body of a male  
female

Named \_\_\_\_\_ aged about \_\_\_\_\_  
 Year \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Caste : \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Approximate height \_\_\_\_\_ feet : \_\_\_\_\_ inches \_\_\_\_\_ New born averages  
 Approximate breadth \_\_\_\_\_ inches \_\_\_\_\_ Europeans (Jellet)  
 Approximate girth : \_\_\_\_\_ inches \_\_\_\_\_ length 20 inches weight  
 8 lb, 8 oz to 7 lb  
 Approximate weight \_\_\_\_\_ pounds \_\_\_\_\_ Indian (Lyons) length 16 to 20 inches,  
 weight 4 lb, 5 oz to 7 lb.  
 Identification marks—  
 (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_  
 (4) Tatoo marks and pattern \_\_\_\_\_  
 (5) Caste marks — \_\_\_\_\_  
 Found \_\_\_\_\_ at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
 Died \_\_\_\_\_ p.m. \_\_\_\_\_  
 sent by \_\_\_\_\_ with letter No. \_\_\_\_\_  
 dated \_\_\_\_\_ incharge of Constable No. \_\_\_\_\_  
 Received at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_ p.m. \_\_\_\_\_  
 It is stated that the body found\*at \_\_\_\_\_ a.m. \_\_\_\_\_ on \_\_\_\_\_ 20  
 \_\_\_\_\_ p.m. \_\_\_\_\_  
 It is stated that there was an interval of hours \_\_\_\_\_  
 \_\_\_\_\_ minutes between the last eating, drinking  
 and the development of the symptoms which were:—  
 Vomiting \_\_\_\_\_  
 Purging \_\_\_\_\_  
 Loss of sensation. \_\_\_\_\_  
 Dilatation \_\_\_\_\_ of pupils \_\_\_\_\_  
 Contraction. \_\_\_\_\_ State Nature of vomit exerts.  
 Unconsciousness \_\_\_\_\_  
 Excitement \_\_\_\_\_  
 Flushing of face \_\_\_\_\_



State parts affected and nature:

Twitching:

Tinging

convulsions      clonic  
                             Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:                      colours.

Dryness of moistness of skin

Collapse

Suffocation

Cyanosis (Lividity)

Deep Sleep

Other persons partook of the same food, drink and exhibited (Symptoms)

The following articles were also sent with the corpse:—

The purpose for which these  
were sent and nature of  
examination to be conducted  
Description cuts, stains and  
number of cloths, etc.

Clothes

Ornaments, Jewellery

Excreta

Vomit.

Urine

Weapons

Gas (from unused wells, cesspools, rooms, etc.)

Is the body decomposed or otherwise.

Short history of case in duplicate, if supplied or not.

Copy of history or case sheet from hospital or if treated outside sent or not.

The body was reported to have been received in Mortuary at  
on                      through Police Constable No.

Further notes, if any (such as short notes from case sheet of Hospital, etc.)

(signed)

## Notes of Post-Mortem Examination

The body was first seen by the undersigned at

a.m.  
— on  
p.m.if the body was seen before  
post-mortem examination,  
note time and general condi-  
tion found.

Its condition then was

The examination was conducted by

(on dated)

and was begun at (place)

Name :

Age :

Sex :

Height :

Breadth :

Weight :

Identification marks (as seen by the Medical Officer)

(1)

(2)

(3)

(4)

(5)

(6)

These — do  
do not agree with the identification marks given in the requisition

Clothing—

Say whether worn or not  
and how worn and describe.

Jewellery—

Whether worn or not  
marks left by them and describe.

Body identified by P.C. No.

Name

## EXTERNAL EXAMINATION.

## GENERAL SURVEY OF THE BODY.

1. *Condition of cloths* - Dry or wet, Stained, etc., ..
2. *Surroundings of the body* .. .. .
3. *Attitude of Body*-Lies on back, arms close to sides flexed at elbows, forearms in pronation supination palms resting on trunk, lower limbs extended, flexed, close or apart.
4. *Temperature of the body with a thermometer*
5. *State of Nutrition*-Body is corpulent, stout, well-nourished, emaciated, not muscular, adipose cremation.
6. *Symmetry of body*-proportion of head to body; unequal development of limbs; atrophy of muscles (name them); deformities or losses. Maldevelopments; co-tractors; distortion (rickets Osteomalasia).
7. *Colour of skin*-Pale, purple or lived of face, neck and trunk, colour of mucosa (oral, conjunctival, preputial, vaginac and anal).Discoloration (pigmentation and decoloration-Mention Sites, distribution and colour).albinism, leucoderma, leprosy, pityriasis, chlorosis, jaundice, Addison's-Patches.
8. (a) Colour of iris.
- (b) Colour of hair, length of hair, shaved or not-
- Head  
\_\_\_\_\_
- Mustache.  
\_\_\_\_\_
- Ampits.  
\_\_\_\_\_
- Pubis.
9. Presence of visible diseases,-Bilsters, Vehicles, eruptions or rash, scales, erysipelas, thickening tumours, ulcers (oral, labial Cutaneous, anal), scare naevi disease of hair, mention site and nature.
10. (a) Body is covered with blood, vermix, caseous with down, scraf skin.
11. (b) *Scars and tatoo marks Injuries*-Describe them (*Vide sketch*) (Scratches, Echymosisbruises-contusions, wounds fracture, dismemberment, etc., location, direction, length, breadth, depth margins, talling (examine with lens; draw outlines if injuries if possible) bleeding or covered with clot or scab-Probable age of injury, foreign bodies in wounds, cuts on clothing correspond with wounds on body. Foreign bodies in natural passages (mention nature, size, weight, etc.) marks of rope round, neck injuries caused by sharp or blunt, heavy or light weapons sell inflicted or produced by fits, mention whether Epileptic, Eclamptic-Uraemic, etc., and those induced by drugs. When injury to tongue by biting or to face by falling, etc. may be caused, returns and scaled :



12. Status of blood, semen, vomit, faces, muddust grease, coalt, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body ward, muscles relaxed and contractile, rigidly rigor mortis present (parts), passed off (parts), eyeballs flaccid, flattening or points of support, postmortem hypostasis (prove by pressure and incision and state and area), marks and lived blood vessels green discoloration, odour, softening of eyeballs, exudation from mouth and nose, ova of flies present moving maggots seep, prebs on back of legs, neck sides of chest, etc., peeling cuticle loosening of hair, thorax and abdomen burst sutures of skull opened, eyeliquited, sapnification, mummification, damage by wild animals skeletonization.
14. The general appearances do or do not tally police report.
15. Death would have to occurred about (so many) hours or days age.

#### HEAD FACE AND FORM.

16. Head of new born-diameter-Jellet—
 

|                             |       |                 |
|-----------------------------|-------|-----------------|
| (a) Cervico-bregmatic       | .. .. | 7.88 cms. (8)   |
| (b) Fronta-mental           | .. .. | 12.38 cms. (12) |
| (c) Supra occipito mental   | .. .. | 11.25 cms. (11) |
| (d) Occipito mental         | .. .. | 10.12 cms. (10) |
| (e) Occipito frontal        | .. .. |                 |
| (f) Sub-Occipito frontal    | .. .. | 9 cms.          |
| (g) Sub-Occipito leregmatic | .. .. | 8.43 cms. (8)   |
| (h) Bitemporal              | .. .. | 7.2 cms. (7)    |
| (i) Biparietal              | .. .. | 8.43 cms. (8)   |
| (a) Sub-occipito-pregmatic  | .. .. | 28.5 cms. (29)  |
| (b) Occipito-frontal        | .. .. | 30.93 cms. (31) |
| (c) Supra occipito-mental   | .. .. | 32.40 cms. (32) |
| (d) Cervico-bregmatic       | .. .. | 28.4 cms. (29)  |
17. *Features*.— Symmetrical, contorted, calm, disorted, pale, lived, congested, swollen, bloated, prominent veins of forehead, mutilated.
18. *Scalp*.— Loss of hair, arrangement of hair, disorder of hair oedema, tumours, caput-succidaneoum, haemorrhage, suppuration, depression bosses.
19. *Eyelids*.— Open, closed, bulged, gouged, arcus, senils, pupils contracted, normal, dilated, Eyelids-suffused, swollen haemorrhage is angles of eyes, horizontal upturned, downturned.
20. *Nose*.— Broken, discharge of blood, frothy blood mucous, foreign body, polypus, uicey of septerm.
21. *Mouth and lips*.— Give forth characteristic odour of discoloured stained. Mucous lining softened, destroyed, exoriated herpeson.
22. *The tongue*.— Protruded between teeth, stained mucous surface swollen, ulcer, new growth.
23. *Discharge of blood*.— Froth frothy blood, putrid, fluid, etc., from mouth or nose of both. Trial of saliva running down the chest, foreign body in mouth.
24. *The jaws*.— clenched, gums blue, red, spongy, tumours, necrosis, etc.
25. *The teeth*.— Complete number broker, decayed, lost (mention the missing) tumours.
26. *The ears*.— Discharge of pus, blood, fluid foreign body, pierced lotes recently torn.

27. *The neck glands*-Enlarged, caseous situation.
28. *Thorax*-Shape well formed, long and narrow barrel shaped, pigeon breasted funnel breasted, rickety rosary, on difference between to sides, fracture or diseases of ribs, cartilages, Tumours in thorax
29. *Trunk*-New born diameters jelliet.  
Shoulders bisacromial 9.9 cms. (10)  
Sterno-dorsal 8.85 cms. (9)  
Bitrochanteric 8.85 cms. (9)  
Bis-iliac 8.43 cms. (8)  
Sacro-iliac 4.95 cms. (5)
30. *Mammary glands*-development, hypertrophy, atrophy, tumours cysts, primary areolae, secondary areolae (colour) stris alba.
31. *Axillary glands*-Enlarged, length.
32. *Abdomen*-Striae albicantes, linea, nigra caput medusae, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia umbilicus healed, umbilical cord, demarcated, tied and adherent, fallen).
33. *Groin*-Glands enlarged, buboes; ulcers, undescended testis tumours, scars.
34. *Generative organs*-Penis indrawn, shortened, development Urethral discharge-Veneral sore-Circumcised or not, scars.
35. *Scrotum*, elephantoid, hydrocele, tests enlarged, Labia-Hymen-vaginitis fistula-Discharge of blood mucus, pus, presence of absence, torn fresh or old carunculate foreign-body, ulcers, Marks of violence, Loose hairs (Preserve stains hair and foreign bodies) dimensions of genitals.

#### EXTREMITIES.

36. *Upper and lower limbs*-the hands, clenched, empty, contain straw, mud, extra digits show no signs of work fingers flexed, mark of wedding ring on finger, stains, fracture, dislocation nails not broken blue pale, sand mud or foreign body under nails; over grown or paired; cholera fingers. *The feet*-Flat, inverted oedematoas, nodes fractures dislocation deformity, stains on soles; foreign bodies under nails.

#### CENTRES OF OSSIFICATION.

(Casper and Tidy)

37. In the new born centre of ossification in of ferior epiphysis of femur is three lines in diameter. Give others will be necessary.

#### INTERNAL EXAMINATION

*N.B.*—Don't tear through adhesions but cut them.

#### OPENING OF ABDOMEN.

38. *Abdomen*-Size, uniform, prominent or unequal, Fat, Depth, inches, colour *Paries*-Retracted, distended, site of umbilicus Muscles; development-colour -Extravasion of blood in omentum spread, etc.
39. Level of diaphragm, Right Left-Domes, Position of organs Normal-Adhesions-Enlargements, local inflammations-tumours.
40. Peritoneal cavity-Fluid in ounces, nature of fluid, turbid, blood stained, puerulent, lymph, flaks of fibrin.

Peritoneum; adherent-Tubercle, Smears from exudate in peritoneum

*Note* :—Organs to be merely examined this stage.

## OPENING OF THORAX

41. Position and colour of organs, normal or abnormal.  
Fracture of ribs, pleura injected, surface roughened flakes of fibrin, effusion of blood fluid in-Amount in ounces Character-lymph; old or recent adhesions wound. Spots of haemorrhage on visceral or parietal surfaces (Tardieu's spots) Mediastina Haemorrhages, etc., Lung borders meet or overlap; overlap on heart.
42. *Thymus*-Size (length, breadth, thickness), weight section-haemorrhage, tubercle, tumour.
43. *Pericardium*-staining, inflamed distended, fluid, amount, ounces, character of inner surface dark, rough, wounded, milk spots, exudate-Smears. Spot of haemorrhage on visceral or parietal surface adhesions.
44. The heart-weight 150-360 grams, wound, rupture.  
Right auricle and appendage contain fluid blood-Right or dark, mixed clot, uniform clot, thrombus.  
Right ventricle contain fluid, clot, embolus, thrombus.  
Pulmonary artery-clot, embolus, thrombus  
Left auricle contain fluid blood clot thrombus. Left ventricle contain fluid blood, clot, thrombus, chambers dilated; mention them.  
Valvular rings dilated or contracted.
45. Valves and endocardium rigid, contracted, thickened, adherent, Valves perforated, torn vegetations, on puckered, atheromatous, chordae tendinae opaque, thickened, shortened broken.
46. *Coronary vessels*-Atheroma, emboli, thrombosis. Musculature hypertrophied, brown hypertrophied, fatty infiltration, fatty degeneration, abnormality other diseases.
47. *The great vessels*-Aorta, vena-cava, pulmonary artery, pulmonary veins, iliac vessels, etc., thrombosis, embolism, atheroma calcification, aneurism would rupture.
48. *The blood*-General character-Dark cherry coloured/coagulated clot soft or firm, layered or of uniform colour. Abnormally fluid. Take a blood smear, Bacteriological test if needed.
49. *The lungs*-Normal lung 240 gms to 660 gms. Average R 540 gms to 480 gms, colour-Distended Marked by ribs, do not collapse, dry, crepitant, soft oedematous congested friable, inelastic emphysematous congested friable. Inelastic emphysematous, collapsed atelectoid; lobes swollen shrunken, dark red, gray, firm friable soft, dry exclude frothy aerum, blood tent matter Pigmented adhesions haemorrhage, infarction, pleurisy, patches, if any, shape-Scars tubercle on surface.  
Section-Dry granular, moist on pressure exude blood; (amount) watery fluid, mucus, pus, secretion, blood, tenacious, Air tubes rodged, thickened, dilated narrowed grew yellow tubercle chalky mass sinking cavities, pigment, fibroid change, red or gray hepatization purulent filtration, diffuse or circumscribed abscess gangrene fumous, wound rupture, oedema, haemorrhage, Cut piece skin or float in water.
50. *Larynx*, glottle, *trachea bronchi*-Contain water, mud, vegetation (nature) etc. mucosa, injected, swollen, stained discoloured oedematous, covered with froth corrugated: leathery new growth, foreign body, loose or impacted, nature colour of mucosa.
51. *Hyoid bone broken*-Describe fracture, etc.,

52. *Thoracic duct*-inflamed, obstructed rupture wound etc.,
53. *Thyroid parathyroids*-Enlarged firm fibrous, etc.
54. *The Stomach*-Size, dilated, shrunken, distended with food or gas, hour-gas, outer surface, vascular, fresh lymph injected adherent, wound rupture.  
*Contents* Inarms odour colour, consistency foreign particles food particles nature and stage or digestion.  
*Inner surface*-Colour, injected, dilated and tortuous vessels, walls oedematous firm, hard, charge extravasation, effusion embedded foreign particles atrophied ulcer (character of edge base, perforation) tumours, etc.; mucus-Anaemic injected inflamed thick soft hard, eroded, corrugated, leathery.
55. *Oesophagus*-Length 25 cms, (Grey) length:  
*Mucosa* Partly detached, easily, stripped; soft, brittle, sodder while, brown, yellowish; charred structure; ulcer, new growth impacted mass, wound rupture, diverticular.

#### PANCREAS

56. Average weight-60 to 180 gms.  
 Weight ounce, colour, consistence, inflammation, abscess, cystic tumour, fat necrosis.

#### THE LIVER.

57. Weight-1,200 to 1,800 gms.  
*Relations*, adhesions, rupture, weight, enlarged diminished atrophied wound.  
*Capsule*-Thin, loose, wrinkled, adherent.  
*Edges*-Thick, thin, rounded, firm.  
*Surface*-smooth, shining dull, nodulated, searlike bands or put red depressions.  
*Colour*-Red, Yellow mottled nutmeg, pigmented, brown Pale chocolate, slaty.  
*Consistence*-soft, firm, flabby, tough, fleshy, greasy friable, waxy, difficult translucent.
58. Gall bladder, full empty, stone, inflamed mucosa, thickened wall contracted, adherent-Lymphatic hands under liver enlarged malignant, etc.  
*Section*-Colour, hyperaemic, nutmeg, granular, distended ducts embolism hydatid, abscess cuts with creaking noise grease on knife free iron-"Prussian, blue reaction" (Pot, Ferrocyanide and dilute hydrochloric acid), amaloid reaction (Tinct iodine and dilute sulphuric acid) cut pieces sink or float in water.

#### THE SPLEEN.

59. Size 13 x 9 x 4 cms, Weight 90 to 210 gms.  
 Weight colour size, shape large, small, notch (portion) capsule wrinkled, thick, adherent, splenitis (iced spleen) rupture, wound.  
*Consistence*-Firm, soft, wax, friable, abscess, infarcts, furbercle.  
*Section*-Trabeculae and vessels not easily seen markedly visible, increased, colour cut surface, dry, moist concave, convex, in outline malpighian, bodies visible, enlarged.  
*Consistence of section* pulp, easily, wasted, off scraped with difficulty Accessory spleen.

#### OMENTUM AND MESENTERY.

60. Mesentery-cm, long  
 (Grey 202 cms. broad)  
*Relations* fat, adhesions, injections, hypostasis, Herfra, glands,



swollen desecous, ulcerating tubercle, effusion of lymph into transusence and oedema.

61. THE KIDNEYS

Weight-90-180 gms.

Male-120 to 165 gms.

FEMALE LEFT HEAVIER.

Size-10 x 6 x 3 cms.

Weight Right left-Grams,

Larger, Smaller, heavier, colour-Red, pale mottled, translucent, purple pale, yellowish, consistence, firm, flabby, position of ureters abnormalities, section-soft, firm, friable anaemic, pyperafatmic, colour difference between cortex increased diminished, narrow, pelvis, dilated, peripelvis at increased pyramids, calices, infraction embolism in vessels, Capsule strips easily, partialy adherent, very adherent, thick, thin.

Surface of kidney-Congested, pale, stellate veins markedly visible, cysts on surface, smooth, rough granular, lobulated.

62. SUPRARENAL CAPSULES.

|      |           |
|------|-----------|
| Size | Length    |
|      | Breadth   |
|      | Thickness |

Weight Accessory Suprenals— abscess.

cyst, rupture, wound, enlarged, irregular, firm, adherent, section, yellow, grey white cheesy, calcified.

63. THE INTESTINES.

Pylorus to lico caecal valve 610 cms. to 1057 cms. (Grey)

Duodenum 2.5 cms.

Jejunum 244 cms.

Ileum 366 cms.

Caecum 6 cms.

Colon 56 cms-152 cms.

Ascending colon 13 cms.

Transverse 51 cms.

Descending 25 cms.

Sigmoid 41 cms.

Return 11 cms. 12 cms.

64. Small intestine-outer, surface, injected, hypostasis, lymph, fibrin, adhesions, tubercle, tumours.

Contents-Colour, quantity, consistency, food particles, foreign particles, parasites, bacteriological, examination, if needed.

Mucosa-Injected, pale, atrophied swollen pulpy, gangrenous ulcerated direction, of ulcers lymph follicles, Peyer's patches lymphatics, stoughing (size and shape slough and ulcers) character margins of ulcers impected masses.

Twisting intessusception contracted, strangulation, hemia, new, new growth, diverticula.

65. APPENDIX.

Length 2.5 cms. to 20 cms.

Average 10 cms.

Position length, thickness, inflammation abscess strophy, hands

of kindling, mucosa-inflamed, ulcerated, atrophied, tumour contents-Vacees, colour, consistence, parasites, pus foreign bodies stones.

66.

## LARGE INTESTINE.

Heo-caecal valve intussusception, etc.

Coecm-Position, mobility thickened, inflamed, tubercle, tumour, stenosis, dilation adhesions, pericoecal abscesses, mucosa atrophied, inflamed, tumour.

Colon-Sagging dilation flexures-Normal in position linking sacculum, stenosis, injected adhesion, matting fistulae, contents, colour consistence, foreign particles, food particles, parasites, mucosa, injected, inflamed, ulcers, stough, colour extent, location (Describe).

Stomach and oesophagus here.

67.

## THE BLADDER.

Contents grams, Urine-Recation, sugar albumin, calculi, new growth mucosa inflamed, ulcers, muscle hypertrophied, prostate enlarged tumour, seminal vesicles-tubercle, etc.

68.

## UTERUS

Grey Length 6 cms. Breadth 5 cms.

Thickness 2.5 cms.

Weight 60 gms.

Menstruation, pregnancy, abortion, violence, wound, rupture, foreign body, new growth or other disease—

69. Ovaries-Right and Left.

Size, adhesions, inflammation, enlargement, cyst, tumour, Corpus luteum.

70.

## PELVIS.

Fracture disarticulation, deformity.

71.

## OPENING OF THE HEAD.

The soft parts, present injury inflammation.

Scalp-Extravasation of blood beneath, caput succedaneum, caul present.

72. Bones—Thick, thin, caries, depression, injury.

N.B.—Strip dura examine for basal fracture, injury include separation of sutures, indentations fractures.

73.

## THE MEMBRANES.

Sinuses full, empty, thrombosed clotted duramater, adhereent, anaemic, vascular, hypostasis congested, inflamed, extravation of blood external or internal to dura or pia (amount situation and extend) adhesions-(Describe and sketch).

The arachnoid-Dry Stickly, tubercular.

Cerebro-Spinal fluid-volumes, cleanness, turbidity, blood, staining adhesions.

Air mater injected: haemorrhage, etc.

Lymph or pus present.

74. Brain-Average M. 1440 gms: F 1320 gms.

Convolution flattened verticles, full, empty ventricular, fluid, clear, turbid blood stained choroid plexus inflamed.

Substance, soft (reddish, yellow), firm, inflamed abscess, softening, tumour (site) haemorrhage (site) injury (site).

Brain vessels.— Thickened altheroma (site) embolism (site)  
thorposis (site) rupture (site).

75. Air Cavities of skull.—Note findings.

#### SPINAL COLUMN.

76. Soft part present, injury

The bonus-injury, disease.

Dura mater-Adherent, anaemic, Vascular hypostasis tumour.

The arachnoid-Dry, Stickly; tubercular.

The pia meter- injected.

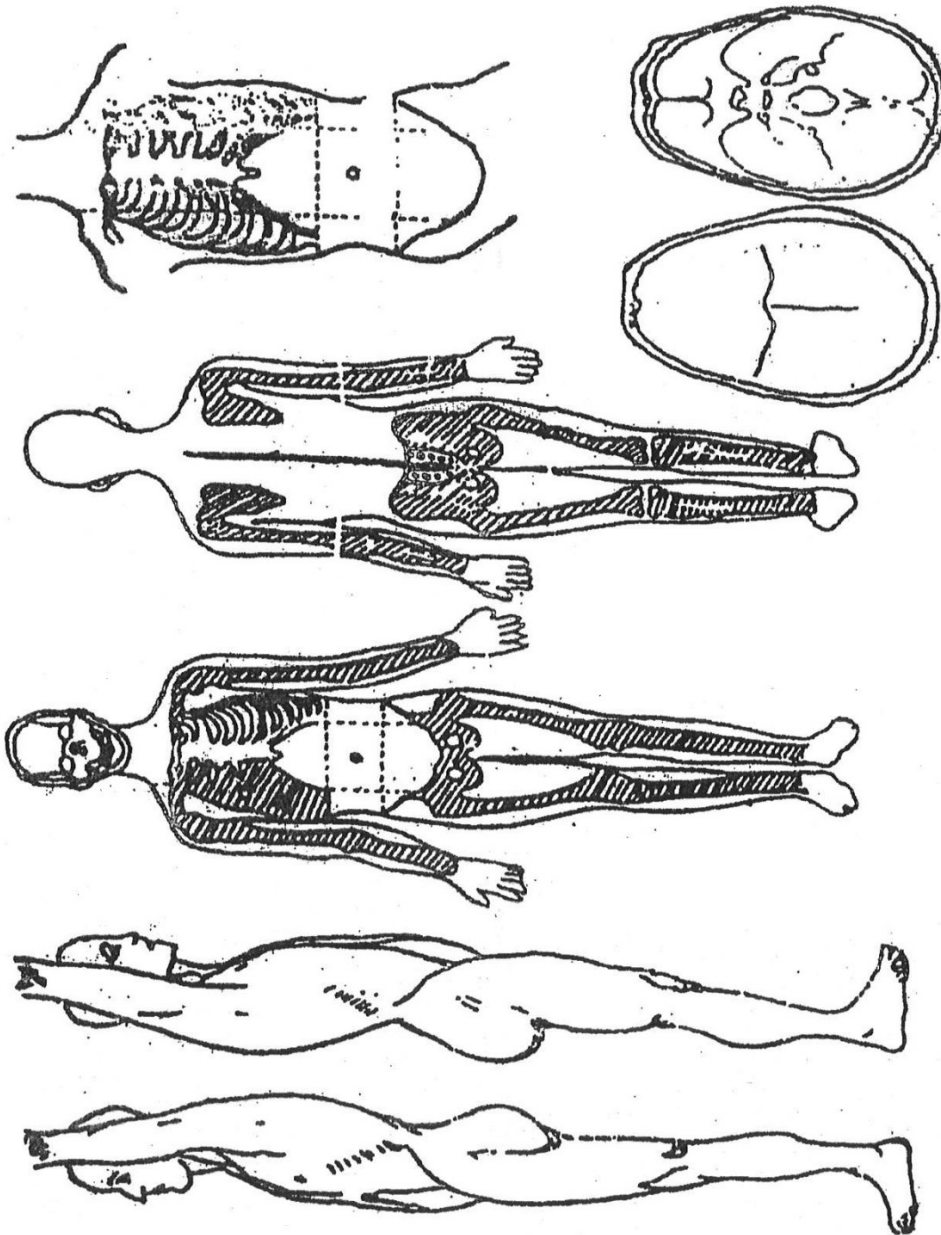
77. Atlas/Aexes                      Fracture, subluxation.

78. The Spinal Cord-Length                      Weight                      Cz.                      Oc.

length-41cms. 43 cms.

Weight-45 gms.

Soft, firm vascular injected, atrophied, semi-transluscent, narrow  
in parts (Where) never roots.



Tissues preserved for microscopic section area.

Materials sent for-Bacteriological investigation.

The following numbered and sealed as under and each labelled with a signed note of reference to this report are together with a sample of the preservative in which they are preserved are reserved for chemical analysis—

1. Stomach and contents.
2. Intestines and contents.
3. Sample of liver (not less than 50 gms.).
4. Kidney (one).
5. Sample of urine (100 c.c. atleast).
6. Brain.
7. Blood.
8. Preservative (nature and quantity not less than 100 c.c.)

Post-mortem concluded at            a.m. on            20  
p.m.

Summary of opinion.

The deceased would appear to have

Dated            day of            20  

(Signature)

Result of Microscopical Bacteriological and Chemicals Examinations, etc.,

Final opinion in case it was reserved.

Post-mortem certificate handed over to

on

at (time)

Inquest  
When held:

Date:

Time

Summary of evidence at inquest:

Question put by the police and answers given to them regarding the  
post-mortem—

Magisterial Enquiry (Chief points of evidence to be noted)

Sessions—(Chief points of examination and cross-examination).

Judgement.

PM No:

Date:

**Post-mortem Certificate**Regarding the body of a male/female aged about<sup>1</sup> .....years, named .....Requisition received at.....AM/PM on ..... from  
the<sup>2</sup>.....of<sup>3</sup>.....with his letter No.....dated.....20.....

Body in charge of Police Constable No.....named.....

Identification and caste marks –

(1)

(2)

(3)

The body was first seen<sup>4</sup> by the undersigned at .....AM/PM, on .....Its condition then  
was<sup>5</sup>.....

Post-mortem commenced at.....AM/PM, on.....

Appearances<sup>6</sup> found at the post-mortem<sup>7</sup>.....

Opinion as to cause of death –

- a) Reserved pending report of.....
- b) The deceased would appear to have died of.....

Station:

Name:

Dated: 20 .

Rank:

1. By appearance.
2. Designation of officer sending requisition.
3. Station of the officer sending requisition.
4. If the body was seen before post-mortem, note time and general condition.
5. Enter condition of body (i.e) warm, cold, rigor mortis present, or passed off and state parts; putrefaction early, moderate or advanced.
6. After "appearances found" enter all particulars regarding wounds, injuries and suspicious signs external or internal, which should be concisely and sufficiently described, the site and the extent of a wound being carefully described.
7. The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate, specified by the Police, on the same day the post-mortem is held.
8. The certificate should not be filled in until the post-mortem notes have been entered in full in ink in the post-mortem register. This should be done at once to obviate the possibility of any delay in the delivery of the certificate to the Police.



## **Self Directed Learning**





















