



UNDERGRADUATE
ACADEMIC RECORD/ LOGBOOK
FORENSIC MEDICINE & TOXICOLOGY



THE TAMILNADU
Dr. MGR MEDICAL UNIVERSITY
CHENNAI

The TN Dr.M.G.R Medical University

Chennai



Undergraduate Academic Record/LogBook

Department of Forensic Medicine & Toxicology

Name of the College :

Academic year :

Name of the Student :

Registration No. :

PREFACE

The goal of the Graduate Medical Education Regulation (GMER) is to sculpt every medical student into a responsible Indian Medical Graduate who can cater to the needs of the society. The thrust in the new regulations is to make medical education more learner-centric, patient-centric, gender-sensitive, outcome-oriented and environment appropriate.

Communication and interpersonal skills are imperative in providing quality medical care. Our curriculum achieves this by providing dedicated curriculum time in the form of a longitudinal program based on Attitude, Ethics and Communication (AETCOM) competencies. Foundation Course is to orient medical learners to MBBS programme, and provide them with requisite knowledge, communication (including electronic), technical and language skills.

Electives allow students to get exposed to diverse environment, get a glimpse of future career, to revisit basic sciences of their own interest and indulge in research activities. The Family adoption program aims to provide experimental learning opportunity to Indian Medical Graduates in community-based health care.

Skill laboratories have been incorporated into the curriculum for the learners to get an opportunity to observe and learn clinical and communication skills while eliminating the fear of harming patients. The Learner-doctor method of clinical training (Clinical Clerkship) is to provide learners with experience in Longitudinal patient care, by being part of the health care team providing hands-on care for patients.

This academic record / Log book has been prepared based on new NMC guidelines – Competency Based Medical Education Curriculum (CBME) Guidelines – dated 1st August 2023. It should be maintained as a document to record day-to-day academic activities, assessments, grading of assessments and its feedback. Periodic recording of all academic activities should be done by the student and has to be submitted to the faculty in-charge during feedback sessions. This document will incorporate in it all components that are being assessed for the final internal assessment and should be submitted to the concerned department and the examiners. Internal assessment marks will be given after evaluating this document. For subjects spanning across different phases this academic record has to be maintained for that particular subject and has to be evaluated at the end of posting in each phase.

UNIVERSITY ROLL NO.:

CERTIFICATE

This is to certify that Mr./ Miss _____

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 The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Skills in Forensic Medicine & Toxicology Number of competencies: (22) Number of procedures that require certification: (NIL)									
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 The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal 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/ Viva voce/ OSPE			
FM14.11	To identify & describe weapons of medicolegal importance which are commonly used e.g. lathi, knife, kripa, axe, gandasa, gupta, farsha, dagger, bhalla, razor & 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. (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/ 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/ 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/ 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/ 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, abrus seeds, Snakes, capsicum, calotropis, lead compounds & tobacco.	S	KH	Y	Small group discussion, DOAP session	Log book/ Viva voce			

[illegible]

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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

SL No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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 difference between Dying declaration and 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:

Address:

Age:

Reg. No.:

MLC No.

P.S:

Provisional Diagnosis:

Time & Date of
admission:

Cr No:

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

SL No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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

SL No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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

(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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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

General build & appearance Pulse BP

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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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 ofaged 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:
Date:
:

Signature & seal of Medical Officer: 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/Wof.....agedabout.....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.

Pl
ac
e:
Da
te:

Signature & seal of Medical Officer: 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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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

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)

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
Immediate Cause					Interval between onset and death approx
		ICD-		ICD-	
		ICD-		ICD-	
Antecedent Cause					
		ICD-		ICD-	
		ICD-		ICD-	
Other					
		ICD-		ICD-	
		ICD-		ICD-	

How did the injury occur?

Pending investigation

Medical Attendant Certifying the cause of death

Date of Verification: / /

FORM NO. 4A

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For non-institutional deaths. Not to be used for still births) To be sent to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt./Km.....son of/wife
of/daughter of resident of was under my treatment
fromto and he/she died on at AM/PM.

NAME OF DECEASED					For use of Statistical Office
Sex	Age at Death				
	Age in completed years	If less than 1 year age in months	If less than one month age in Days	If less than one day, age in Hours	
1. Male 2. Female					
CAUSE OF DEATH				Interval between on set & death approx.	
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia etc.		(a) Due to (or as a consequences of)			
Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last		(b) Due to (or as a consequences of)			
II Other significant conditions contributing to the death but not related to the disease or conditions causing II		©			

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No If yes,
was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death Date of Certificate
.....

(To be detached and handed over to the related of the deceased) Certified that Shri/Smt/Km
..... S/W/D of Shri R/O
..... Was under treatment from to And he/she

expired on at AM/PM

Doctor

Signature and address of Medical Practitioner/ Medical attendant with Registration No.

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

How did the injury occur?

Dr Name
Medical Attendant Certifying the cause of death
Date of Verification

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

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For non-institutional deaths. Not to be used for still births) To be sent to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt/.Km.....son of/wife of/daughter of
..... resident of was under my treatment
fromto and he/she died on at AM/PM.

NAME OF DECEASED					For use of Statistical Office
Sex	Age at Death				
	Age in completed years	If less than 1 year age in months	If less than one month age in Days	If less than one day, age in Hours	
1. Male 2. Female					
CAUSE OF DEATH				Interval between on set & death approx.	
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia etc.		(a) Due to (or as a consequences of)			
Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last		(b) Due to (or as a consequences of)			
II Other significant conditions contributing to the death but not related to the disease or conditions causing II		©			

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death Date of Certificate

Doctor

Signature and address of Medical
Practitioner/ Medical attendant with

.....

(To be detached and handed over to the related of the deceased) Certified that Shri/Smt/Km
..... S/W/D of Shri R/O
..... Was under treatment from to And he/she
expired on at AM/PM

Doctor
Signature and address of Medical
Practitioner/ Medical attendant with

FORM NO. 4A

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For non-institutional deaths. Not to be used for still births) To be sent to Registrar along with
Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt./Km.....son of/wife of/daughter of
..... resident of was under my treatment
fromto and he/she died on at AM/PM.

NAME OF DECEASED					For use of Statistical Office
Sex	Age at Death				
	Age in completed years	If less than 1 year age in months	If less than one month age in Days	If less than one day, age in Hours	
1. Male					
2. Female					
CAUSE OF DEATH				Interval between on set & death approx.	
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia etc.		(a) Due to (or as a consequences of)			
Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last		(b) Due to (or as a consequences of)			
II Other significant conditions contributing to the death but not related to the disease or conditions causing II		©			

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No If yes, was
there a delivery? 1. Yes 2. No

Doctor
Signature and address of Medical
Practitioner/ Medical attendant with

Name and signature of the Medical Attendant certifying the cause of death Date of Certificate

.....

(To be detached and handed over to the related of the deceased) Certified that Shri/Smt/Km

..... S/W/D of Shri R/O

..... Was under treatment from to And he/she
expired on at AM/PM

Doctor

Signature and address of Medical
Practitioner/ Medical attendant with

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

How did the injury occur?

Dr Name

Medical Attendant Certifying the cause of death

Date of Verification: / /

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

FORM NO. 4A

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For non-institutional deaths. Not to be used for still births) To be sent to Registrar along with
Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt./Km.....son of/wife
of/daughter of resident of was under my treatment
fromto and he/she died on at AM/PM.

NAME OF DECEASED					For use of Statistical Office
Sex	Age at Death				
	Age in completed years	If less than 1 year age in months	If less than one month age in Days	If less than one day, age in Hours	
1. Male 2. Female					
CAUSE OF DEATH				Interval between on set & death approx.	
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia etc.		(a) Due to (or as a consequences of)			
Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last		(b) Due to (or as a consequences of)			
II Other significant conditions contributing to the death but not related to the disease or conditions causing II		©			

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No If yes,
was there a delivery? 1. Yes 2. No

Doctor

Signature and address of Medical
Practitioner/ Medical attendant with

Name and signature of the Medical Attendant certifying the cause of death Date of Certificate
.....

(To be detached and handed over to the related of the deceased) Certified that Shri/Smt/Km
..... S/W/D of Shri R/O
..... Was under treatment from to And he/she
expired on at AM/PM

Doctor
Signature and address of Medical
Practitioner/ Medical attendant with

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

How did the injury occur?

Dr Name _____
 Medical Attendant Certifying the cause of death _____
 Date of Verification: / /

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

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

How did the injury occur?

Dr Name _____
 Medical Attendant Certifying the cause of death _____
 Date of Verification: / /

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

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

SL No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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 (2(14)BNS):

Define Hurt (114BNS):

Define Grievous Hurt (116BNS):

INJURY REPORT

M.L.C. No.____ Date:

Name _____S/D/W of _____Age _____Sex

Address____PoliceStation _____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_____PoliceStation

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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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

Define Injury (2(14)BNS):

Define Hurt (114BNS):

Define Grievous Hurt (116BNS):

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

M.L.C. No._ Date:

Name _____S/D/W of _____Age _____Sex

Address
PoliceStation _____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

M.L.C. No.____Date:_____Name_____S/D/W of____(Surname)_____Age__Sex
Address_____PoliceStation

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

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

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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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 SURVIVOR OF SEXUAL OFFENCE

Competency FM14.15

To examine & prepare medico-legal report of survivor 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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
FM14.15.1	The student should be able to list all the required ML documents (police requisition or by self) for examination of alleged survivor 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 survivor 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 SURVIVOR 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 survivor:

- 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: Height: Blood pressure: 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

Genital injuries	Physical injuries	Provisional opinion	FSL report	Final opinion
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 for lubricant	There is possibility of vaginal/ anal penetration by lubricated object.
			Negative for semen/ alcohol/ lubricant	There are no signs suggestive of vaginal/ anal intercourse or penetration of vagina/ anus.

FSL – Forensic Science Laboratory

DATE :

SIGNATURE:
NAME:
Sample of seal
DESIGNATION:

REPORT OF EXAMINATION OF SURVIVOR 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 survivor:

- 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: Height: Blood pressure: 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

Genital injuries	Physical injuries	Provisional opinion	FSL report	Final opinion
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	Positive for semen	There are signs suggestive of forceful vaginal/ anal intercourse.

		pending availability of FSL reports.	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 for lubricant	There is possibility of vaginal/ anal penetration by lubricated object.
			Negative for semen/ alcohol/ lubricant	There are no signs suggestive of vaginal/ anal intercourse or penetration of vagina/ anus.

FSL – Forensic Science Laboratory

DATE:

SIGNATURE:
NAME:
Sample of seal
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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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, 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 1) marks: 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	Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	Left Upper jaw	Left Lower jaw
Lower jaw		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
 - 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:SIGNATURE:

NAME:

Sample of seal 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:

13. Identification marks:

Signature/LHT impression
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	Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	Left Upper jaw	Left Lower jaw
Lower jaw		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
- 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
- 4. Injury to pubic area/penis /scrotum/inner upper part of thighs
- 5. 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: SIGNATURE:
NAME:

Sample of seal 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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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

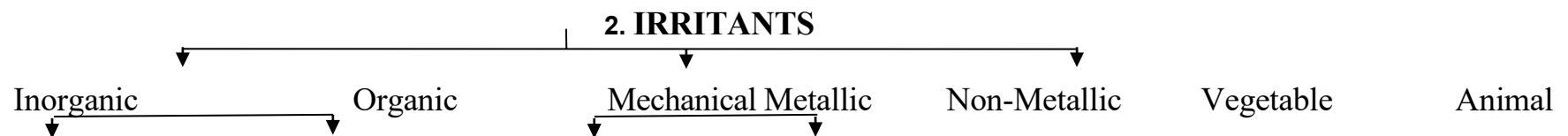
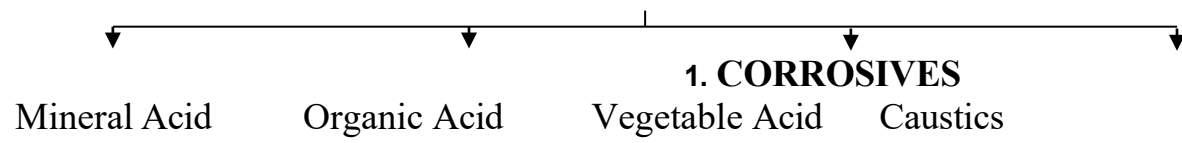
a) Define Toxicology:

b) Forensic Toxicology:

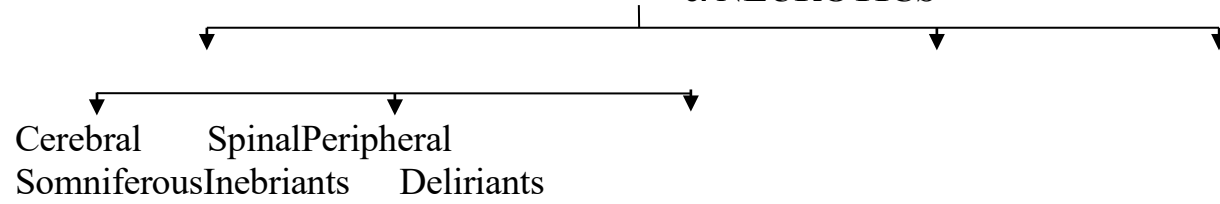
c) Clinical Toxicology:

d) Define Poison:

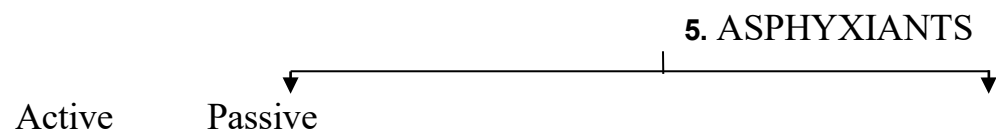
e) Classify the poisons with suitable examples:



3. NEUROTICS



4. CARDIAC POISONS



. 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	Date	PS:	Cr
Bottle			
Name of the		Age	Sex
Contents of the			
Preservati			

Department of Forensic Medicine			

Sample Preservative for Chemical analysis			
P.M	Date	PS:	Cr
Bottle			
Name of the		Age	Sex
Contents of the			
Preservativ			

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

P.MDatePS:Cr

Name of theAgeSex

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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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

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

To,

_____ The Deputy Director, Forensic Science Laboratory,

Subject: Forwarding samples for analysis

Reference: Cr.No. of ____PS

PM NO _____ Date

Dear Sir,

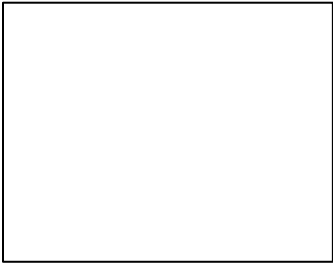
Forwarding the following samples (in sealed and labeled condition) collected during examination of
(Name) S/D/W of _____ Male/ Female, aged about _____; conducted vide MLC / PM No. _____ dated
at _____ Medical College, Hospital, _____ for further analysis.

List of samples:

Specimen sample of seal

Through:
Police Station,

. Signature:



Dr.

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. dhatura, 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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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 venomous snakes found in India and write about them in detail:

- l) Enumerate the differences between venomous and non-venomous 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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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.

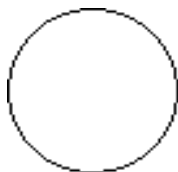
- 1.
- 2.
- 3.
- 4.

DNA DIVISION,
FORENSIC SCIENCE LABORATORY, MYLAPORE,
CHENNAI.

Name: _____ Father's / Husband's / Guardian's Name: _____ Age: _____ Of the Donor Address: _____

Description of Sample: _____ Forwarded by Police Station: _____ District: _____ Cr No.: _____ U/S: _____

Hospital _____ Medical Officer _____



1) Name :_Signature

2) Name :_Signature

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

•

Address:

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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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	DecentSoiledTorn Disordered
Demeanor/behavior	Sober Abusive Talkative Aggressive Boastful Calm
Face	Normal Flushed Pale
Eyes Conjunctiva Pupils Reaction to light Visual acuity Nystagmus Horizontal gaze Vertical gaze Convergence	Normal Congested Normal Dilated Contracted NormalDelayed Sluggishly reacting Non-reacting Normal Abnormal Coarse Fine Continuous Absent Yes No Yes No
Ear (discharge)	Yes No
Mouth (signs of 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-gaugeStumbling Self-control
Reflexes	Normal Exaggerated Depressed (sluggish)
Mental state Self-control Memory Orientation Time Place Reaction time	Normal Impaired Clear VagueConfused Good Moderate Bad Indefinite Good Moderate Bad Indefinite Normal Delayed Increased
Drug abuse	Needle marks Shivering Yawning Rhinorrhea Gooseflesh Lacrymation

Specimen of handwriting

Impairment tests (to determine incoordination)

1. Romberg’s test	
Able to stand still during instructions	Yes No
Body swaying	Mark ed Moderate Minimal Absent

Able to complete the test	Yes	No
2. Walk and Turn test		
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
3. One leg stand test		
Body swaying	Marked Moderate Minimal Absent	
Puts foot down	Yes	No
Hops	Yes	No
4. Finger and Nose test		
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_____

Date_____

Signature of the Doctor
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	DecentSoiledTorn Disordered
Demeanor/behavior	Sober Abusive Talkative Aggressive Boastful Calm
Face	Normal Flushed Pale
Eyes Conjunctiva Pupils Reaction to light Visual acuity Nystagmus Horizontal gaze Vertical gaze Convergence	Normal Congested Normal Dilated Contracted NormalDelayed Sluggishly reacting Non-reacting Normal Abnormal Coarse Fine Continuous Absent Yes No Yes No
Ear (discharge)	Yes No
Mouth (signs of 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-gaugeStumbling Self-control
Reflexes	Normal Exaggerated Depressed (sluggish)
Mental state Self-control Memory Orientation Time Place Reaction time	Normal Impaired Clear VagueConfused Good Moderate Bad Indefinite Good Moderate Bad Indefinite Normal Delayed Increased
Drug abuse	Needle marks Shivering Yawning Rhinorrhea Gooseflesh Lacrymation

Specimen of handwriting

Impairment tests (to determine incoordination)

1. Romberg’s test	
Able to stand still during instructions	Yes No
Body swaying	Mark ed Moderate Minimal Absent

Able to complete the test	Yes	No
2. Walk and Turn test		
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
3. One leg stand test		

Body swaying	Marked	Moderate	Minimal	Absent
Puts foot down	Yes	No		
Hops	Yes	No		
4. Finger and Nose test				
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 _____

Date _____

Signature of the Doctor

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.

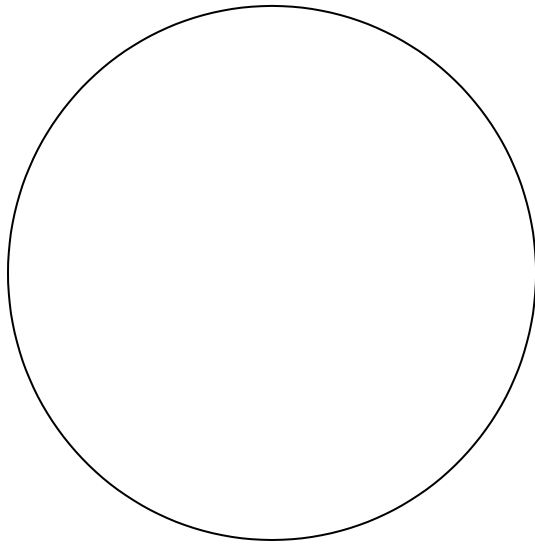
[Core Competency - **Yes**, Domain - **Skill**, Level- **Knows How**]

Suggested Teaching Learning method – Small group discussion, Lecture

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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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

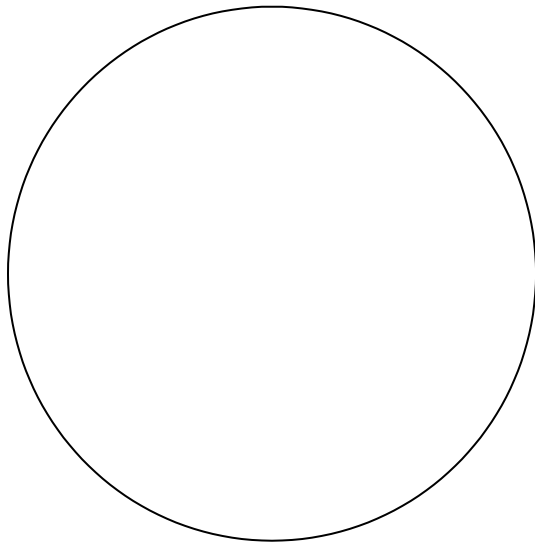
Examination of hair (Human & Animal), fibre, semen & other biological fluids.



1. Observation:

Interpretation:

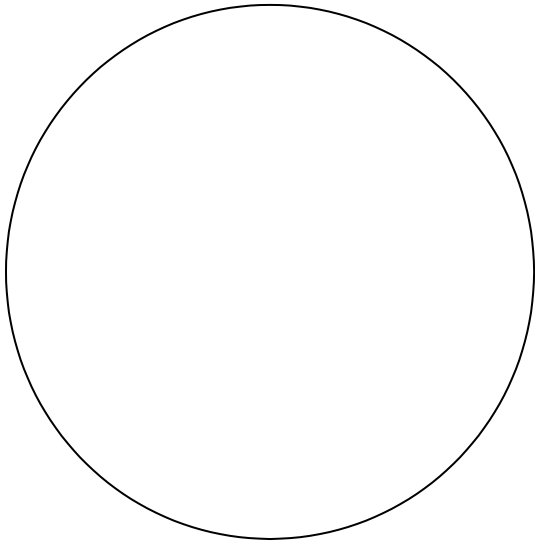
Medico legal aspects:



2. Observation:

Interpretation:

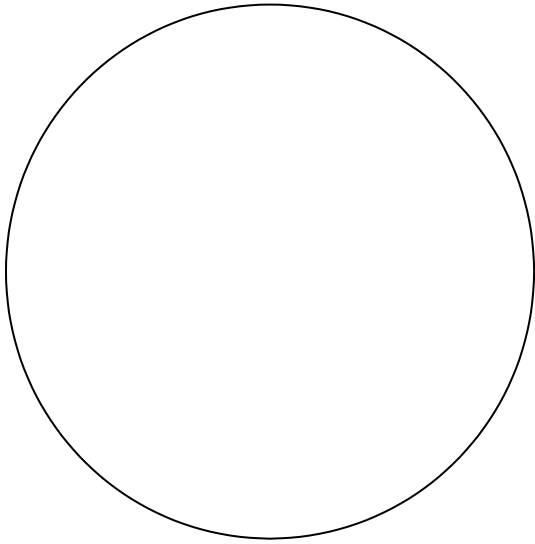
Medico legal aspects:



3. Observation:

Interpretation:

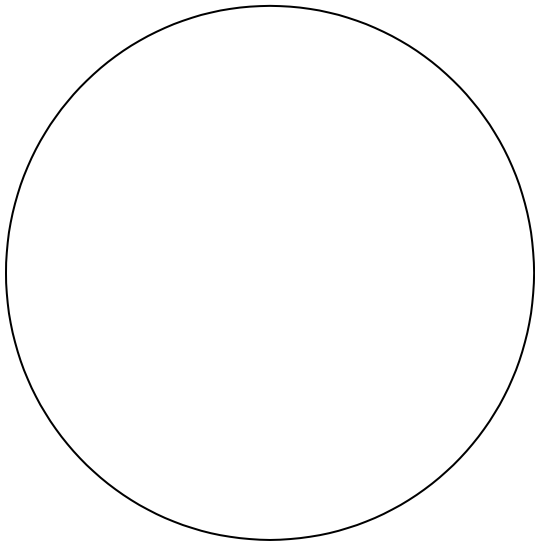
Medico legal aspects:



4. Observation:

Interpretation:

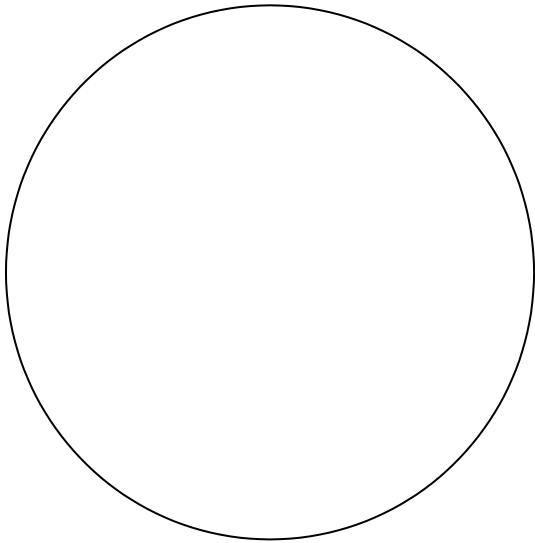
Medico legal aspects:



5. Observation:

Interpretation:

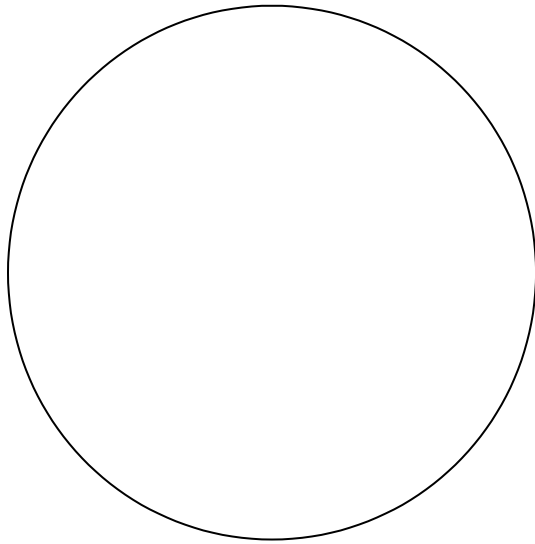
Medico legal aspects:



6. Observation:

Interpretation:

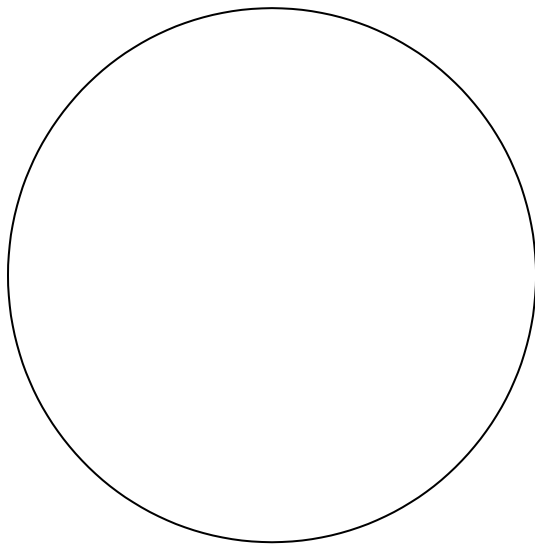
Medico legal aspects:



7. Observation:

Interpretation:

Medico legal aspects:



8. Observation:

Interpretation:

Medico legal aspects:

Competency No. FM14.7

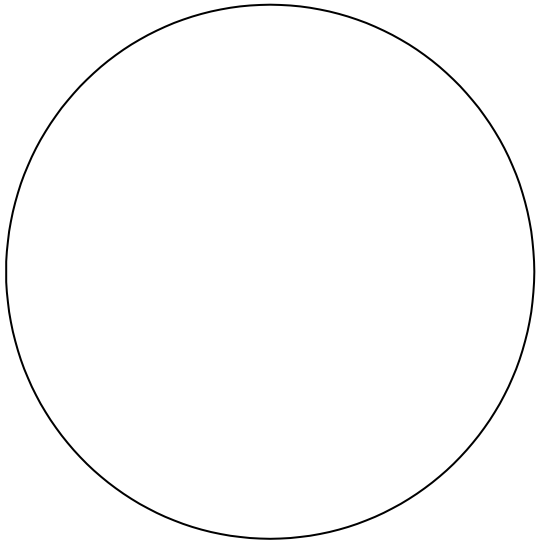
Demonstrate & identify that a particular stain is blood and identify the species of its origin. [Core Competency - Yes, Domain - Skill,
Level- Knows How]

Suggested Teaching Learning method – Small group discussion, Lecture

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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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**]

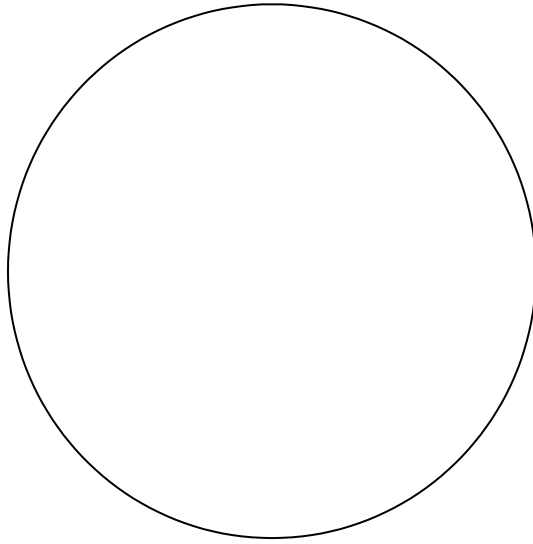
Suggested Teaching Learning method – Small group discussion, DOAP session

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:

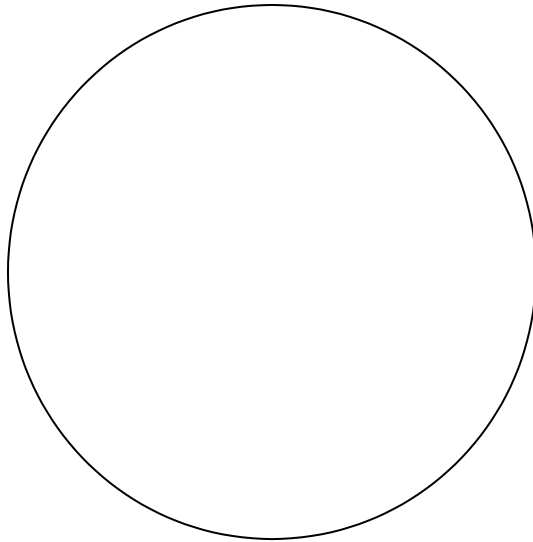
1. Observation:



Interpretation:

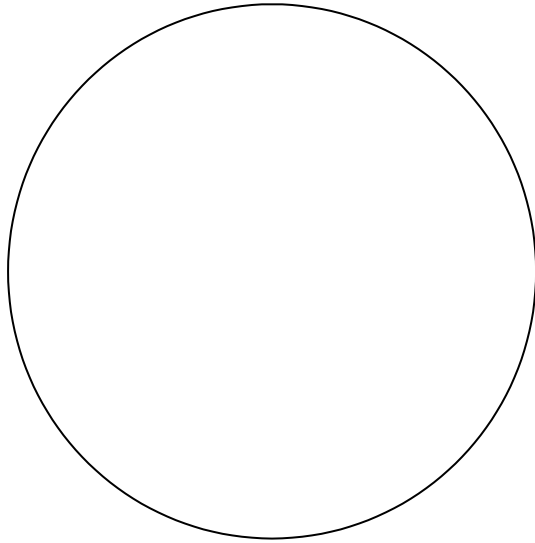
Medico legal aspects:

2. Observation:



Interpretation:

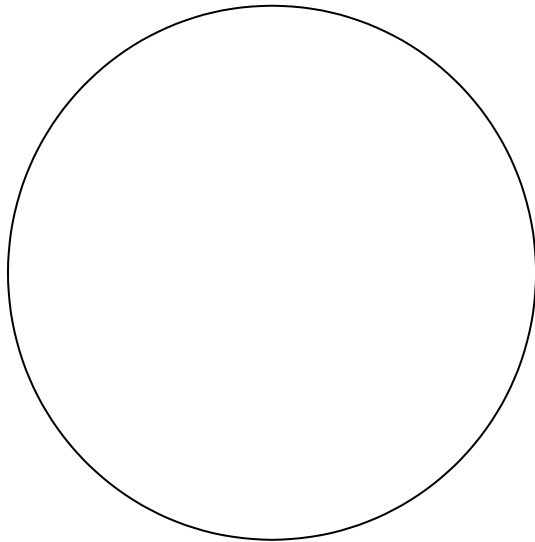
Medico legal aspects:



3. Observation:

Interpretation:

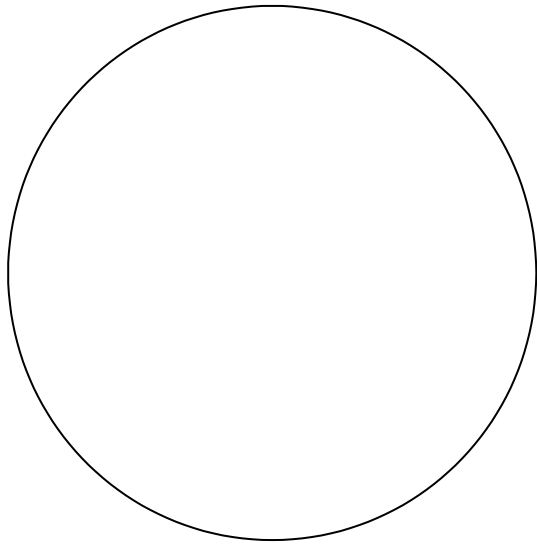
Medico legal aspects:



4. Observation:

Interpretation:

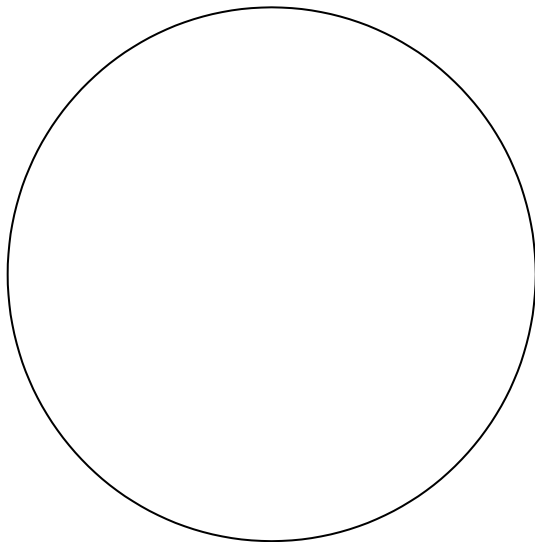
Medico legal aspects:



5. Observation:

Interpretation:

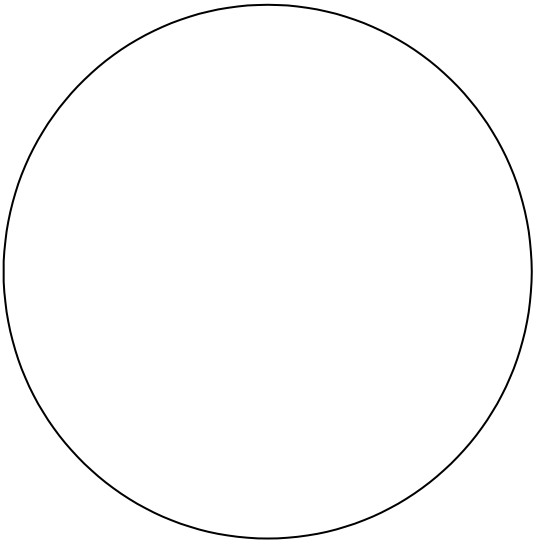
Medico legal aspects:



6. Observation:

Interpretation:

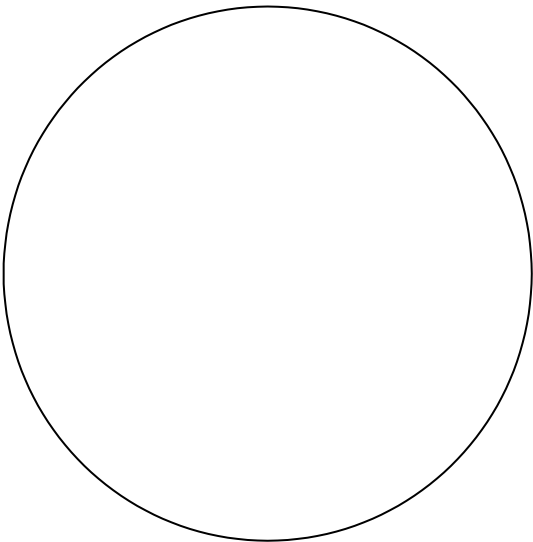
Medico legal aspects:



7. Observation:

Interpretation:

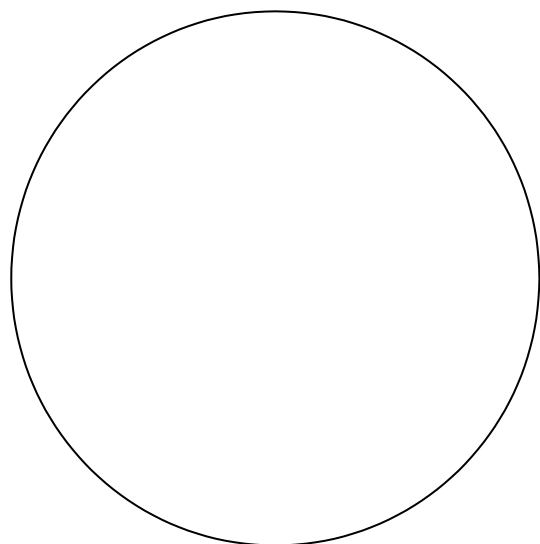
Medico legal aspects:



8. Observation:

Interpretation:

Medico legal aspects:

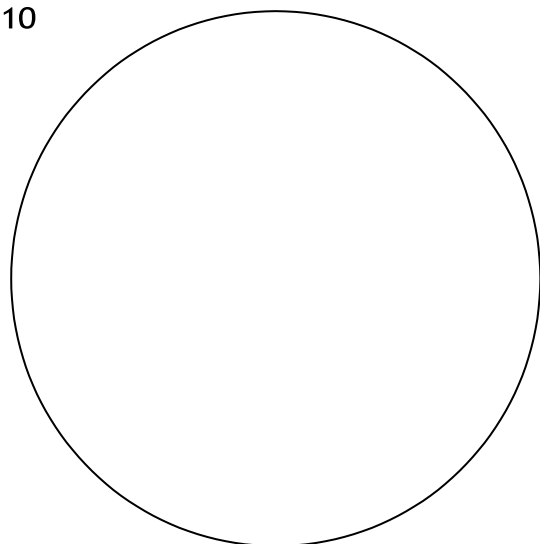


9. Observation:

Interpretation:

Medico legal aspects:

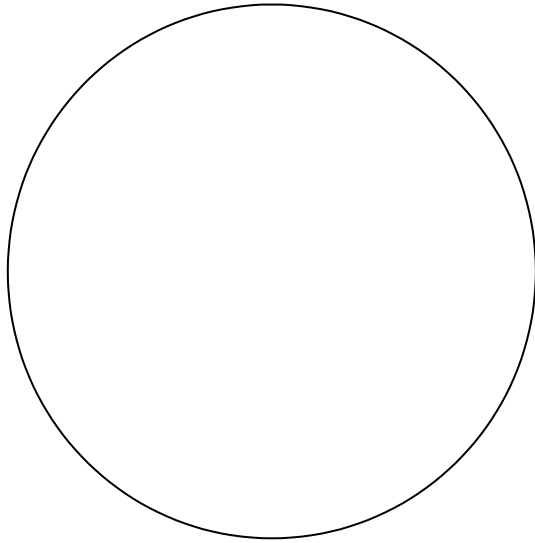
10



Observation:

Interpretation:

Medico legal aspects:



Observation:
11.

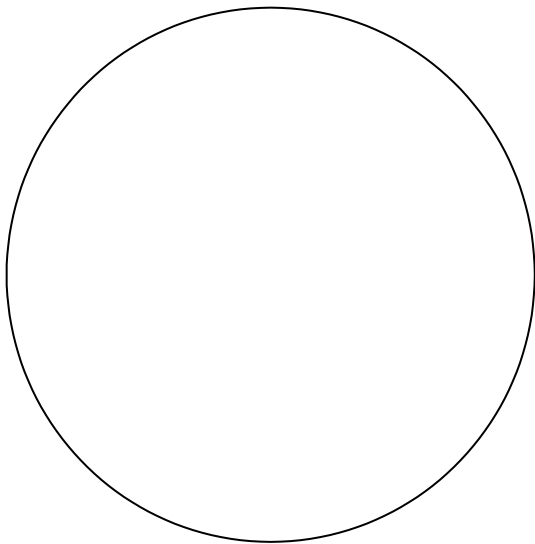
Interpretation:

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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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
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 (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			
Purgings			
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:

Twisting

Tinging

convulsions

clonic

Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:

colows.

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

Omaments, 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 [redacted] through Police Constable No. [redacted]

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 condition 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, 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 bodles 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 :

K

K

K

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) 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 in 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 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. *Genitals*-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-Hymenvaginal 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 ferior epiphysis of femur 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. 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. Muscular 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, 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-glass, 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, diverticula:

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), 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, tubercle.
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 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 abnormal, 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 Suprenals— 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, 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, 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.

Lymph 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)
thorposls (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.

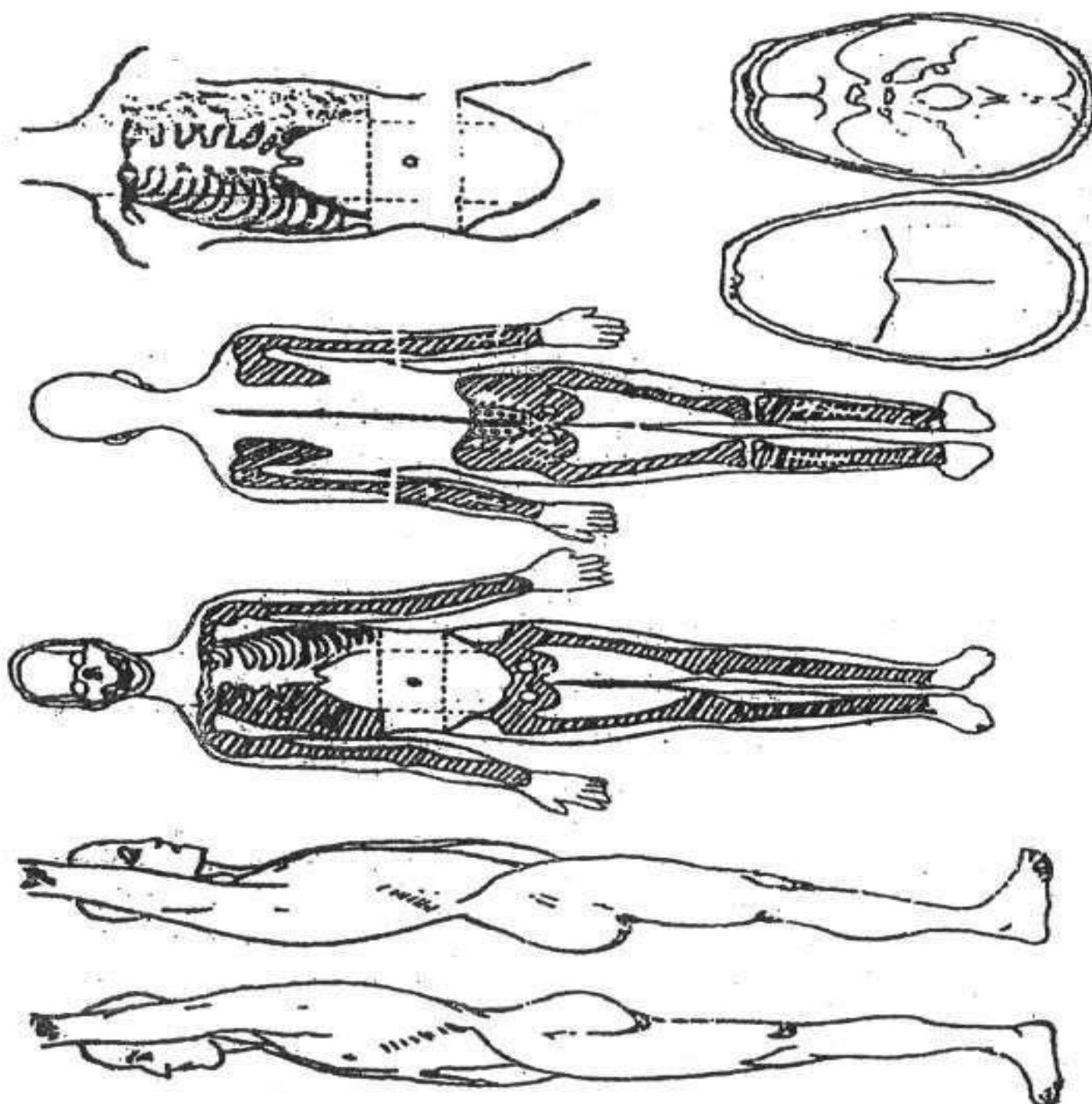
77. Atlas/Aexes Fracture, subluxation.

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.



Post-mortem c

PM No:
Date:

Post-mortem Certificate

Inquest
When held:

Summary of evi

Question put by
post-morter

Magisterial Enqu

Sessions—(Chie

Judgement.

ORIGINAL

Regarding the body of a male/female aged about¹years, named
Requisition received at.....AM/PM on.....from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on
Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM,
on.....
Appearances⁶ found at the post-
mortem⁷.....

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 (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	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	
minutes between the last eating, drinking		other posture in relation to	
and the development of the symptoms which were:—		surrounding objects	
Vomiting			
Purgings			
Loss of sensation.			
Dilatation			
_____of pupils			
Contraction.			
Unconsciousness			
Excitement			
Flushing of face			
State Nature of vomit exerts.			

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 condition 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 :

K

K

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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 quitted, 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) 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, 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 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-Hymenvaginal 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 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. 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. Muscular 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 fragile, inelastic emphysematous congested fragile. 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-Searches 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. *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 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), 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, tubercle.
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 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 abnormal, 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 Suprenals— 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, adherent, 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.

Lymh 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.

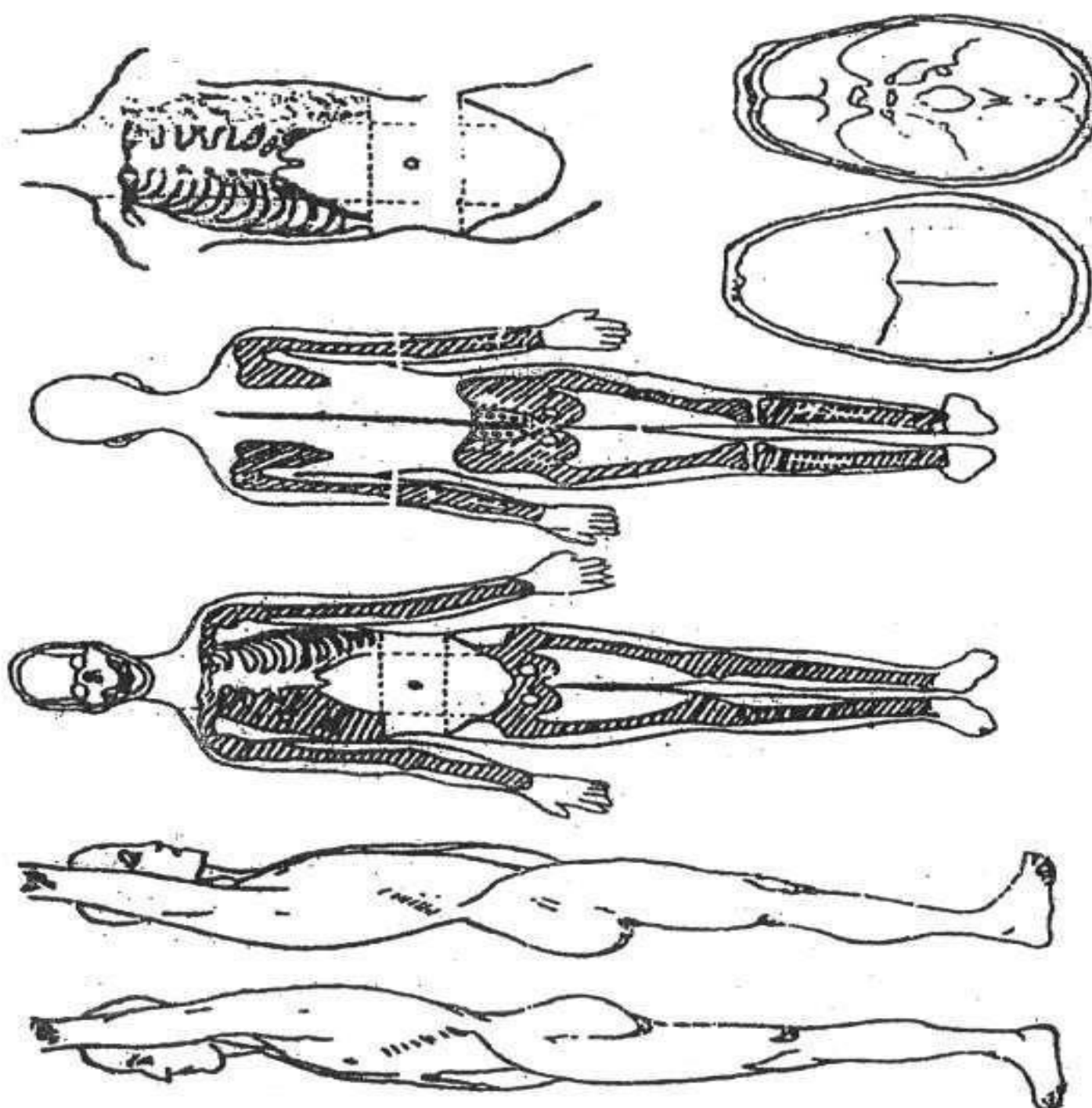
77. Atlas/Aexes Fracture, subluxation.

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.



Post-mortem c

PM No:
Date:

Post-mortem Certificate

Inquest
When held:

Summary of evi

Question put by
post-morter

Magisterial Enqu

Sessions—(Chie

Judgement.

ORIGINAL

Regarding the body of a male/female aged about¹years, named
Requisition received at.....AM/PM on.....from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on
Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM,
on.....
Appearances⁶ found at the post-
mortem⁷.....

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 (Jeliet)

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 _____ 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 _____

Purgine _____

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 condition 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, 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 bodles 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 :

K

K

K

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) 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 bregmatic		8.43 cms. (8)
(h) Bitemporal		7.2 cms. (7)
(i) Biparietal		8.43 cms. (8)
(a) Sub-occipito-bregmatic		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 in 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—Frothy frothy blood, putrid, fluid, etc., from mouth or nose of both. Trail 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-Hymenvaginal 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 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. 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. Muscular 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, 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-glass, 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, diverticula:

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), 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, tubercle.
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, Heria, 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 abnormal, 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 Suprenals— 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, 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, 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.

Lymph 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.

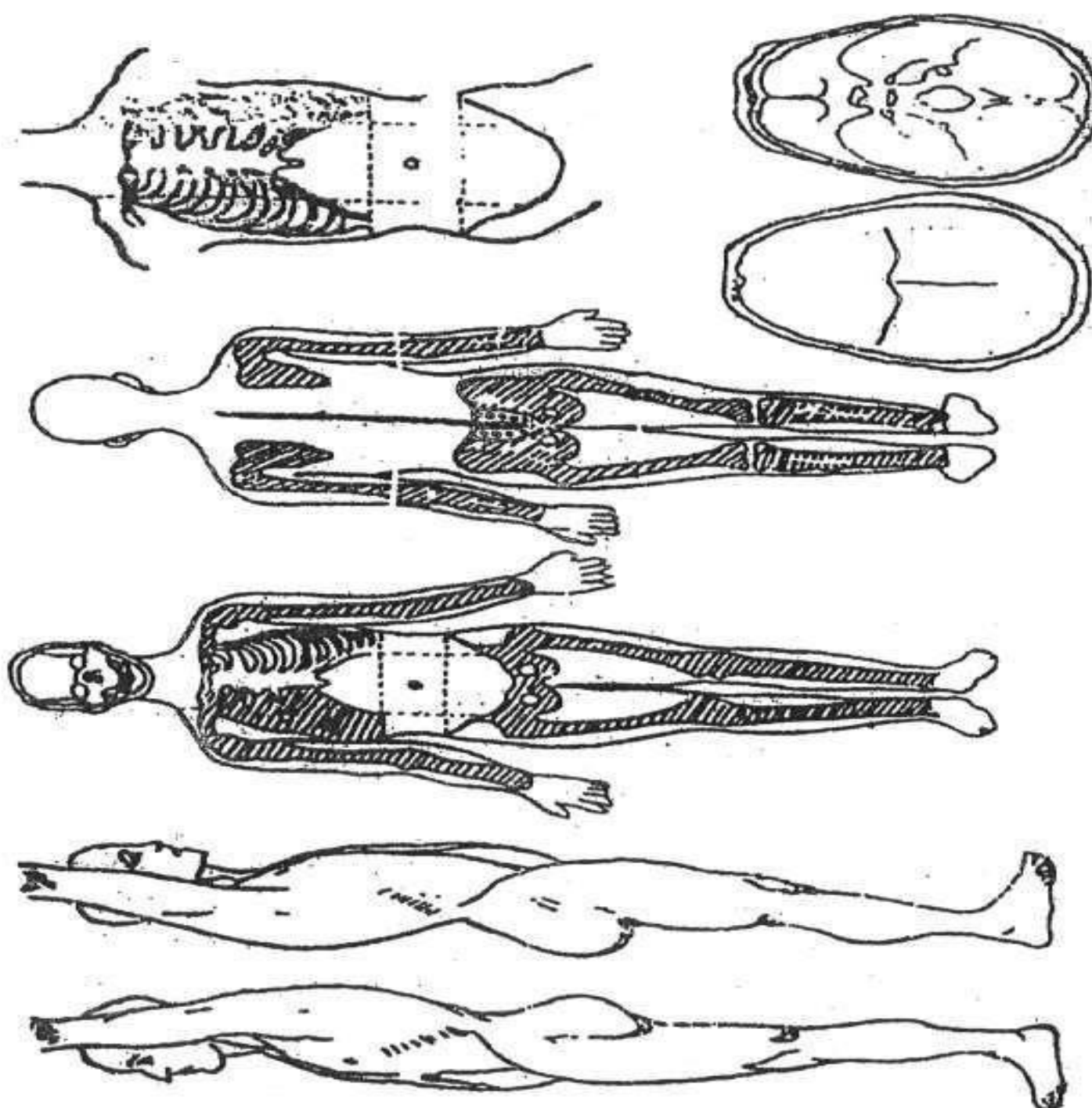
77. Atlas/Aexes Fracture, subluxation.

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.



Post-mortem c

PM No:
Date:

Post-mortem Certificate

Inquest
When held:

Summary of evi

Question put by
post-morter

Magisterial Enqu

Sessions—(Chie

Judgement.

ORIGINAL

Regarding the body of a male/female aged about¹years, named

Requisition received at.....AM/PM on.....from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on

Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM,
on.....
Appearances⁶ found at the post-
mortem⁷.....

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 (Jeliet)

Approximate girth : _____ inches length 20 inches weight

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 _____

Purgings _____

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:

colows.

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

Omaments, 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 [redacted] through Police Constable No. [redacted]

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 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, 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 bodles 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 :

40

41

42

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 quitted, 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, 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 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. *Genitals*-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-vaginal 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 ferior epiphysis of femur 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. 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. Muscular 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.
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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.
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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, diverticula:

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 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), 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, tubercle.
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, Heria, glands,

swollen diseased, 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 Suprenals— 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, 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, 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.

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, Sticky, tubercular.

The pia meter- injected.

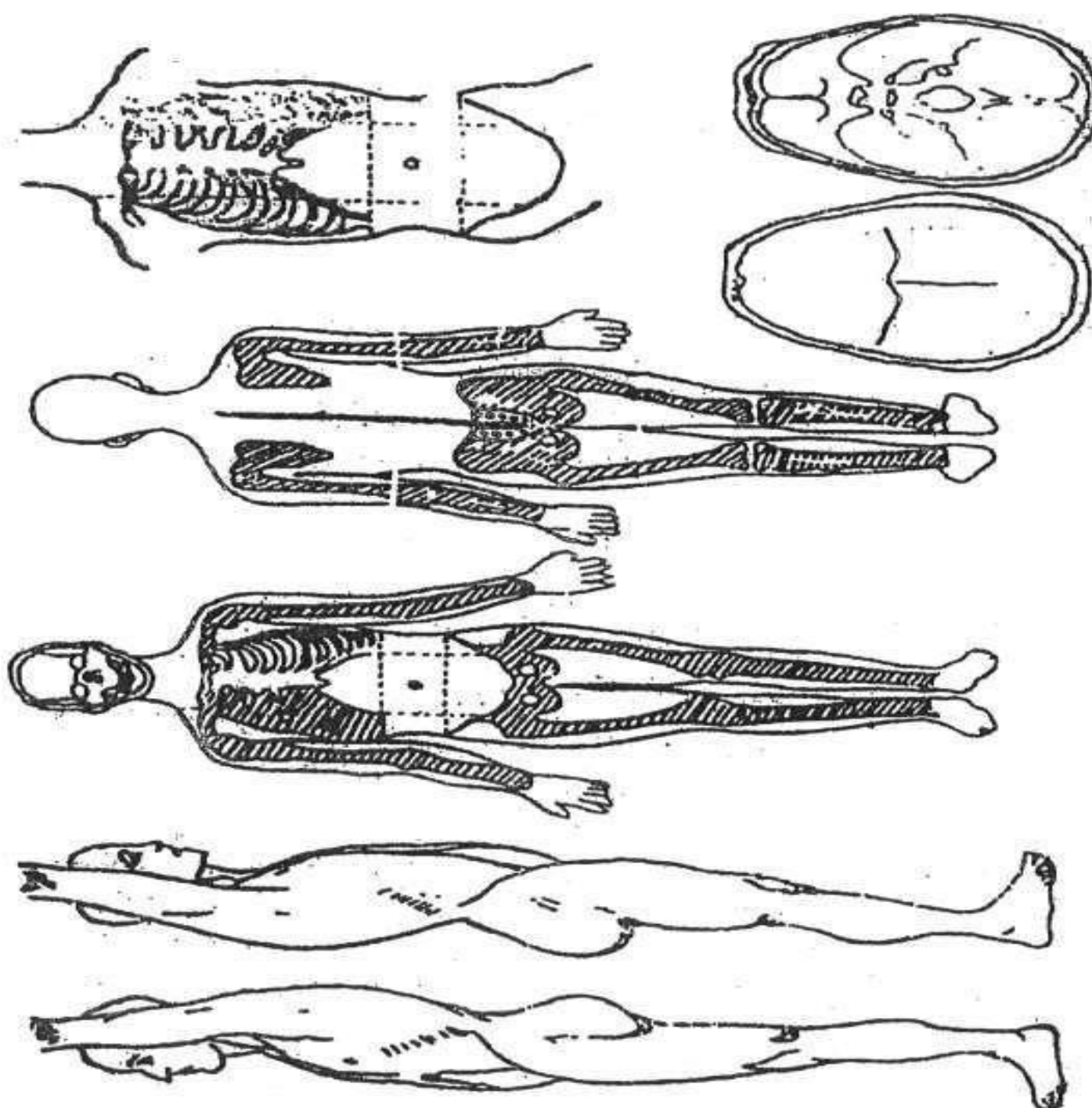
77. Atlas/Aexes Fracture, subluxation.

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.



Post-mortem c

PM No:
Date:

Post-mortem Certificate

Inquest
When held:

Summary of evi

Question put by
post-morter

Magisterial Enqu

Sessions—(Chie

Judgement.

ORIGINAL

Regarding the body of a male/female aged about¹years, named
Requisition received at.....AM/PM on.....from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on
Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM,
on.....
Appearances⁶ found at the post-
mortem⁷.....

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 (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	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	
minutes between the last eating, drinking		other posture in relation to	
and the development of the symptoms which were:—		surrounding objects	
Vomiting			
Purgings			
Loss of sensation.			
Dilatation			
_____of pupils			
Contraction.			
Unconsciousness			
Excitement			
Flushing of face			
State Nature of vomit exerts.			

Tinging

clonic

Tonic

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:

colows.

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

Omaments, 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 [redacted] through Police Constable No. [redacted]

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 condition 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, 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 bodles 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 :

K

K

K

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 quited, sapnification, mummification, damage by wild animals skeletanization.
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, uiccy of septern.
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 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-Hymenvaginal 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 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. Level 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. Muscular 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, 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-glass, 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), 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.
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Consistence-Firm, soft, wax, friable, abscess, infarcts, tubercle.
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, Heria, 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 abnormal, section-soft, firm, friable anaemic, pyramidal, colour difference between cortex increased diminished, narrow, pelvis, dilated, peripelvis at increased pyramids, calices, infarction 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.

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Pylorus to ileo caecal valve 610 cms. to 1057 cms. (Grey)
Duodenum 2.5 cms.
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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, adherent, 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.

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, Sticky, tubercular.

The pia meter- injected.

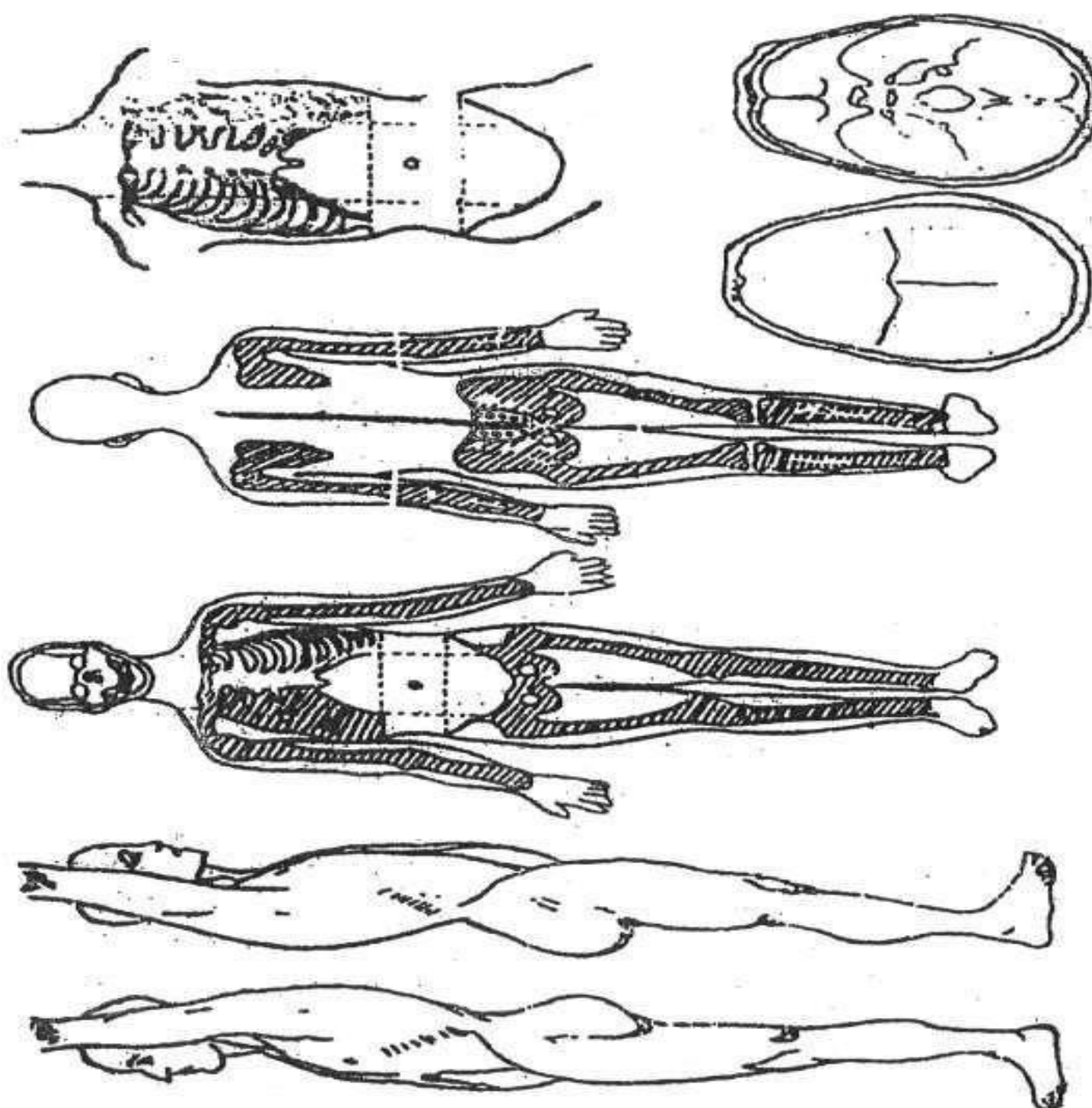
77. Atlas/Aexes Fracture, subluxation.

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.



Post-mortem c

PM No:
Date:

Post-mortem Certificate

Inquest
When held:

Summary of evi

Question put by
post-morter

Magisterial Enqu

Sessions—(Chie

Judgement.

ORIGINAL

Regarding the body of a male/female aged about¹years, named
Requisition received at.....AM/PM on.....from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on
Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM,
on.....
Appearances⁶ found at the post-
mortem⁷.....

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 (Jeliet)

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 _____ 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 _____

Purgings _____

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:

Twisting

Tinging

convulsions

clonic

Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:

colows.

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

Omaments, 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 [redacted] through Police Constable No. [redacted]

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 condition 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, 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 bodles 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 :

K

E

C

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 quited, sapnification, mummification, damage by wild animals skeletanization.
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, uiccy of septern.
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-Hymenvaginal 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 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. 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. Muscular 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-Searches 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. *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 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), 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, tubercle.
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 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 abnormal, 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 Suprenals— 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.

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, 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, 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.

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, Sticky, tubercular.

The pia meter- injected.

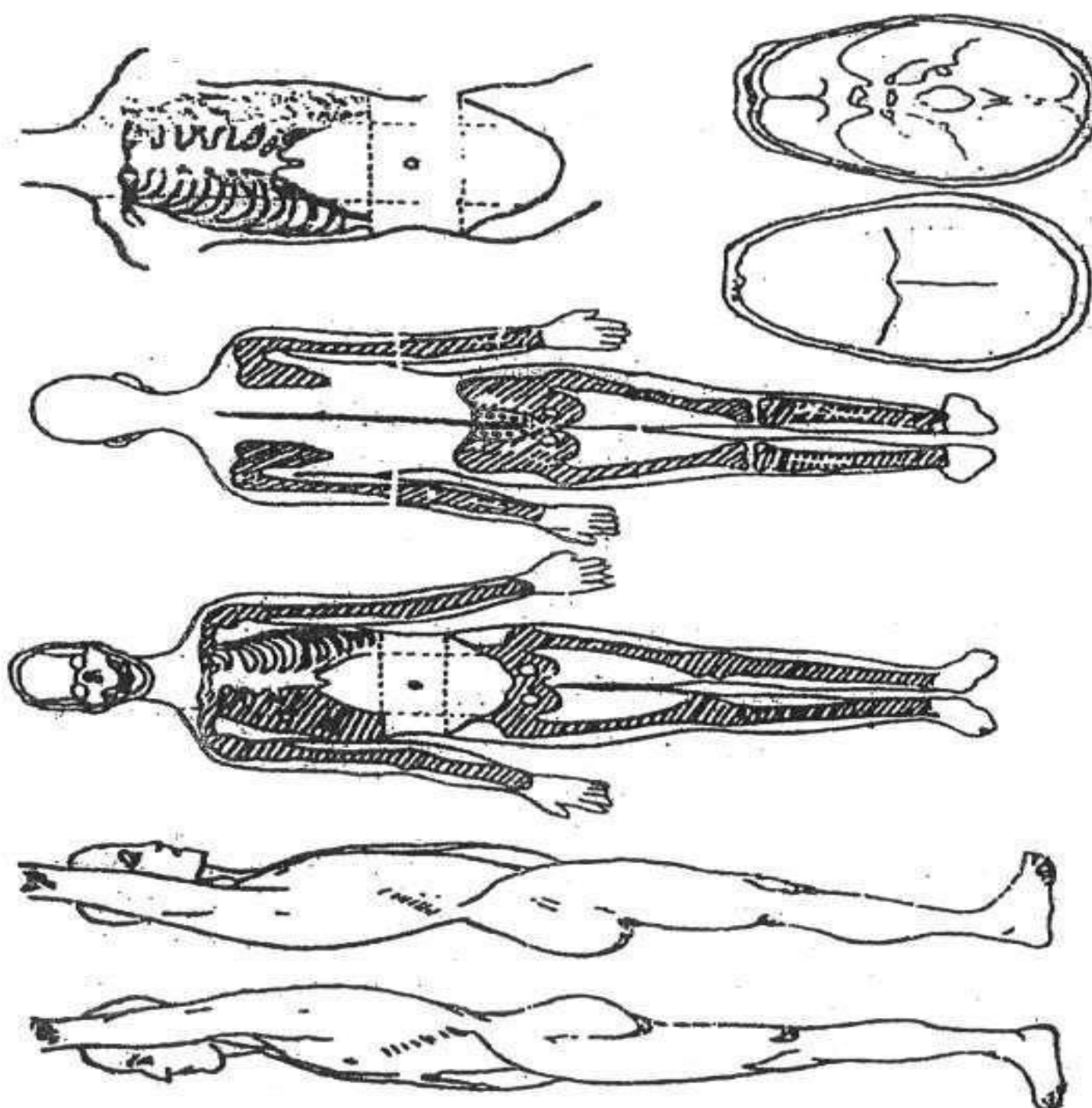
77. Atlas/Aexes Fracture, subluxation.

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.



Post-mortem c

PM No:
Date:

Post-mortem Certificate

Inquest
When held:

Summary of evi

Question put by
post-morter

Magisterial Enqu

Sessions—(Chie

Judgement.

ORIGINAL

Regarding the body of a male/female aged about¹years, named
Requisition received at.....AM/PM on.....from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on
Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM,
on.....
Appearances⁶ found at the post-
mortem⁷.....

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 (Jeliet)

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 _____ 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 _____

Purgings _____

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.

Tinging

convulsions

clonic

Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:

colows.

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

Omaments, 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 [redacted] through Police Constable No. [redacted]

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 condition 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, 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 bodles 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 :

40

41

42

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) 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 in 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 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-Hymenvaginal 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 ferior epiphysis of femur 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. 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. Muscular 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 fragile, inelastic emphysematous congested fragile. 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, 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-glass, 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, diverticula:

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), 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, tubercle.
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, Heria, 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 abnormal, 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 Suprenals— 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, adherent, 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.

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, sticky, tubercular.

The pia meter- injected.

77. Atlas/Aexes

Fracture, subluxation.

78. The Spinal Cord-Length

Weight

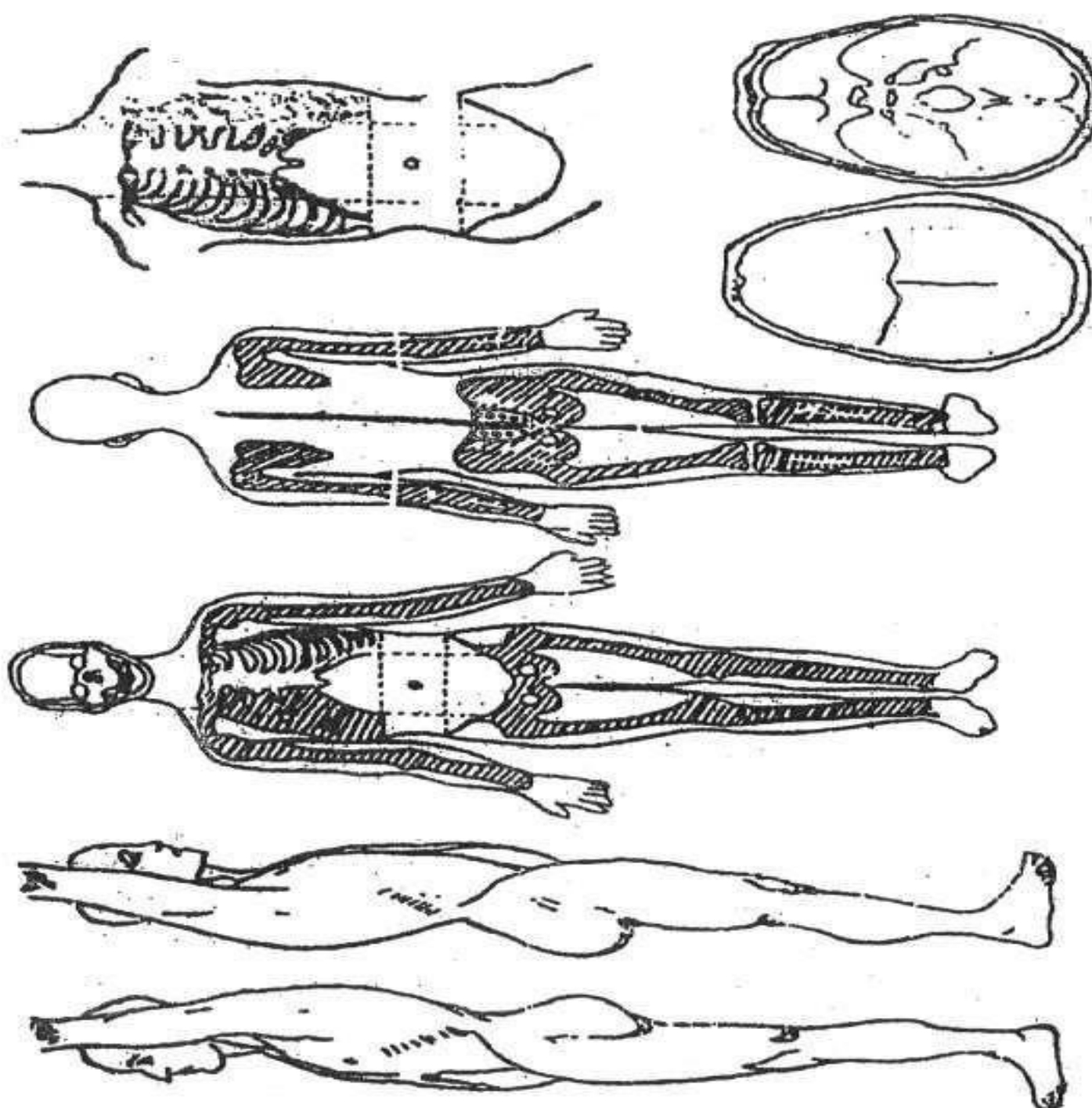
Cz.

Ос.

length-41cms. 43 cms.

Weight-45 gms.

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



Post-mortem c

PM No:
Date:

Post-mortem Certificate

Inquest
When held:

Summary of evi

Question put by
post-morter

Magisterial Enqu

Sessions—(Chie

Judgement.

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

Station:

Name:

Dated: 20 .

Rank:

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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 (Jeliet)

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 _____ 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 _____

Purgings _____

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:

Twisting

Tinging

convulsions

clonic

Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:

colows.

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

Omaments, 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 [redacted] through Police Constable No. [redacted]

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 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, 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 bodles 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 :

K

K

K

12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body, wound, 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 quitted, 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, 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, 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 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. *Genitals*-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-vaginal 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 ferior epiphysis of femur 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. 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. Muscular 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, 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-glass, 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, diverticula:

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), 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, tubercle.
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, Heria, glands,

swollen diseased, 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 abnormal, 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 Suprenals— 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, 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, 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.

Lymph 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.

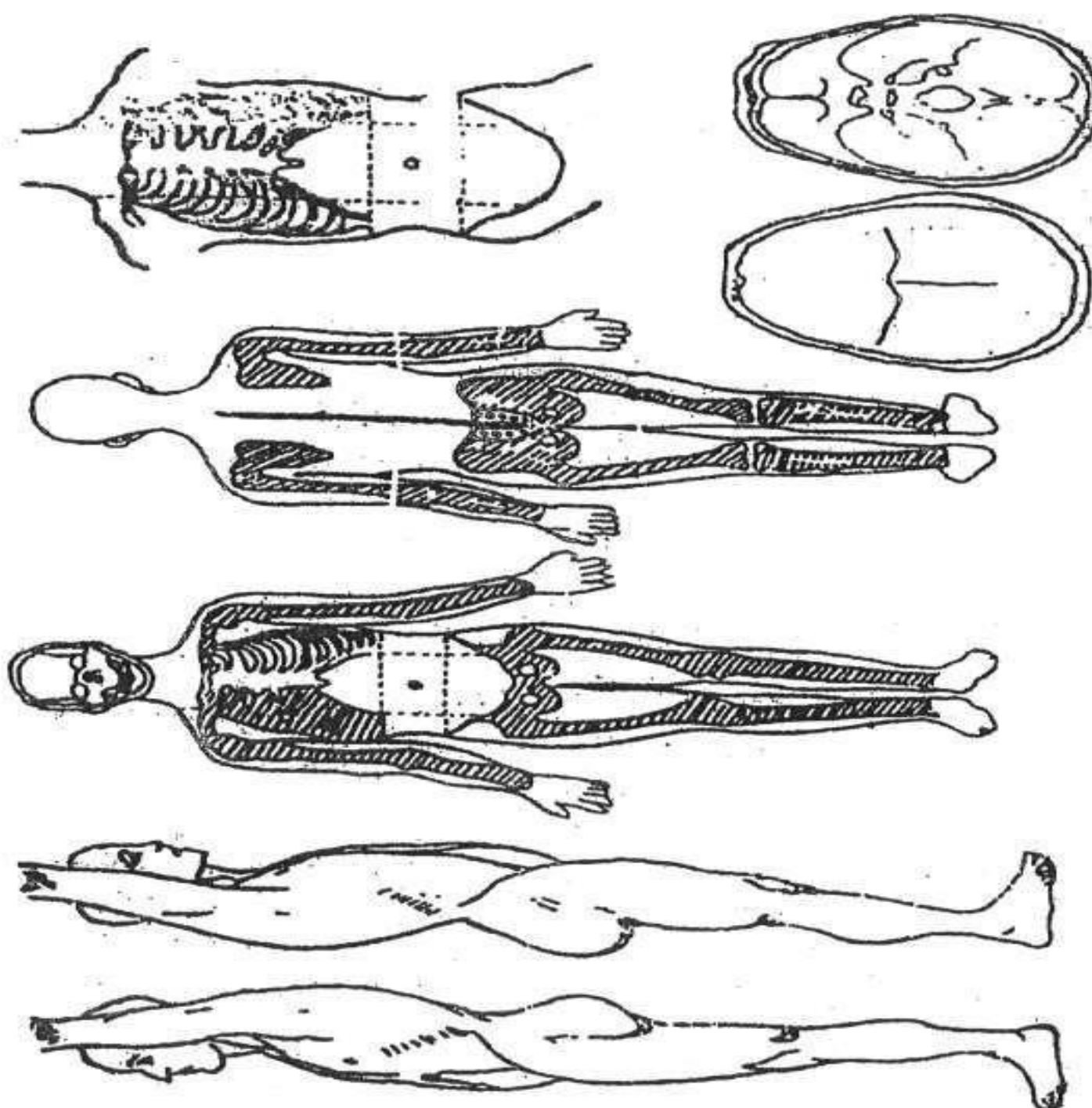
77. Atlas/Aexes Fracture, subluxation.

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.



Post-mortem c

PM No:
Date:

Post-mortem Certificate

Inquest
When held:

Summary of evi

Question put by
post-morter

Magisterial Enqu

Sessions—(Chie

Judgement.

ORIGINAL

Regarding the body of a male/female aged about¹years, named
Requisition received at.....AM/PM on.....from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on
Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM,
on.....
Appearances⁶ found at the post-
mortem⁷.....

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. 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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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 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 (Jeliet)

Approximate girth : _____ inches length 20 inches weight

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 _____

Purgings _____

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:

Twisting

Tinging

convulsions

clonic

Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:

colows.

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

Omaments, 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 [redacted] through Police Constable No. [redacted]

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 condition 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, 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 bodles 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 :

K

E

C

12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body, wound, 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 quitted, 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, 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 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-Hymenvaginal 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 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. Muscular 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. *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 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, diverticula:

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), amylod reaction (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, perisplentitis (iced spleen) rupture, wound.
Consistence-Firm, soft, wax, friable, abscess, infarcts, tubercle.
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 abnormal, 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 Suprenals— 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, adherent, 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.

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.

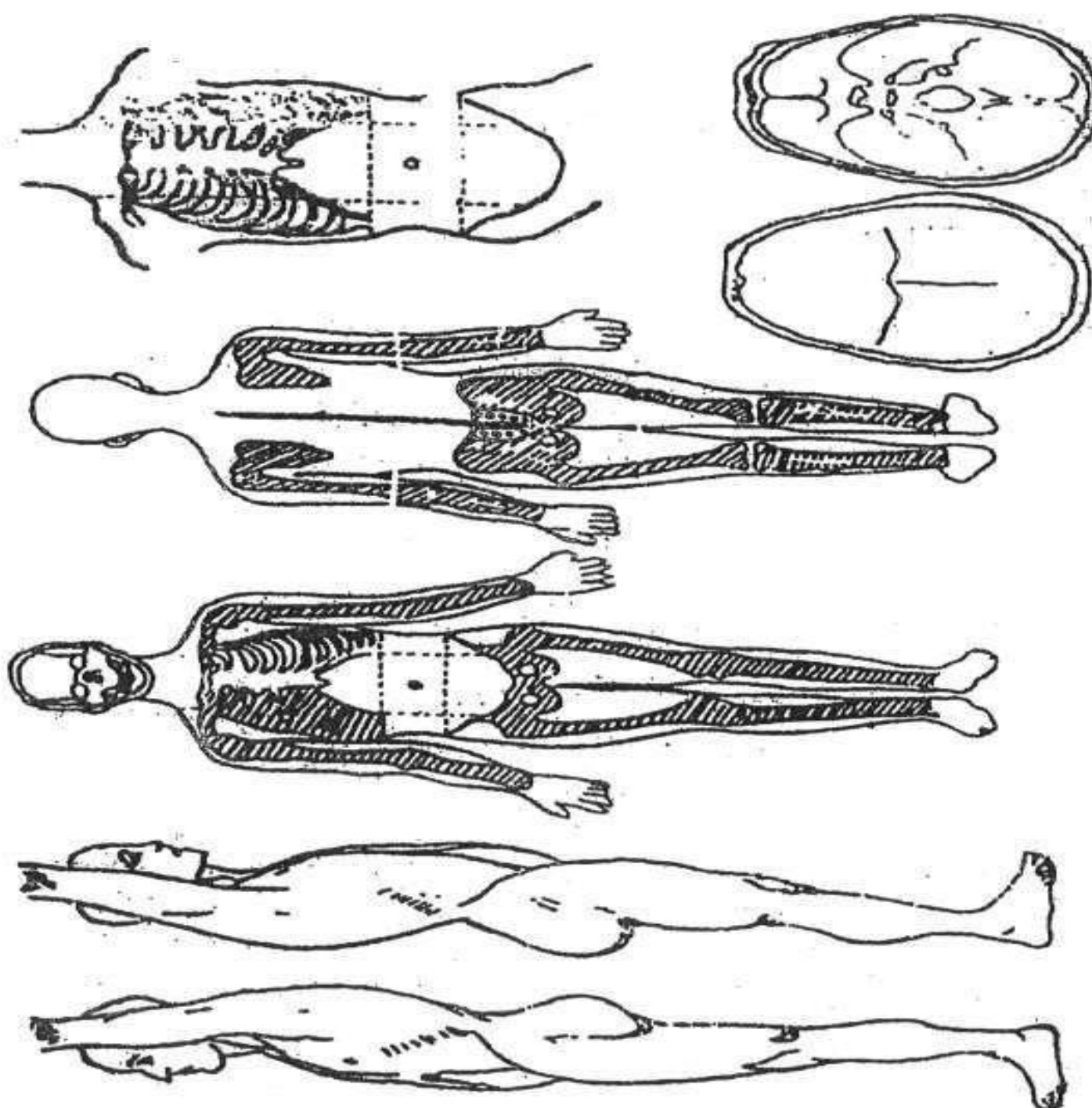
77. Atlas/Aexes Fracture, subluxation.

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.



Post-mortem c

PM No:
Date:

Post-mortem Certificate

Inquest
When held:

Summary of evi

Question put by
post-morter

Magisterial Enqu

Sessions—(Chie

Judgement.

ORIGINAL

Regarding the body of a male/female aged about¹years, named
Requisition received at.....AM/PM on.....from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on
Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM,
on.....
Appearances⁶ found at the post-
mortem⁷.....

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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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

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 (Jeliet)

Approximate girth : _____ inches length 20 inches weight

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 _____

Purgine _____

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

Tinging

convulsions

Tonic

clutching at

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:

colows.

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

Omaments, 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 [redacted] through Police Constable No. [redacted]

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 condition 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, 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 bodles 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 :

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12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body, wound, 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, saproscopication, 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 bregmatic		8.43 cms. (8)
(h) Bitemporal		7.2 cms. (7)
(i) Biparietal		8.43 cms. (8)
(a) Sub-occipito-bregmatic		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 in 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—Frothy frothy blood, putrid, fluid, etc., from mouth or nose of both. Trail 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-Hymenvaginal 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 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. 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. Muscular 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 fragile, inelastic emphysematous congested fragile. 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, 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-glass, 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, diverticula:

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), 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, tubercle.
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, Heria, glands,

swollen diseased, 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 abnormal, 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 Suprenals— 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, adherent, 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.

Lymph 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.

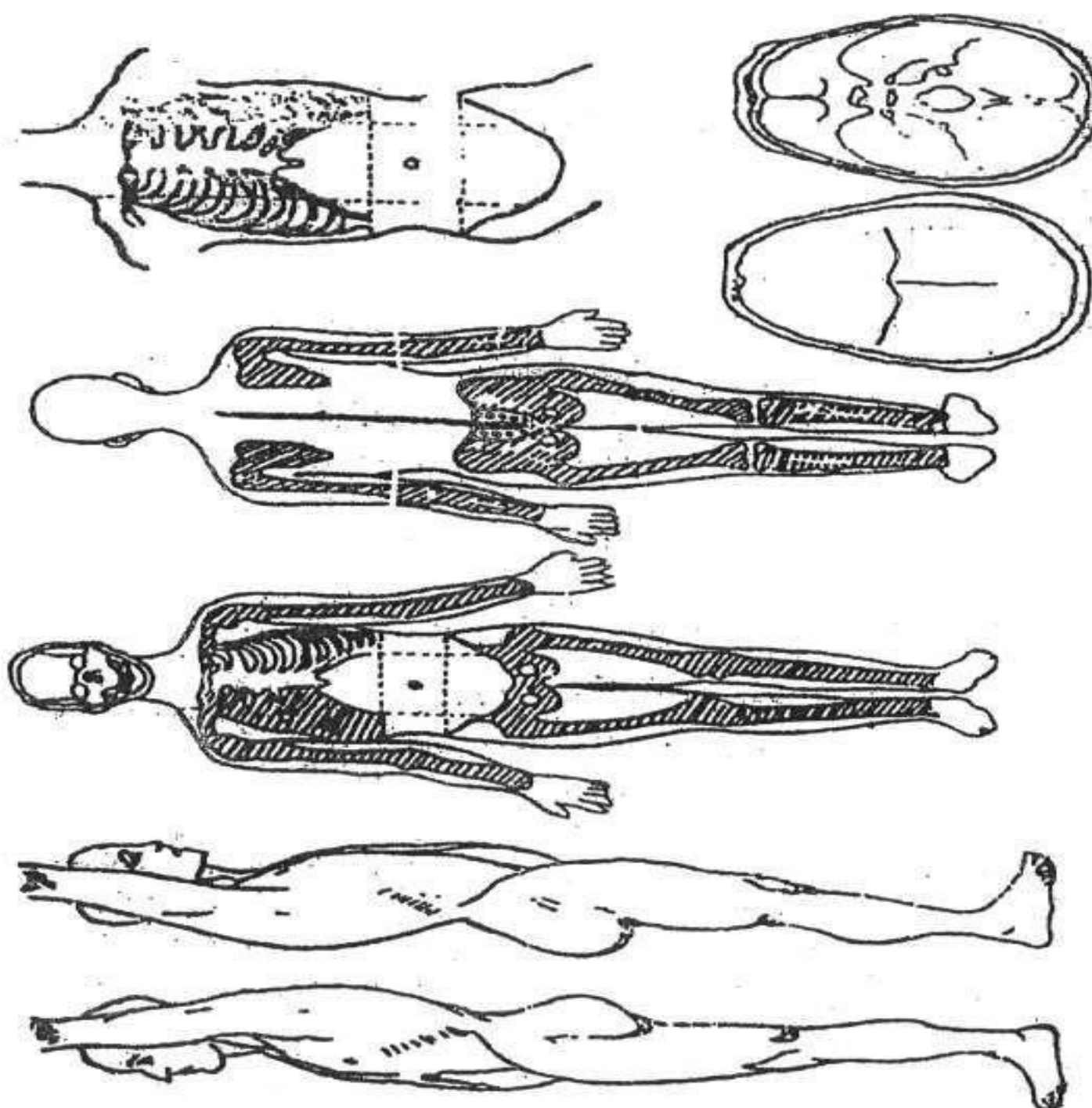
77. Atlas/Aexes Fracture, subluxation.

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.



Post-mortem c

PM No:
Date:

Post-mortem Certificate

Inquest
When held:

Summary of evi

Question put by
post-morter

Magisterial Enqu

Sessions—(Chie

Judgement.

ORIGINAL

Regarding the body of a male/female aged about¹years, named
Requisition received at.....AM/PM on.....from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on
Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM,
on.....
Appearances⁶ found at the post-
mortem⁷.....

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.

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 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 (Jeliet)

Approximate girth : _____ inches length 20 inches weight

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 _____

Purgine _____

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

Tinging

clonic

Tonic

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:

colows.

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

Omaments, 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 [redacted] through Police Constable No. [redacted]

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 condition 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, erysipelas, thickening tumours, ulcers (oral, labial Cutaneous, anal), scare naevi disease of hair, mention site and nature.
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41

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12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
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(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, 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 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-Hymenvaginal 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 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. 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. Muscular 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, 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-glass, 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, diverticula:

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), amylod 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, tubercle.
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 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 Suprenals— 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.

Coeum-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, adherent, 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.

Lymph 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.

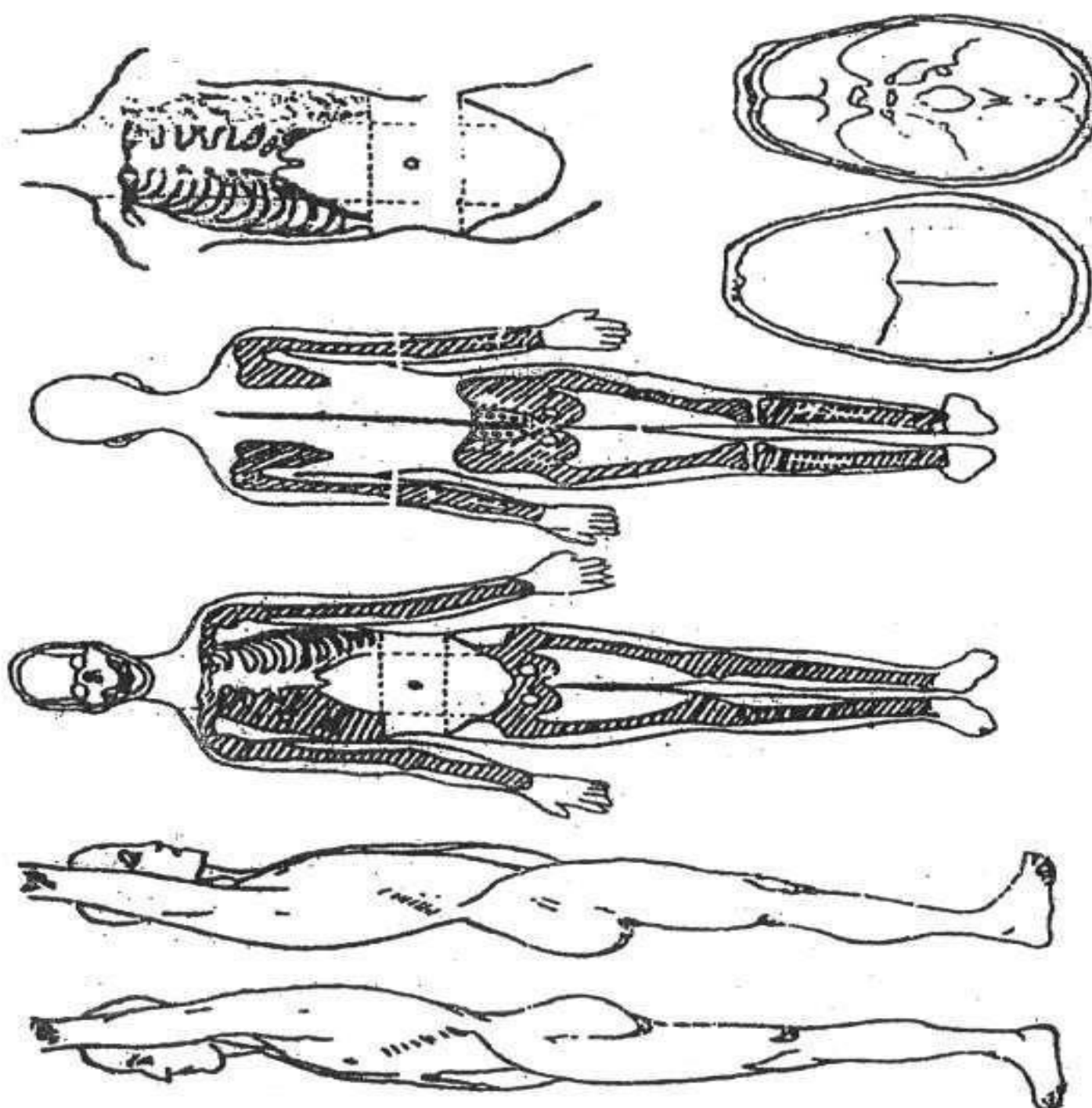
77. Atlas/Aexes Fracture, subluxation.

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.



Post-mortem c

PM No:
Date:

Post-mortem Certificate

Inquest
When held:

Summary of evi

Question put by
post-morter

Magisterial Enqu

Sessions—(Chie

Judgement.

ORIGINAL

Regarding the body of a male/female aged about¹years, named
Requisition received at.....AM/PM on.....from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on
Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM,
on.....
Appearances⁶ found at the post-
mortem⁷.....

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 (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	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	
minutes between the last eating, drinking		other posture in relation to	
and the development of the symptoms which were:—		surrounding objects	
Vomiting			
Purgings			
Loss of sensation.			
Dilatation			
_____of pupils			
Contraction.			
Unconsciousness			
Excitement			
Flushing of face			
State Nature of vomit exerts.			

Tinging

clonic

Tonic

Delirium

Paralysis

Haemorrhages

Bleaching of mouth:

colows.

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

Omaments, 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 [redacted] through Police Constable No. [redacted]

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 condition 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, 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 bodles 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 :

40

41

42

12. Status of blood, semen, vomit, faces, mud, dust, grease, coal, betel, etc., location, extent.
13. Signs of decomposition (in usual order) body, wound, 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 quited, 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)
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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.

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35. *Scrotum*, elephantoid, hydrocele, tests enlarged, Labia-Hymenvaginal 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 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. 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. Muscular 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 fragile, inelastic emphysematous congested fragile. 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, 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-glass, 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, diverticula:

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), 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, perisplentitis (iced spleen) rupture, wound.
Consistence-Firm, soft, wax, friable, abscess, infarcts, tubercle.
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, Heria, 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 abnormal, 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 Suprenals— 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, 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, 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.

Lymph 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.

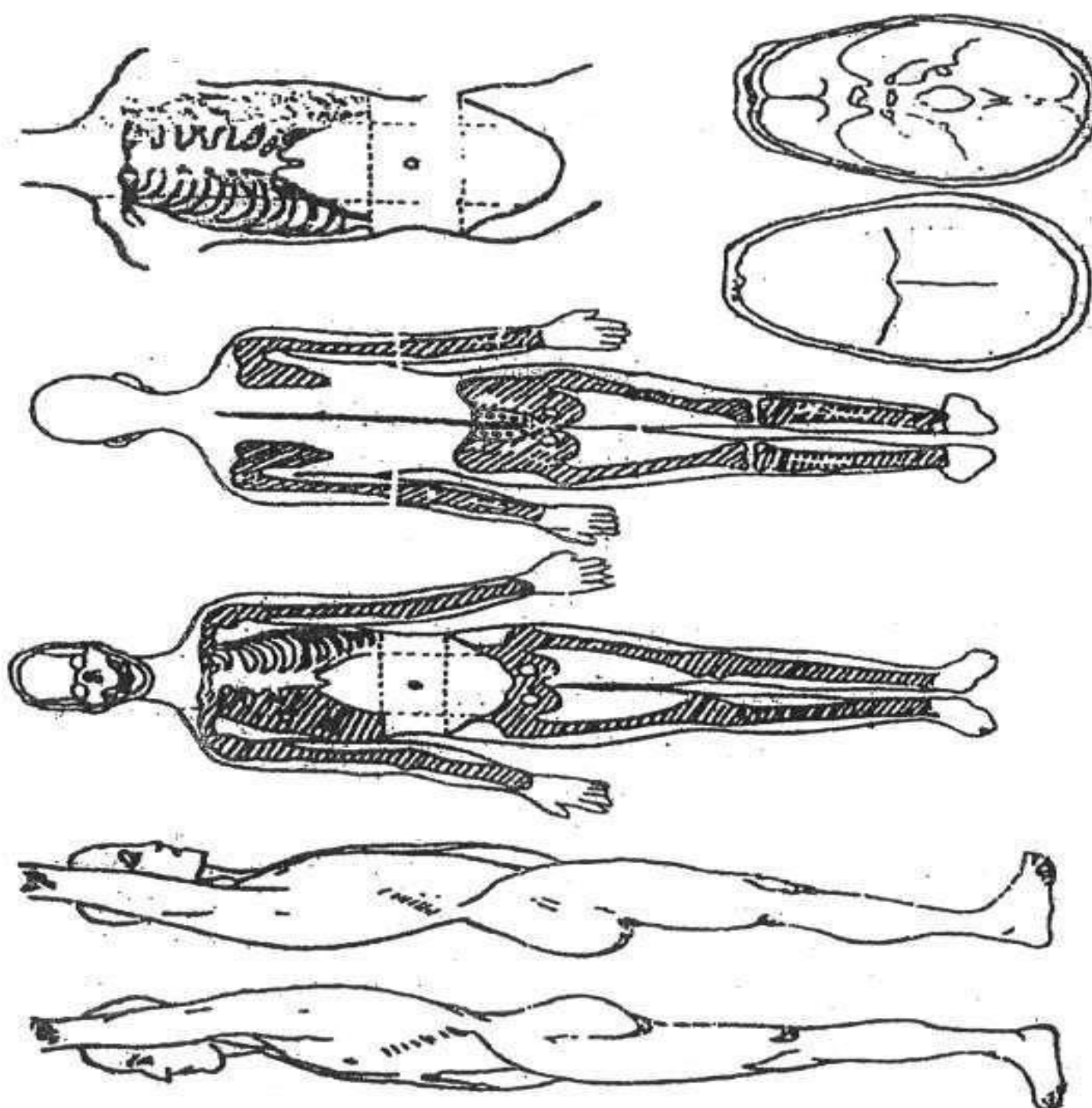
77. Atlas/Aexes Fracture, subluxation.

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.



Post-mortem c

PM No:
Date:

Post-mortem Certificate

Inquest
When held:

Summary of evi

Question put by
post-morter

Magisterial Enqu

Sessions—(Chie

Judgement.

ORIGINAL

Regarding the body of a male/female aged about¹years, named
Requisition received at.....AM/PM on.....from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on
Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM,
on.....
Appearances⁶ found at the post-
mortem⁷.....

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.

- 1.
- 2.

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—130-3 (Medi. 1-28)—10,000 Cps.—28-5-14 [HCL-8]

100-3—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 _____ 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.

Describe the mode of packing
and seals.

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,-Blisters, 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, 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-Jelliet—

(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, 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 holes 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 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 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 *Panetes*-Retracted, distended, sitee 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-tumous.
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, 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 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-gas, 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 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), amyloid 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, perisplenitis (iced spleen) rupture, wound.
Consistence-Firm, soft, wax, friable, abscess, infarcts, tubercle.
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, 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, 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 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, 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, 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, clearness, 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, Stickly, tubercular.

The pia meter- injected.

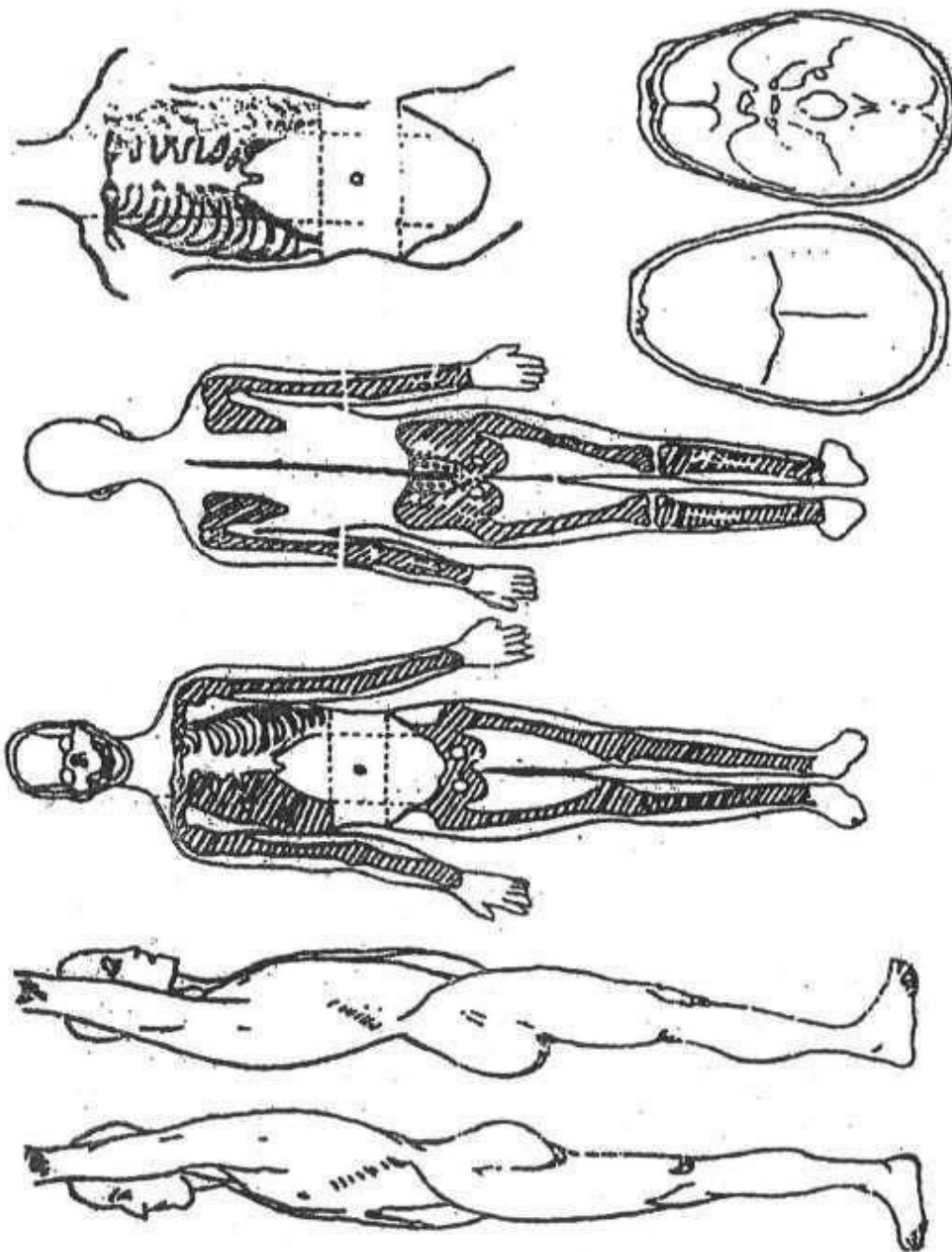
77. Atlas/Axes Fracture, subluxation.

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

length-41cms. 43 cms.

Weight-45 gms.

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



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.

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PM No:
Date:

Post-mortem Certificate

Regarding the body of a male/female aged about¹years, named

Requisition received at.....AM/PM on from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on

Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM, on.....
Appearances⁶ found at the post-mortem⁷.....

Opinion as to cause of death –

- c) Reserved pending report of.....
- d) 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

17

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
 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 _____

*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

State Nature of vomit exerts

Unconsciousness

Excitement

Flushing of face

Tinging

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)

4

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,-Blisters, 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, 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-Jelliet—

(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 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 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. *Genitals*-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 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 *Panetes*-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. 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 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.
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53. *Thyroid parathyroids*-Enlarged firm fibrous, etc.
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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.

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 Weight ounce, colour, consistence, inflammation, abscess, cystic tumour, fat necrosis.

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 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.
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 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 (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, perisplenitis (iced spleen) rupture, wound.
 Consistence-Firm, soft, wax, friable, abscess, infarcts, tubercle.
 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 Suprenals— 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-Vaccines, colour, consistence, parasites, pus foreign bodies stones.

66. LARGE INTESTINE.

Heo-caecal valve Intussusception, etc.

Coecum-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, adherent, anaemic, vascular, hypostasis congested, inflamed, extravation of blood external or internal to dura or pia (amouunt situation and extend) adhesions-(Discribe and sketch).

The arachnoid-Dry Stickly, tubercular.

Cerebro-Spinal fluid-volumes, cleamess, 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, 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.

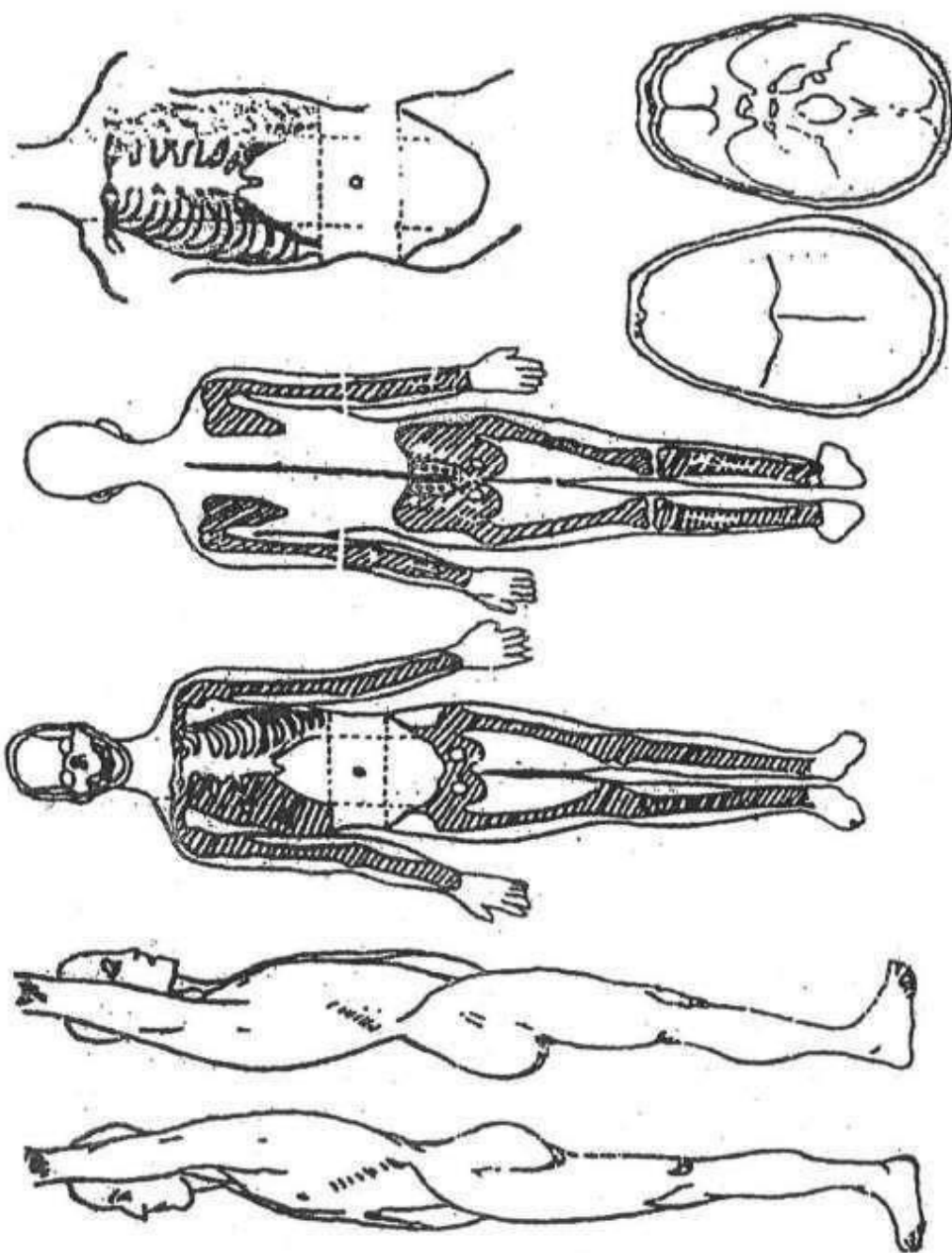
77. Atlas/Axes	Fracture, subluxation.
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78. The Spinal Cord-Length	Weight	Cz.	Oc.
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length-41cms. 43 cms.

Weight-45 gms.

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



18

199

460

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.)

Summary of opinion.

Dated _____ day of _____, 20__

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 about¹years, named

Requisition received at.....AM/PM on from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on

Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM, on.....
Appearances⁶ found at the post-mortem⁷.....

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—130-3 (Med. 1-28)—10,000 Cps.—28-5-14 [HCL-8]

130-3—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 _____ 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 _____

*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

State Nature of vomit exerts

Unconsciousness

Excitement

Flushing of face

Tinging

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)

4

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,-Blisters, 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, 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-Jelliet—

(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 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 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. *Genitals*-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 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. 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*, 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-gas, 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 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), amyloid 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, perisplenitis (iced spleen) rupture, wound.
Consistence-Firm, soft, wax, friable, abscess, infarcts, tubercle.
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.

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 (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 Suprenals— abscess.
cyst, rupture, wound, enlarged, irregular, firm, adherent, section, yellow, grey white cheesy, calcified.

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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.

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Length 2.5 cms. to 20 cms.

Average 10 cms.

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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, 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, clearness, 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, Stickly, tubercular.

The pia meter- injected.

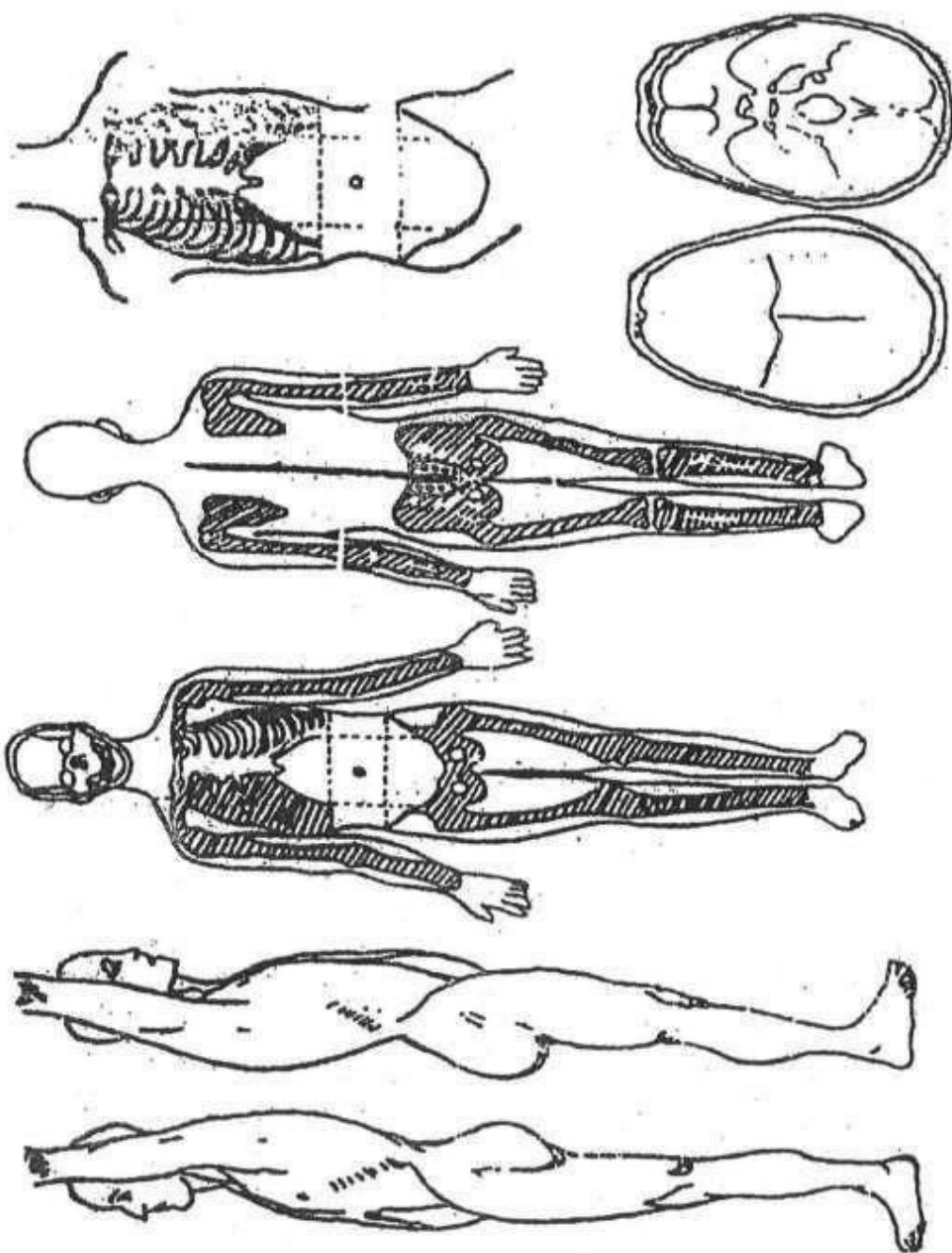
77. Atlas/Axes Fracture, subluxation.

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

length-41cms. 43 cms.

Weight-45 gms.

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



20

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 $\frac{\text{a.m.}}{\text{p.m.}}$ 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 about¹years, named

Requisition received at.....AM/PM on from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on

Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM, on.....
Appearances⁶ found at the post-mortem⁷.....

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 (Medf. 1-28)—10,000 Cps.—28-5-14 [HCL-8]

180-3—1

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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

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

Tinging

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

Omaments, 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)

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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, tailing (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, eyeliquited, sapnification, mummification, damage by wild animals skeletanization.
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-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 septern.
21. *Mouth and lips.*—Give forth characteristic odour of discoloured stained. Mucous lining softened, destroyed, exoriated herpeson.
22. *The tongue.*—Protruded between teeth, stained mucqus 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 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-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 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 -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. 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*, 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-gas, 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 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), amyloid 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, perisplenitis (iced spleen) rupture, wound.
Consistence-Firm, soft, wax, friable, abscess, infarcts, tubercle.
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, pyelonephritic, colour difference between cortex increased diminished, narrow, pelvis, dilated, peripelvis at increased pyramids, calices, infarction 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 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 atrophy, hernia

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, 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, clearness, 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, Stickly, tubercular.

The pia meter- injected.

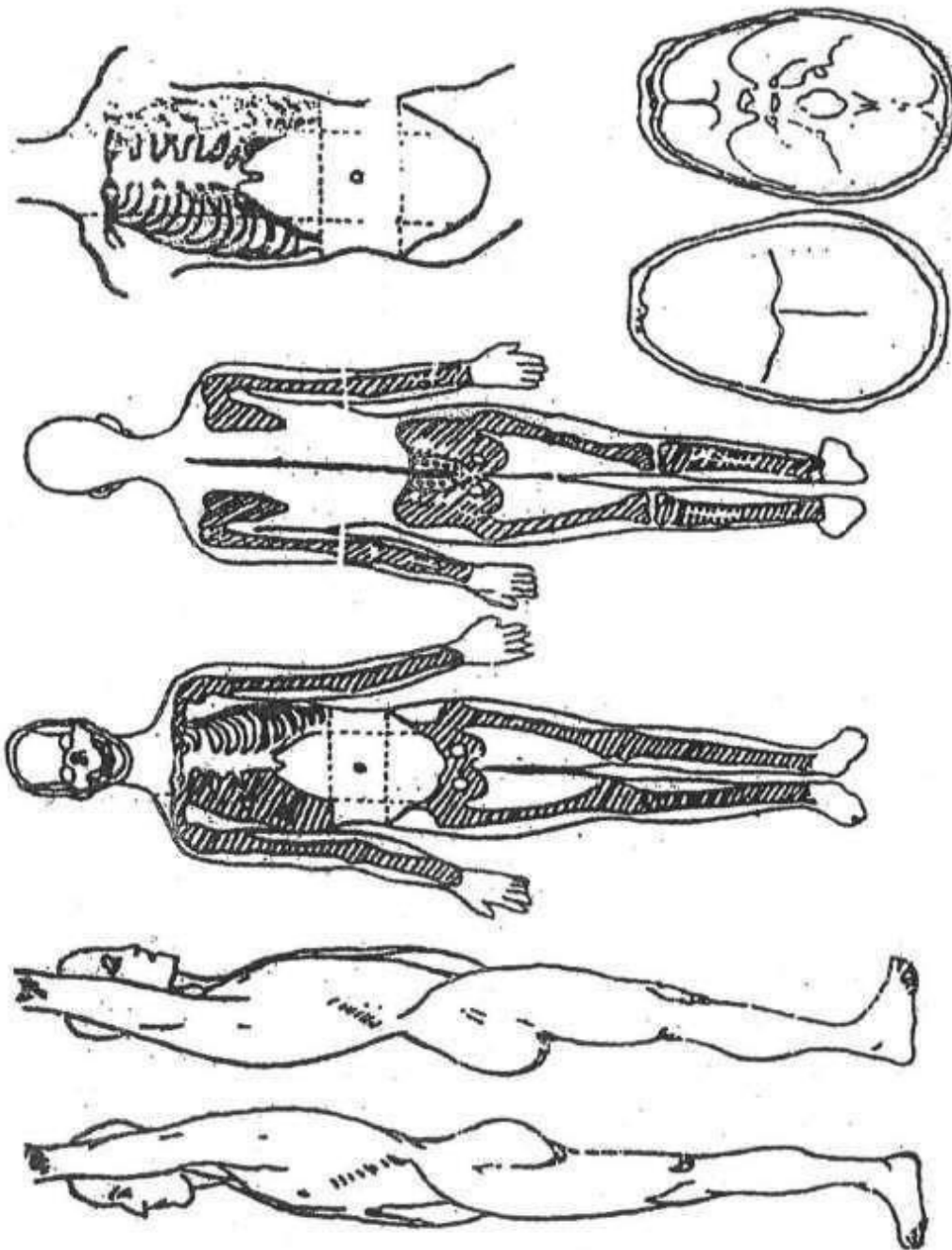
77. Atlas/Axes Fracture, subluxation.

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

length-41cms. 43 cms.

Weight-45 gms.

Soft, firm vascular injected, atrophied, semi-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 $\frac{\text{a.m.}}{\text{p.m.}}$ 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 about¹years, named

Requisition received at.....AM/PM on from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on

Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM, on.....
Appearances⁶ found at the post-mortem⁷.....

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]

130-3—1

23

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
 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

State Nature of vomit exerts

Unconsciousness

Excitement

Flushing of face

231

Tinging

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

Omaments, 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)

4

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,-Blisters, 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, 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, eyelid 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-Jelliet—

(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 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. *Genitals*-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 *Panetes*-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. 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 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*, 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-gas, 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 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), amyloid 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, perisplenitis (iced spleen) rupture, wound.
Consistence-Firm, soft, wax, friable, abscess, infarcts, tubercle.
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, pyelonephritic, colour difference between cortex increased diminished, narrow, pelvis, dilated, peripelvis at increased pyramids, calices, infarction 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 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 atrophy, hernia

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 8 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, 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, clearness, 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, Stickly, tubercular.

The pia meter- injected.

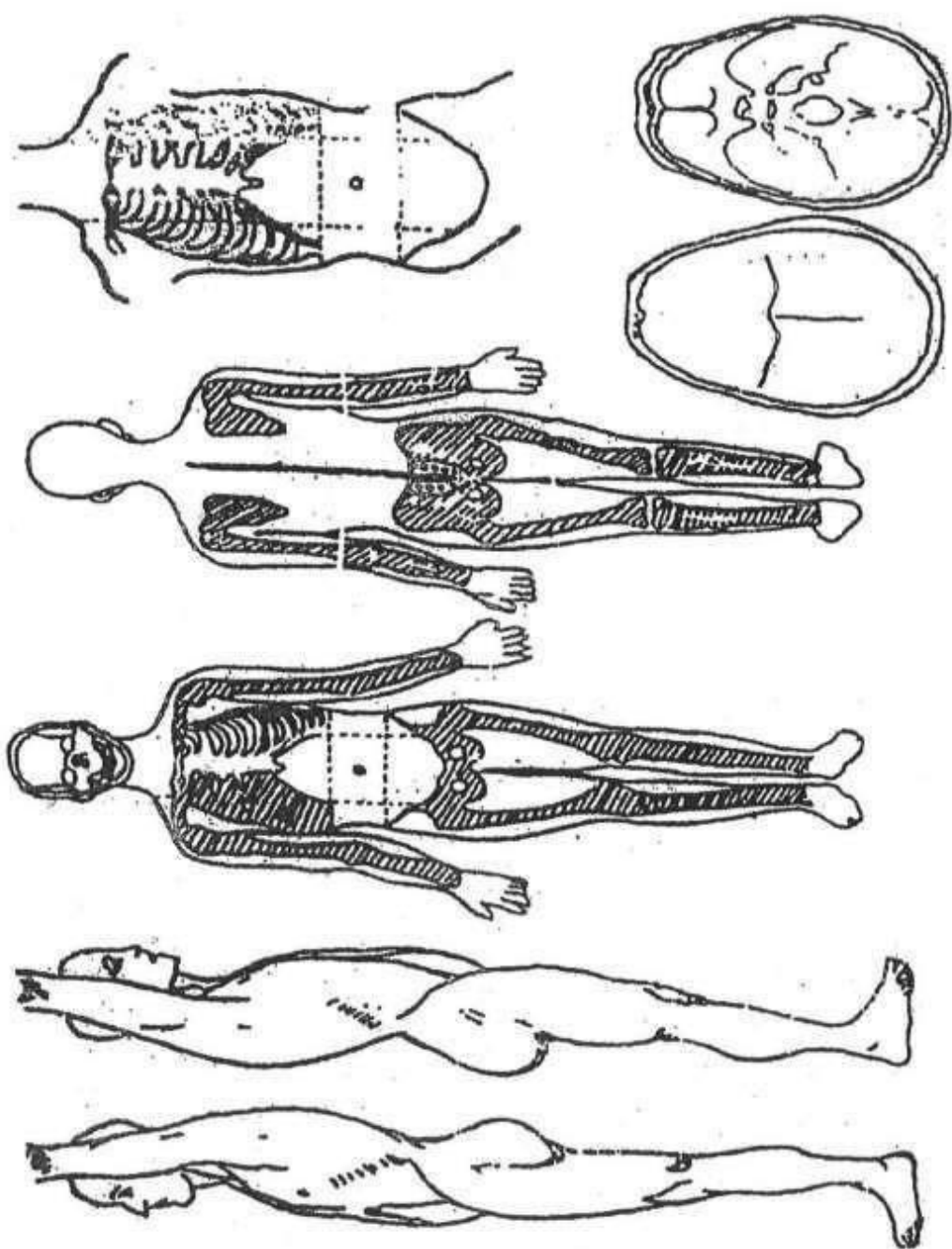
77. Atlas/Axes Fracture, subluxation.

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

length-41cms. 43 cms.

Weight-45 gms.

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



24

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 $\frac{\text{a.m.}}{\text{p.m.}}$ 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.

24

PM No:
Date:

Post-mortem Certificate

Regarding the body of a male/female aged about¹years, named

Requisition received at.....AM/PM on from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on

Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM, on.....
Appearances⁶ found at the post-mortem⁷.....

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 [MCL-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 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.

Describe the mode of packing
and seals.

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)

25

Notes of Post-Mortem Examination

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

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,

Anpits.

Pubis.
9. Presence of visible diseases,-Blisters, 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, eyelids everted, saprofication, mummification, damage by wild animals skeletanization.
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 in 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-vaginal 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, 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. Muscular 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 serum, 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*, 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-gas, outer surface, vascular, fresh lymph injected adherent, wound rupture.
Contents Inaroma 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, 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), amaloide 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 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 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 ilico 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 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.

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

Colon-Sagging dilation flexures-Normal in position linking sacculatation, stenosis, injected adhesions, 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 80 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.

Lymph 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, Sticly, tubercular.

The pia meter- injected.

77. Atlas/Aexes

Fracture, subluxation.

78. The Spinal Cord-Length

Weight

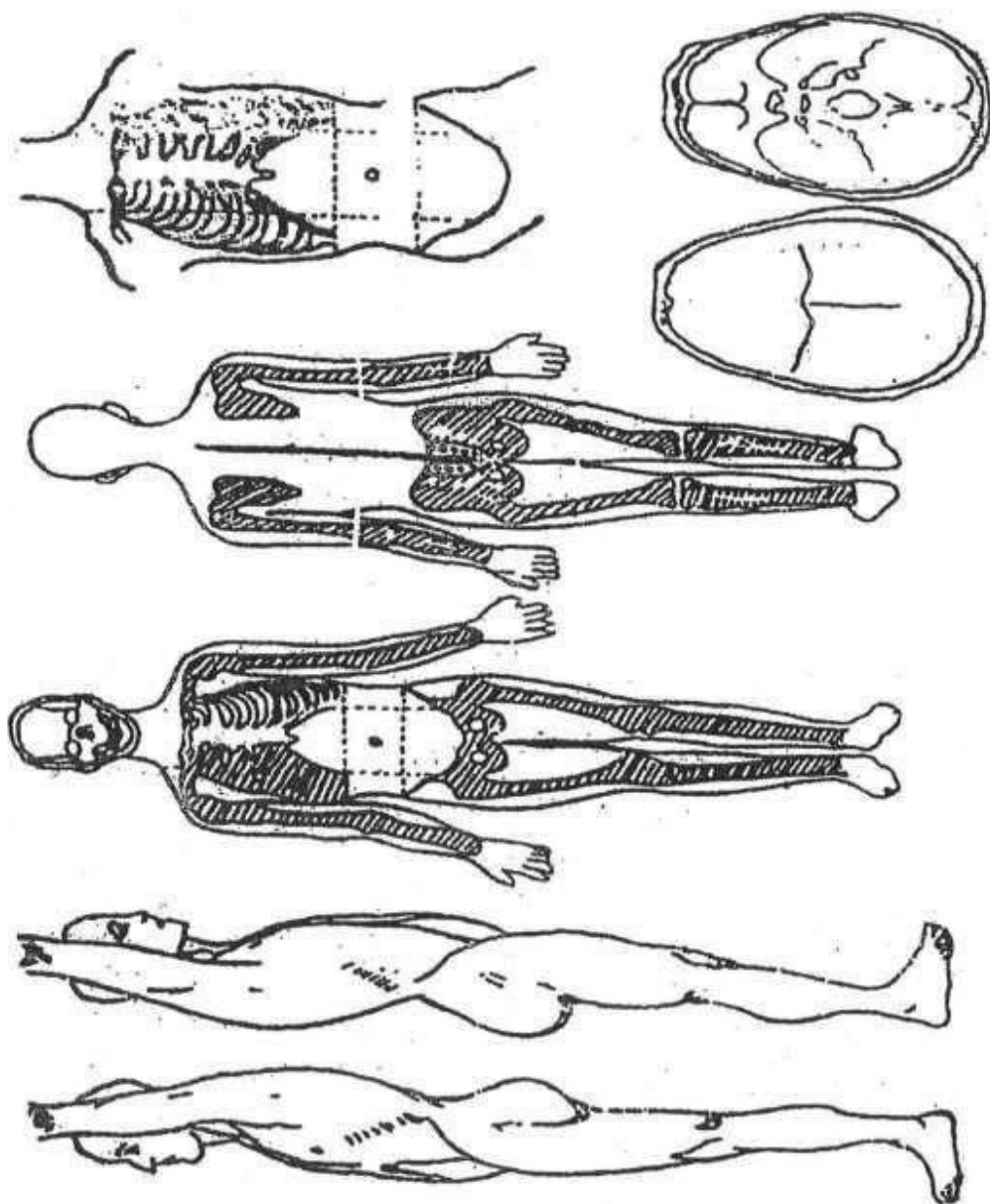
Cz.

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. at least).
6. Brain.
7. Blood.
8. Preservative (nature and quantity not less than 100 c.c.)

Post-mortem concluded at $\frac{\text{a.m.}}{\text{p.m.}}$ 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.

26

PM No:
Date:

Post-mortem Certificate

Regarding the body of a male/female aged about¹years, named

Requisition received at.....AM/PM on from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on

Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM, on.....
Appearances⁶ found at the post-mortem⁷.....

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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Post-Mortem Serial Number—

Post-Mortem Certificate Number—

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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—130-3 (Medl. 1-28)—10,000 Cps.—28-5-14 [HCL-6]

130-3—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 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 _____
 Purgine _____
 Loss of sensation. _____
 Dilatation _____ of pupils _____
 Contraction. _____ State Nature of vomit exens.
 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.

Describe the mode of packing
and seals.

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, 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, faeces, mud, dust, grease, coal, tar, etc., location, extent.
13. Signs of decomposition (in usual order) body wax, muscles relaxed and contractile, rigidity of rigour 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-Jelliet—

(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 bregmatic		8.43 cms. (8)
(h) Bitemporal		7.2 cms. (7)
(i) Biparietal		8.43 cms. (8)
(a) Sub-occipito-bregmatic		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 in angles of eyes, horizontal upturned, downturned.
20. *Nose*.— Broken, discharge of blood, frothy blood mucous, foreign body, polypus, ulcer 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)
Bilrochanteric 8.85 cms. (9)
Bis-Iliac 8.43 cms. (8)
Sacro-Iliac 4.95 cms. (5)
30. *Mummary glands*-development, hypertrophy, atrophy, tumours cysts, primary areotse, secondary arelae (colour) stris alba.
31. *Axillary glands*-Enlarged, length.
32. *Abdomen*-Strise albicantes, linea, nigra caput medusae, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia umbilicus healed, umbical 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 *Panetes*-Retracted, distended, sitee 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. Muscular 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. *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 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.; muus-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 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), 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, 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, diff 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 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, 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 sacculatation, 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, 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.

Lymph 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 mater- injected.

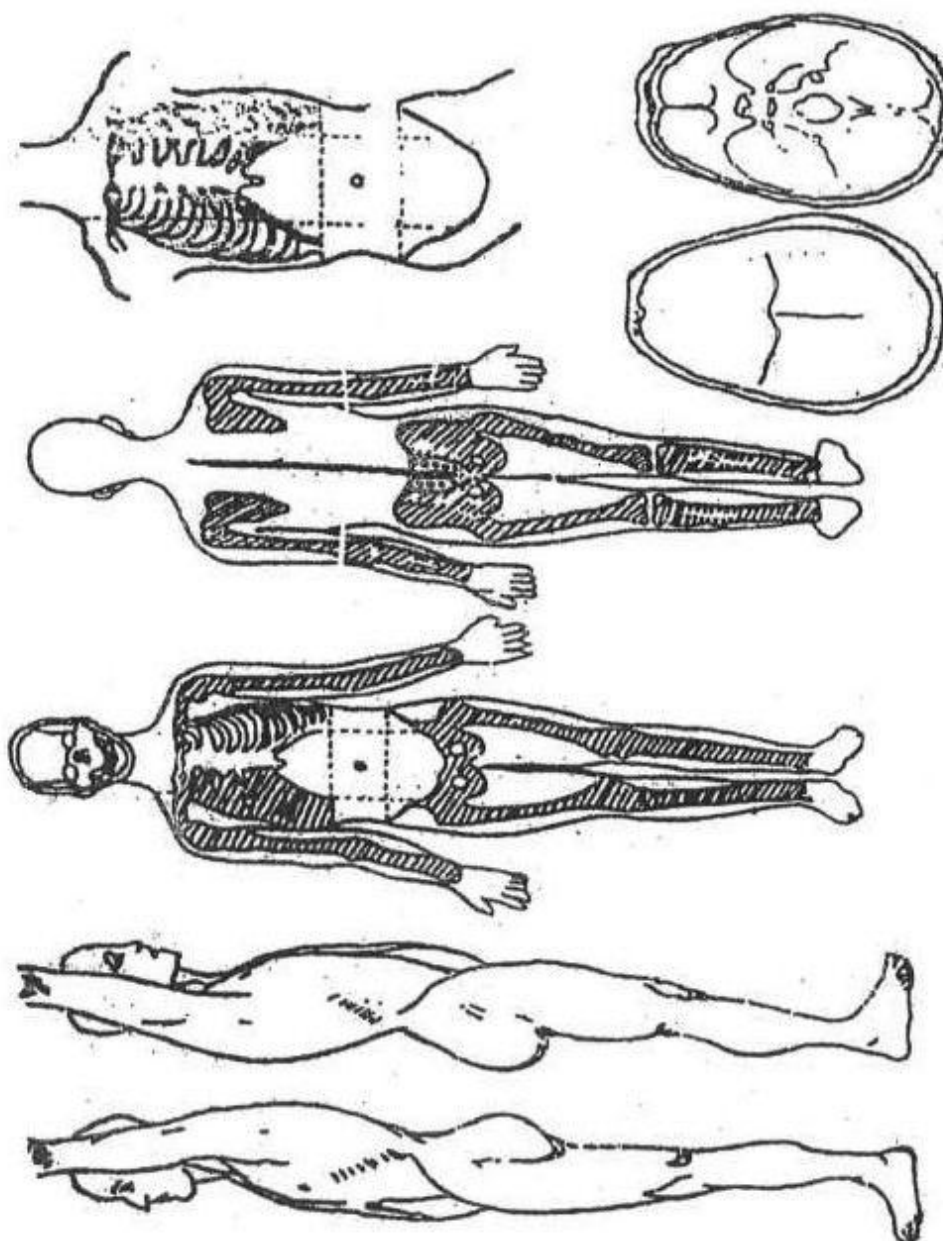
77. Atlas/Axex Fracture, subluxation.

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 about¹years, named

Requisition received at.....AM/PM on from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on

Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM, on.....
Appearances⁶ found at the post-mortem⁷.....

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—120-3 (Medl 1-28)—10,000 Cps.—28-5-14 [HCL-8]

180-3—1

284

293

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 _____ 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. _____ on _____ p.m. if the body was seen before post-mortem examination, note time and general condition 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,-Blisters, 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, faeces, 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 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, eyelid everted, saprophytation, 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—Jellat—

(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)
(e) 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, 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 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-Hymenvaginal 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 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 *Panetes*-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, 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, ruptured.
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 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 fragile, inelastic emphysematous congested fragile. Inelastic emphysematous, collapsed atelectoid; lobes swollen shrunken, dark red; gray, firm friable soft, dry exclude frothy aerum, blood tint 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, 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. *Hyaline 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 Inarms 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 white, 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, 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 barochloric 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, perisplenitis (iced spleen) rupture, wound.
 Consistence-Firm, soft, wax, friable, abscess, infarcts, tubercle.
 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 deseous, 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, 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, alrophled swollen pulpy, gangerenous
ulcerated direction, of ulcers lymph follicles, Peyer's patches
lymphatics, stoughing (size and shape stough 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 sacculations, stenosis, injected adhesions, 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, 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 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/Aexes

Fracture, subluxation.

78. The Spinal Cord-Length

Weight

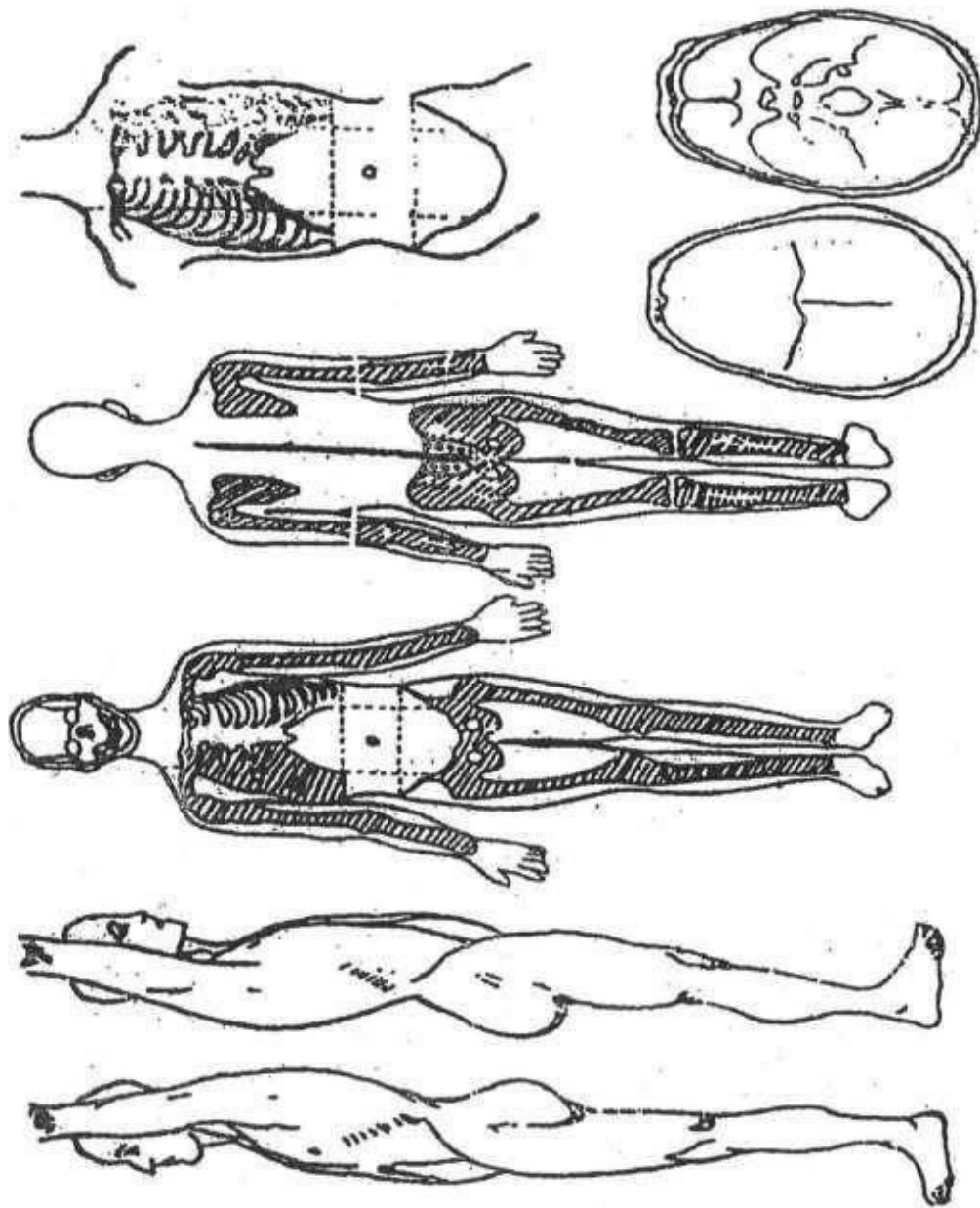
Cz.

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 $\frac{\text{a.m.}}{\text{p.m.}}$ 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 about¹years, named

Requisition received at.....AM/PM on from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on

Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM, on.....
Appearances⁶ found at the post-mortem⁷.....

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 (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			*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			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. _____ 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,

Anus.

Pubis.
9. Presence of visible diseases,-Blisters, Vehicles, eruptions or rash, scales, erysipelas, thickening tumours, ulcers (oral, labial Cutaneous, anal), scars naevi disease of hair, mention site and nature.
10. (a) Body is covered with blood, vermix, caseous with down, scurf skin.
11. (b) *Scars and tattoo 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, eyeliquited, sapnification, mummification, damage by wild animals skeletanization.
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, exorlated 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 jellet.
Shoulders bisacromial 9.9. cms. (10)
Sterno-dorsal 8.85 cms. (9)
Bistirochanteric 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. Level 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. Muscular 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 serum, blood tent matter Pigmented adhesions haemorrhage, infarction, 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. *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 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 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 (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 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 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 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 sacculatation, 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 80 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, extravation of blood external or internal to dura or pia (amount situation and extent) adhesions-(Describe and sketch).

The arachnoid-Dry Stickly, tubercular.

Cerebro-Spinal fluid-volumes, clearness, 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.

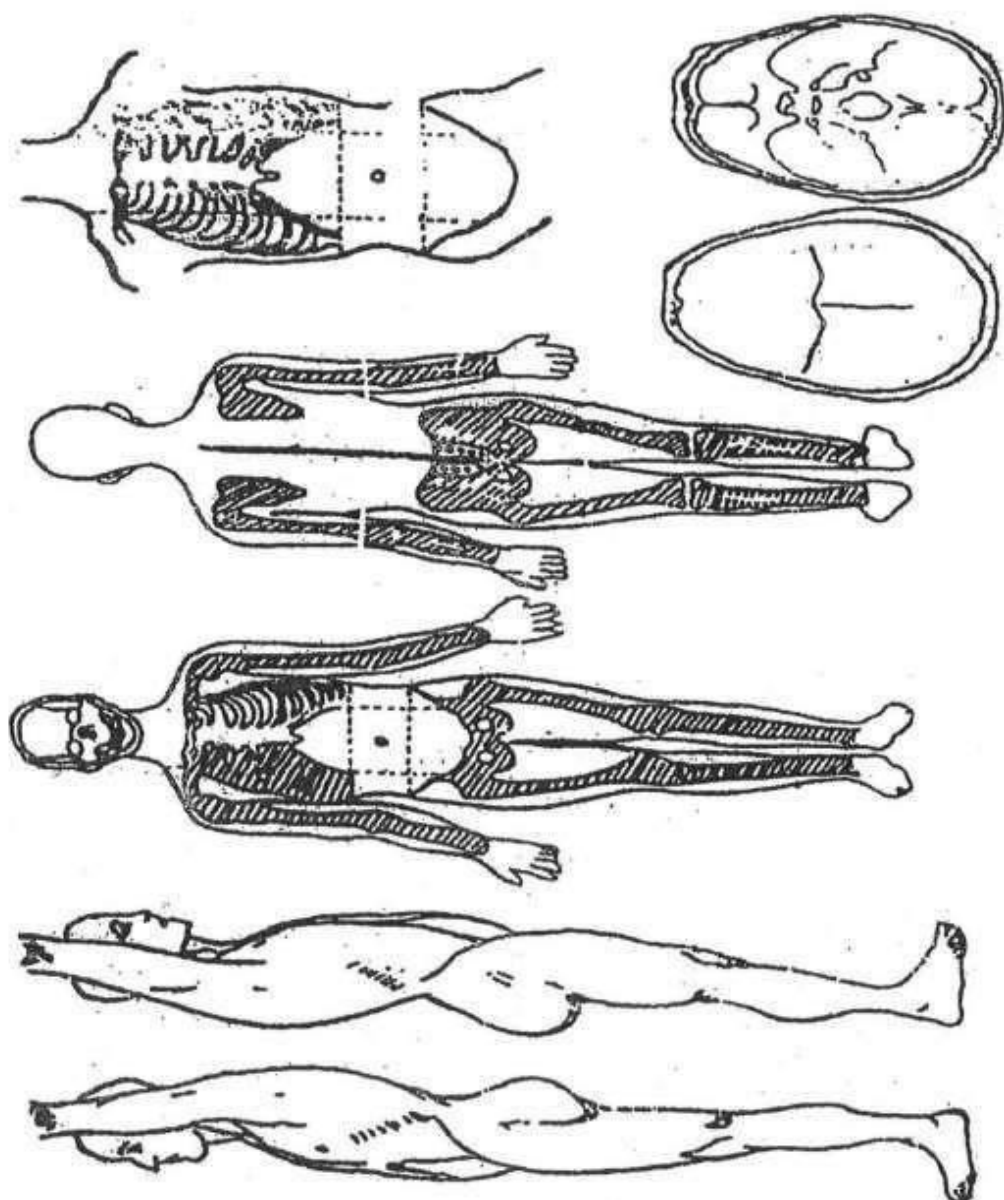
- | | |
|----------------|------------------------|
| 77. Atlas/Axes | Fracture, subluxation. |
|----------------|------------------------|

- | 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.



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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.)

Summary of opinion.

Dated _____ day of _____, 20__

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 about¹years, named

Requisition received at.....AM/PM on from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on

Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM, on.....
Appearances⁶ found at the post-mortem⁷.....

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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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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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 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 in 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 (Jellat)
 Approximate girth : inches _____ length 20 inches weight
 8 lb, 8 oz to 7 lb.
 Approximate weight pounds _____ Indian (Lyons) length 15 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 _____ State Nature of vomit exerts _____
 Excitement _____
 Flushing of face _____

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

3

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 conductedDescription cuts, stains and
number of cloths, etc.Describe the mode of packing
and seals.

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, vaginae 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,-Blisters, Vesicles, eruptions or rash, scales, erysipelas, thickening tumours, ulcers (oral, labial Cutaneous, anal), scar 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, tailing (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, 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 ago.

HEAD FACE AND FORM.

16. Head of new born-diameter-Jelliet—

(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 uptumed, 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 holes 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. *Mummary 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 paired; 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 ferlor 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 *Parieses*-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. 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, 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-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 emphyseletous congested friable. Inelastic emphyseletous, 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 roddeened, thickened, dilated narrowed grew yellow tubercle chalky mass sinking cavities, pigment, fibroid change, red or gray hepatization purulent filtration, diffuse or circumscribed abscess, gangrene fumeus, 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. *Hyoïd 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, shrunk, 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 white, 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 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, indurated 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), amalo 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, praisentitis (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, pyelonephritic, 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 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.

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 extant, 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**

Gray 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, 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, clearness, 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).

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, Slickly, tubercular.

The pla meter- injected.

77. Atlas/Axes

Fracture, subluxation.

78. The Spinal Cord-Length

Weight

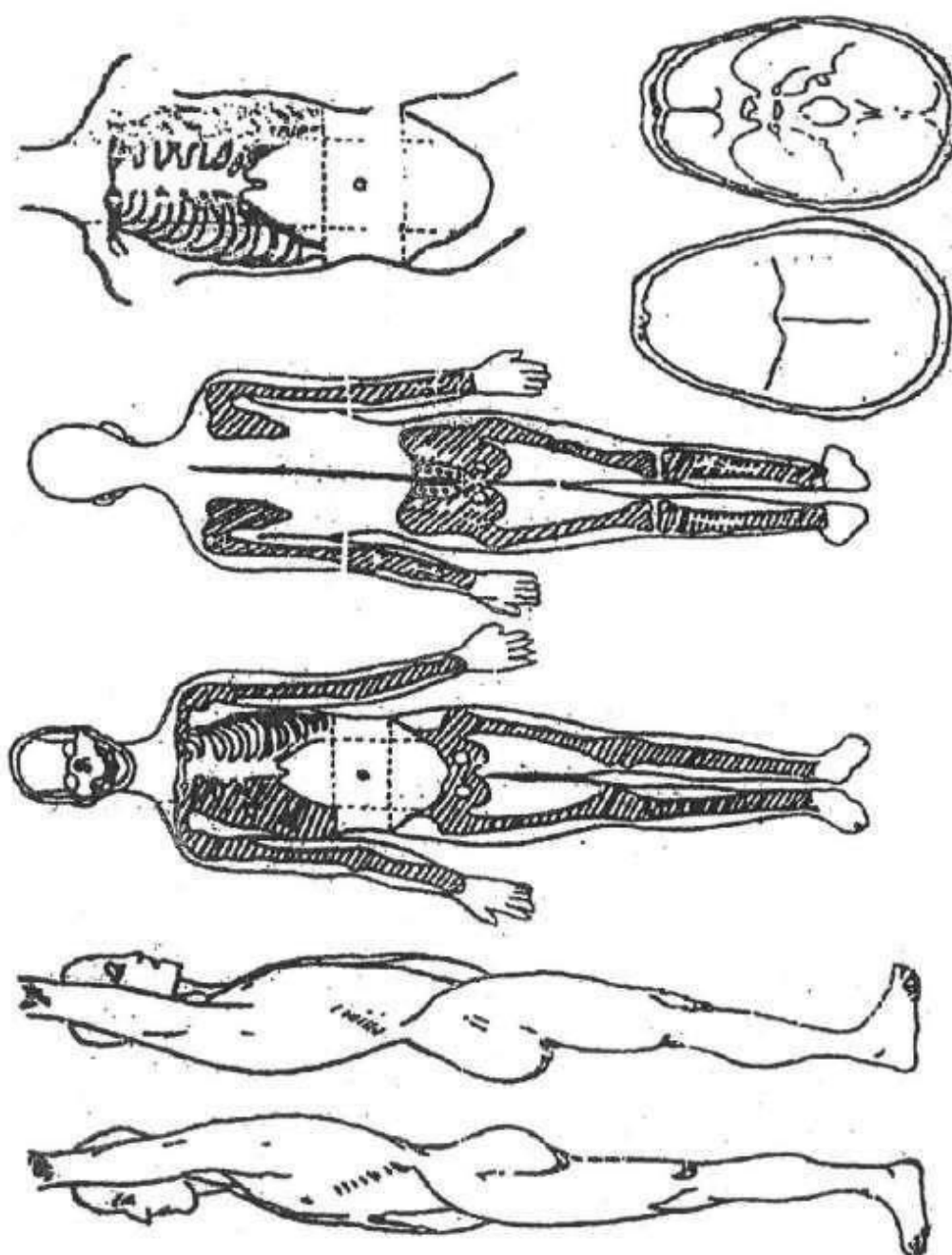
Cz.

Cc

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. 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.

16

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 about¹years, named

Requisition received at.....AM/PM on from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on

Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM, on.....
Appearances⁶ found at the post-mortem⁷.....

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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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—130-3 (Medl 1-28)—10,005 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 (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 _____
 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

3

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 conductedDescription cuts, stains and
number of cloths, etc.Describe the mode of packing
and seals.

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,-Blisters, 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, 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 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, exorlated 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 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 *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. 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. 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-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 emphyseletous congested friable. Inelastic emphyseletous, collapsed atelectoid; lobes swollen shrunken, dark red, gray, firm friable soft, dry exclude frothy serum, 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 roddeened, 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 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, cyst, 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), amaloïd reaction (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 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 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 stough 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 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, 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, clearness, 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).

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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.

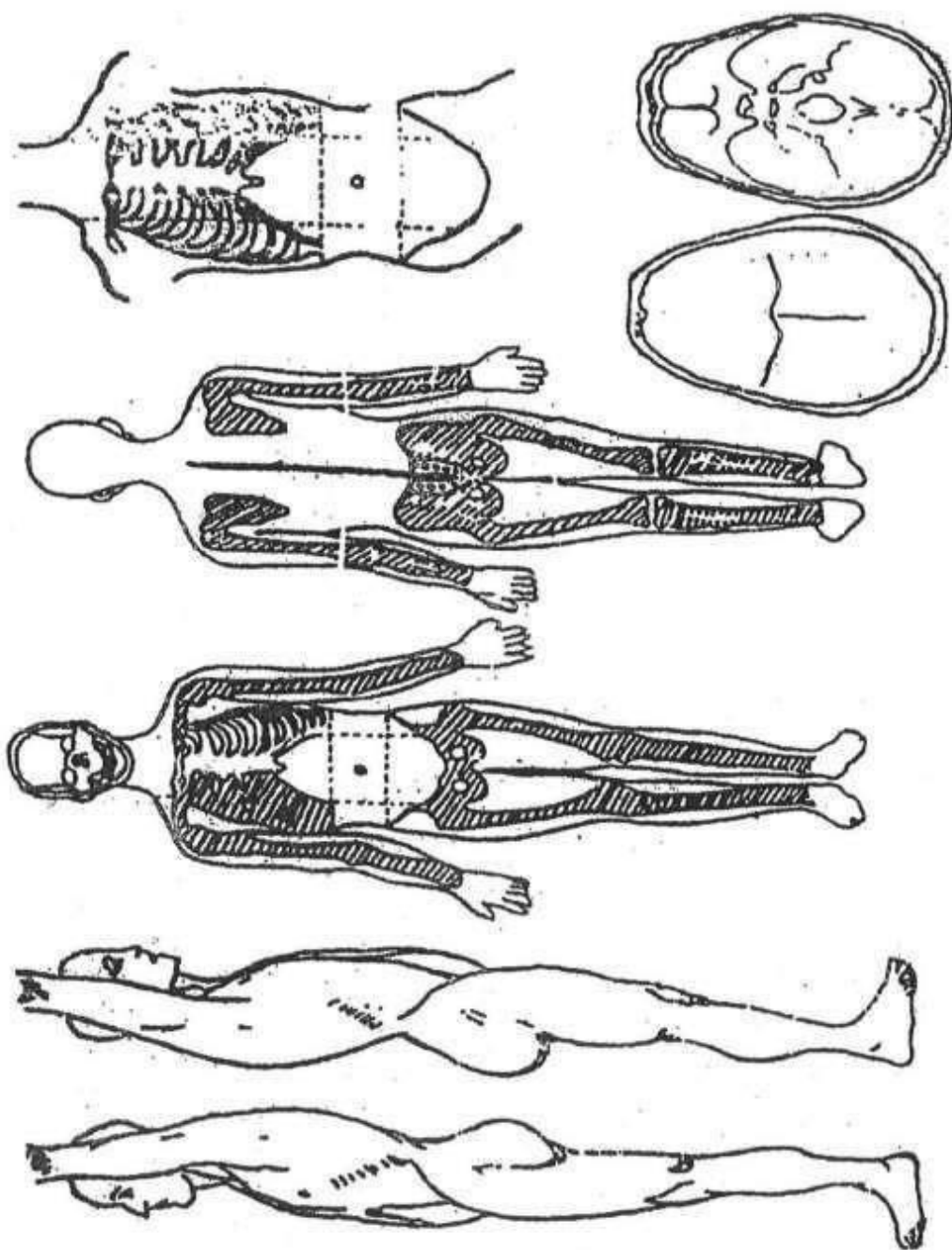
77. Atlas/Axes Fracture, subluxation.

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.



36

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 $\frac{\text{a.m.}}{\text{p.m.}}$ 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.

36

PM No:
Date:

Post-mortem Certificate

Regarding the body of a male/female aged about¹years, named

Requisition received at.....AM/PM on from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on

Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM, on.....
Appearances⁶ found at the post-mortem⁷.....

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

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
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:

(4) Describe clothing.

(5) Determine sex and stature.

(6) Describe identification marks if any.

4) Conduct autopsy in the usual manner and note all the findings.

(10) Preserve viscera for chemical analysis.

(11) Collect samples of earth (about half kg.) from above, below and from each side of the body.

(12) Collect any fluid or debris in the coffin.

(13) if the body is reduced to skeleton, collect all the bones and send them to the expert in sealed and labeled packets.

(14) 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	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 (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 _____ 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 excreta
 Unconsciousness _____
 Excitement _____
 Flushing of face _____

3

State parts affected and nature:

Twitching

Tingling

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 conductedDescription 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)

180-3-1a

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.

Armpits.

Pubis.
9. Presence of visible diseases,-Blisters, 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, tailing (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, Eclamtic-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, saprophytic, 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, 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. *Eye-lids*.—Open, closed, bulged, gouged, arcus, senils, pupils-contracted, normal, dilated, Eye-lids-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 holes 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 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, sites 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, 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. 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 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. *Hypoid 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 Inaroma 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 white, 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 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 be drochlorica acide), amaloide 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 Assesory 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 transverse 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 uterine abnormalities, section-soft, firm, friable anaemic, hyperaemic, 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 368 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-Vaccines, colour, consistence, parasites, pus foreign bodies stones.

66.

LARGE INTESTINE.

Heo-caecal valve intussusception, etc.

Coecum-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 basilar 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, clearness, 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/Aexes

Fracture, subluxation.

78. The Spinal Cord-Length

Weight

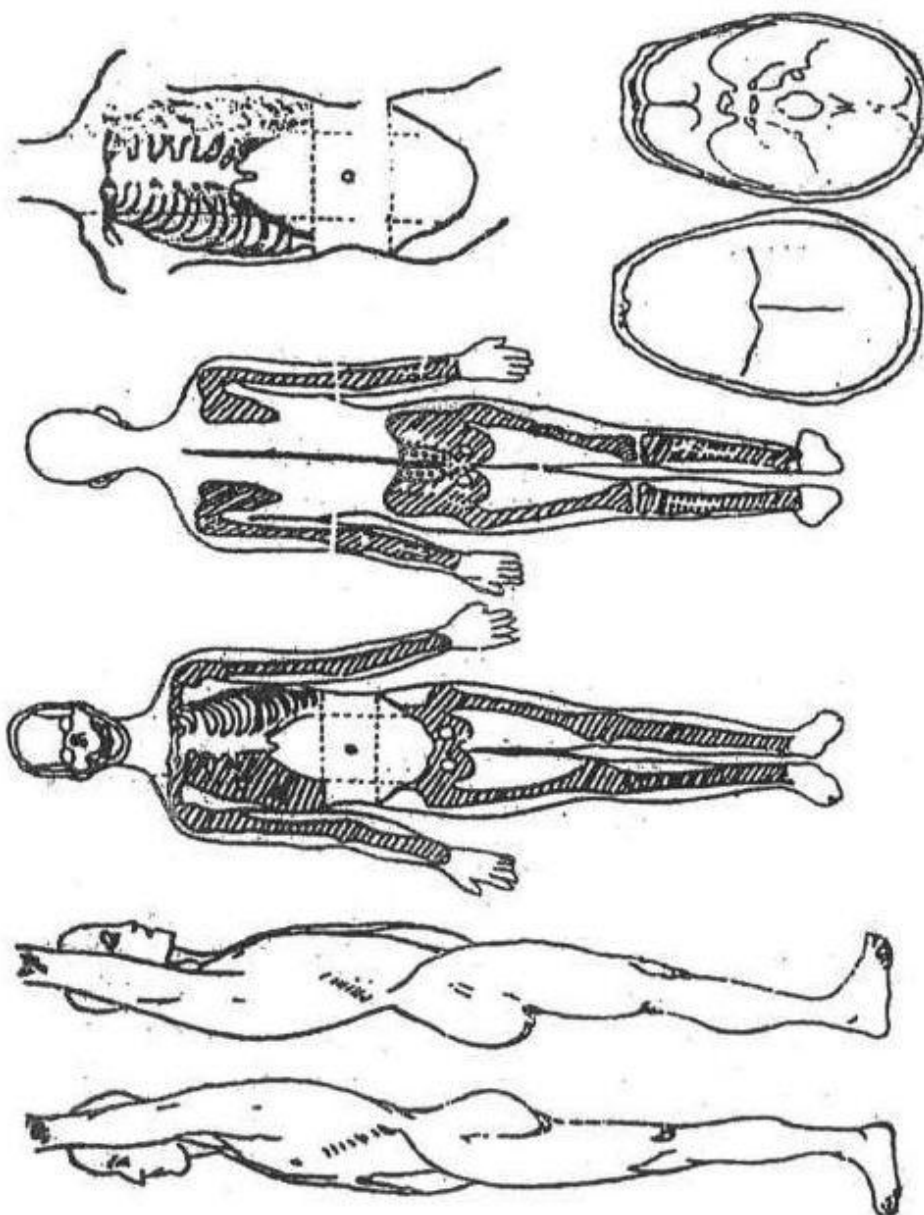
Cz.

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.

16

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 about¹years, named

Requisition received at.....AM/PM on from
the².....
of³.....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 seen⁴ by the undersigned atAM/PM, on

Its condition then
was⁵.....
Post-mortem commenced at.....AM/PM, on.....
Appearances⁶ found at the post-mortem⁷.....

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.

Main Report



MedLEaPR - TAMIL NADU Government Kilpauk Medical College Department of Forensic Medicine and Toxicology Government Kilpauk Medical Chennai FORM-VI

MEDICAL LEGAL REPORT- POST MORTEM EXAMINATION REPORT

MLR No(Generated by Software):- _____

Date:- _____

MLR No(Given by Doctor):- _____

Date:- _____

PMR No(Given by Doctor):- _____

Date:- _____

Details of Doctor/Doctors who examined the deceased:			
Sr No.	Doctor's Name	Designation	Registration No of Doctor with State Council/MCI
1			
2			
3			

Victim Details:

Sh./Smt/Miss _____

S/o, D/O _____

Name _____

Age(Approx) _____

Gender _____

Caste/Religion _____

Marital Status _____

Occupation _____

Present Address _____

Police Station _____

Permanent Address _____

Police Station _____

Date & Time of receipt of Request papers (in hrs) _____

No. of Papers received	
Requisition Letter from IO	Original/Carbon Copy
History of the Case from IO	Original/Carbon Copy
Form 86(Inquest Report)	Original/Carbon Copy
Ward Death Intimation (in case of Hospital Death)	Yes/No
Ward Death Intimation (in case of Hospital Death) Attested Xerox Copy	Yes/No
AR Copy (in case of Hospital Death)	Yes/No
AR Copy (in case of Hospital Death)-Attested Xerox Copy	Yes/No
Body Brought Dead AR Entry (in case of Brought Dead)	Yes/No
Body Brought Dead AR Entry (in case of Brought Dead) -	Yes/No

Attested Xerox Copy	
Private Hospital Case Records (Xerox Copy)	Yes/No
Private Hospital Case Records - No of Papers	
Mortuary Label Counterfoil (Original)	Yes/No
Valid Identity Proof of Deceased (Attested Xerox Copy)	Yes/No
FIR Copy	Yes/No
Others	Y

Whence brought/referral

Date & Time of Examination of Dead Body at Inquest(as per inquest report)(in hrs)

Date & Time of case request generation from CCTNS (in hrs)

Date & Time of receipt of body in the mortuary (in hrs)

Body Referred From / Referred To

Body Stitches

Yes/No

Body Stitches Detail (if Yes)

Date and Time of Completion of Autopsy (in hrs)

Case of Exhumation and/or Field Autopsy: If yes

Magistrate Details

Date and Time of First Requisition from Magistrate

Date and Time of Team Fixed Letter Reply

Team Details

Date and Time of Arrival of Team to Spot

Details of Persons available at spot during the Exhumation and/or Field Autopsy

Date and Time of Tombstone/Grave Identification

Grave/ Tombstone identified by

Date and Time of Commencement of Digging of Grave

Date and Time of Completion of Digging of Grave

Date and Time of Identification of Body

Body identified by

Date and Time of Commencement of Inquest-

Date and Time of Completion of Inquest

Police Person Detail:

SrNo.	Name	Rank	Belt No	Police Station, District,State	Email	Phone	Signature
1							

Body Brought By:

SrNo.	Name	Rank	Belt No	Police Station, District,State	Email	Phone	Signature
-------	------	------	---------	--------------------------------	-------	-------	-----------

1							
---	--	--	--	--	--	--	--

Person Accompanied Detail:

Sr No.	Name	Address	Relation with Patient	Police Station,District,State	Signature
1					

Lady Accompanied Detail:

Sr No.	Name	Address	Relation with Patient	Police Station,District,State	Signature
1					
2					

Magistrate Accompanied Details

Sr.No	Name	Magistrate Detail

RSA Case: Yes/No

In Case of unidentified bodies :

Sr No.	Identification Details
1	
2	

In Case of Female

Unmarried/married	
Unmarried/married (Since)	
Divorcee/widow	
Primigravida/Multipara	
No. of children	
Youngest	
Eldest	

Hospital death if yes

Central Registration No. of Hospital	
Date & Time of Arrival in Hospital	
Date & Time of Death	
Previously Treated Elsewhere if yes	
Name of Hospital	
Date and time of Arrival in First Hospital and/or Previous Hospitals	

Information Supplied by the Police and/or Hospital Record (Symptoms Observed)	
As Per Information Provided by Police	
As Per Hospital Record	

General Description / Examination

Description of clothes/jewellery and other items worn on the body (Important areas be encircled on the clothing wherever possible and handed over to the police)	
Length	
Breadth	
Weight(in Kgs/Lbs)	
Physique	
Rigor Mortis: Yes/No	
Rigor Mortis Remarks	
Post mortem staining	
Decomposition Changes: Yes/No	
Decomposition Changes Remarks	

External General Appearance	
Ligature Mark	
State of eyes	
Pupil(Rt)	
Pupil(Lt)	
Cornea/Conjunctiva(Rt)	
Cornea/Conjunctiva(Lt)	
Natural orifices(Please note presence of blood, froth etc in mouth, nose, ears (specify (Rt, Lt), anus, vagina, and urethra)	
Nails	
Any Other Finding	

Examination of External Injuries			
Sr.No	Injury Details	Marked	Injury Number
1			
2			
3			

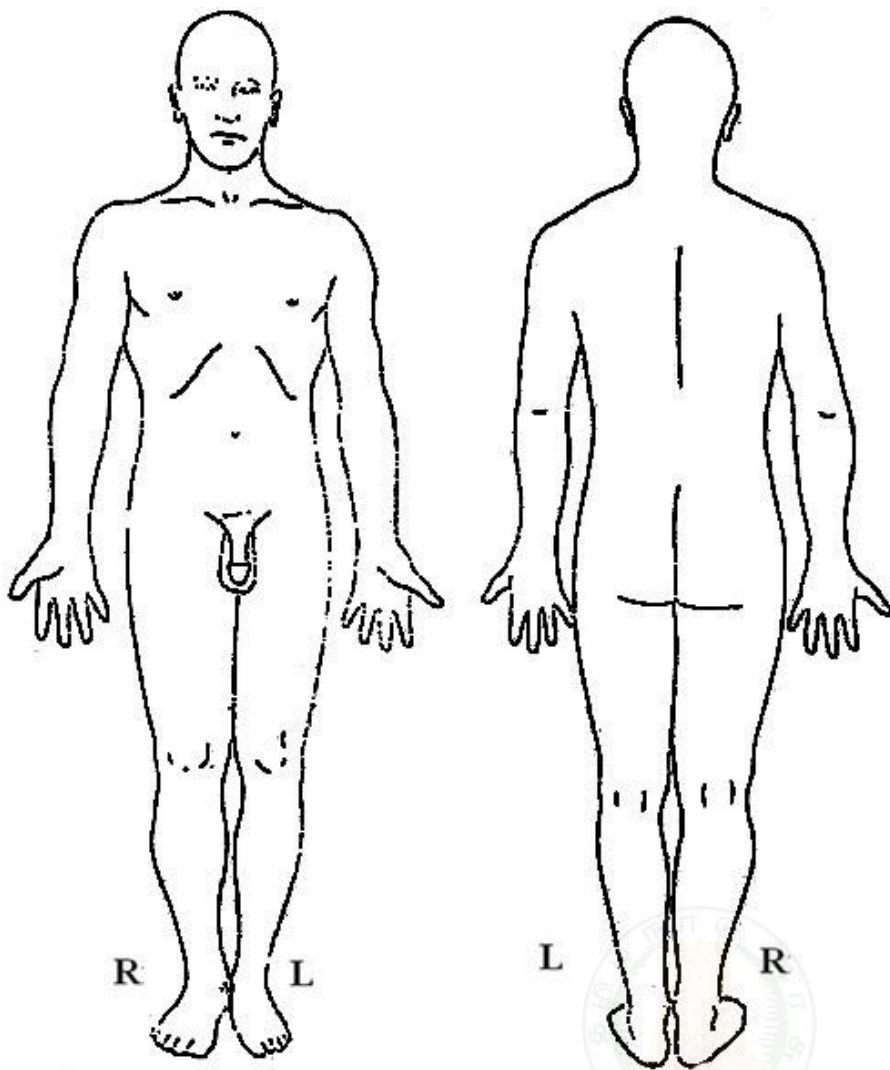
pregnancy, especially advanced pregnancy, and cases of illegal abortion / uterine rupture etc: Yes		
1	Examination Uterus casetype	1. Advance pregnancy 2. Illegal abortion 3. Utterine rupture 4. Other
2	Examination Uterus casetype other	
3	Gestation Pregnancy	
4	Uterus status	
5	Is Scarred	Yes/ No
6	Is Ruptured/Perforated	Yes/ No
7	Ruptured/Perforate Site	
8	Fetus status	Inside the Uterus Outside the Uterus
9	Placenta status	1. Inside the Uterus 2. Outside the Uterus
10	IsFetus maceration	1. Inside the Uterus 2. Outside the Uterus
11	Weight Fetus maceration(in Kg)	
12	Examination of fetus	
13	Retroplacental Clot	
14	Presence Hemoperitoneum	
15	Is Foreignbody Uterus	Yes/ No
16	Is Foreignbody Cervix	Yes/ No
17	Is Foreignbody Vagina	Yes/ No
18	Additional Remarks	

Internal Injury Details (Note: In important cases,the Medical Officer may mention weight/length of important organs.)		
S.No	Component	Remarks
01	Cranium & spinal Cord (Brain must be exposed in every case, Spinal cord need not to be examined except in case of injury to vertebral column/Spinal Cord)	
	Scalp	
	Skull	
	Meninges and Vessels	
	Brain	
	Brain Weight	
	Vertebrae & Spinal Cord	
2	Mouth, Pharynx & Oesophagus.	
3	Neck	
	Condition of neck tissues Thyroid	
	Hyoid bone	

	Larynx & Trachea	
	Others	
4	Thorax	
	Chest wall,Ribs/Sternum and Cartilage	
	Pleura / pleural Cavity.	
	Lung(Rt)	
	Lung(Rt) Weight	
	Lung(Lt)	
	Lung(Lt) Weight	
	Trachea and Bronchial Tree	
	Diaphragm	
	Pericardium	
	Heart	
	Heart Weight	
	Coronary Arteries & Large Blood Vessel	
5	Abdomen	
	Abdomen Wall	
	Peritoneum & Peritoneal Cavity	
	Stomach and its contents	
	Small Intestine and its content	
	Small intestine and its contents Length	
	Large Intestine and its content	
	Large Intestine and its content Length	
	Liver and Gall Bladder	
	Liver and Gall Bladder Weight	
	Spleen	
	Spleen Weight	
	Pancreas	
	Pancreas Weight	
	Kidney(Rt.)	
	Kidney(Rt.) Weight	
	Kidney(Lt.)	
	Kidney(Lt.) Weight	
	Suprarenal(Rt.)	
	Suprarenal(Rt.) Weight	
	Suprarenal(Lt.)	
	Suprarenal(Lt.) Weight	
	Urinary Bladder	
	Pelvic Cavity	

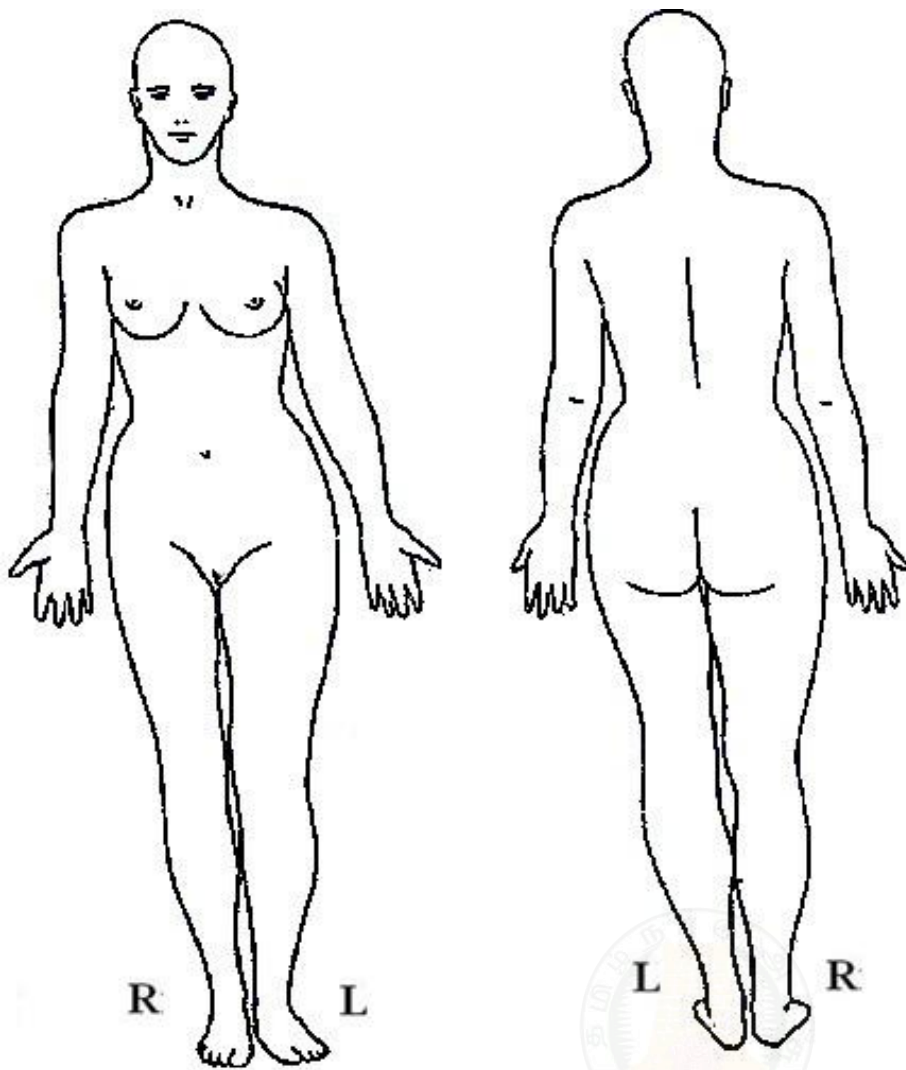
	Pelvic Bones	
	Organs of Generation	
	In Case of Male :	
	Testes(Rt.)	
	Testes(Rt.) Weight	
	Testes(Lt.)	
	Testes(Lt.) Weight	
	In Case of Female :	
	Uterus	
	Cervix	
	Fallopian Tubes	
	Ovary(Rt)	
	Ovary(Rt) Weight	
	Ovary(Lt)	
	Ovary(Lt) Weight	
	In Case of Unknown or eunuch :	
	Detail	

Muscles, bones and joints (Injury/Injuries,Diseases Deformity,Fractures,Dislocation)	
Sr No.	1.Muscles 2.Bones 3.Injury/Injuries 4.Diseases/Deformity 5.Fractures 6.Dislocation 7.Joints
1	
2	



Particulars of total body injuries marked on above image:

sno	Injury Details	Injury Number
1		
2		
3		



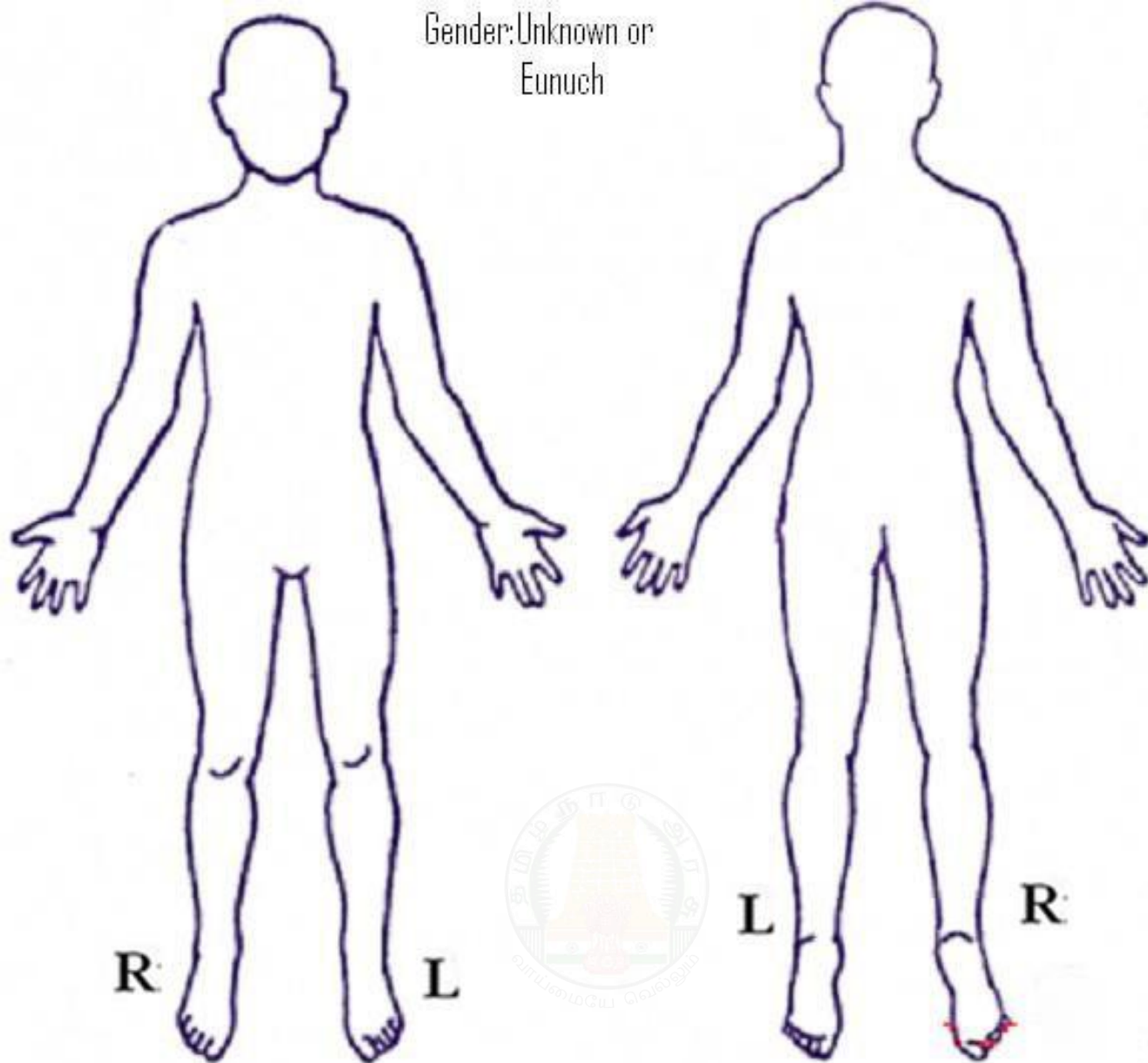
Particulars of total body injuries marked on above image:

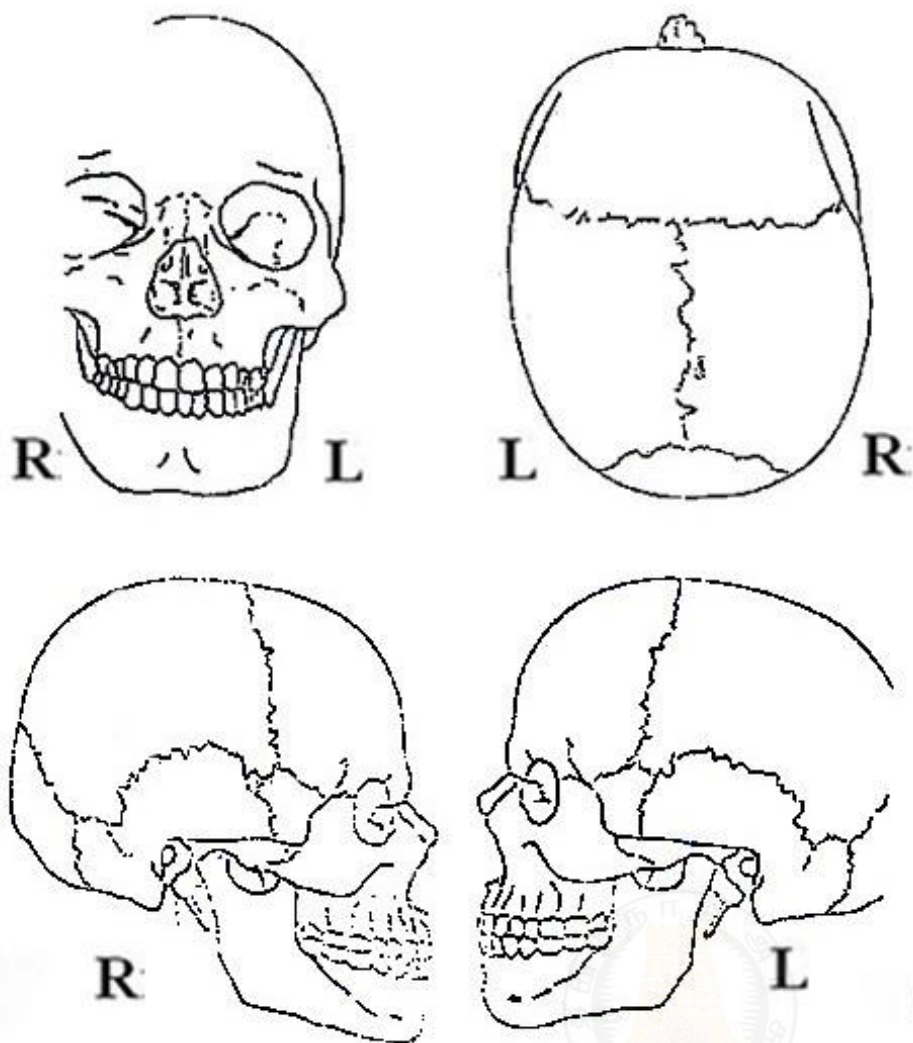
sno	Injury Details	Injury Number
1		
2		
3		

Local Examination of Eunuch

Full Body : Eunuch -Anterior and Posterior (Ventral and Dorsal)

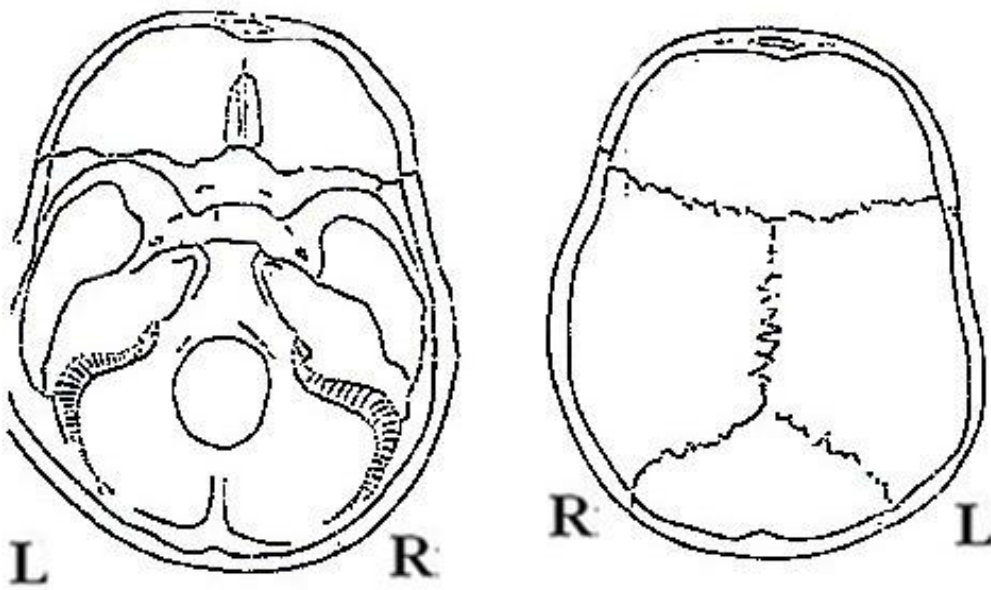
Gender: Unknown or
Eunuch





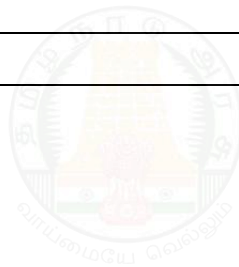
Particulars of total body injuries marked on above image:

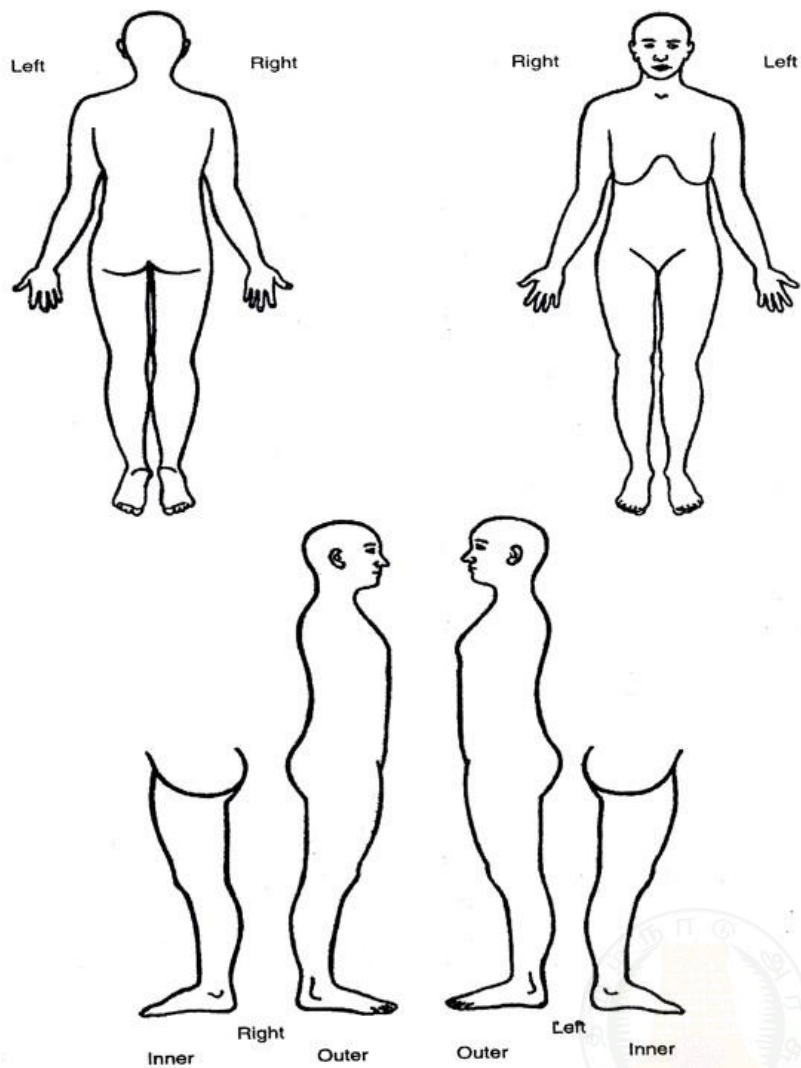
sno	Injury Details	Injury Number
1		
2		
3		



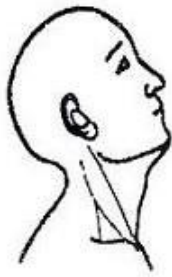
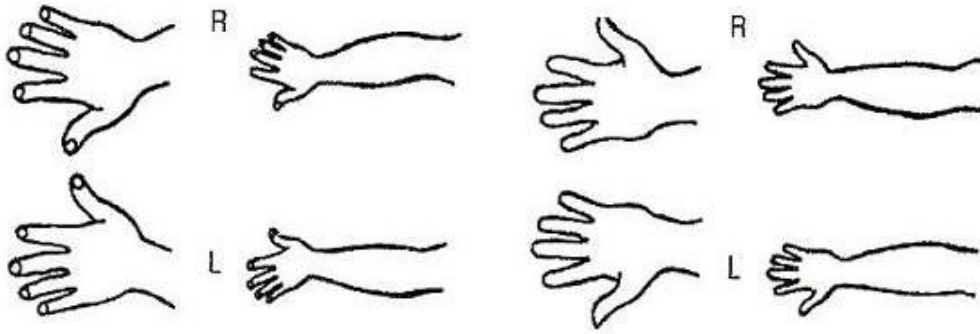
Particulars of total body injuries marked on above image:

sno	Injury Details	Injury Number
1		
2		
3		





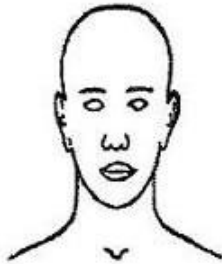
Particulars of total body injuries marked on above image:		
sno	Injury Details	Injury Number
1		
2		
3		



Right

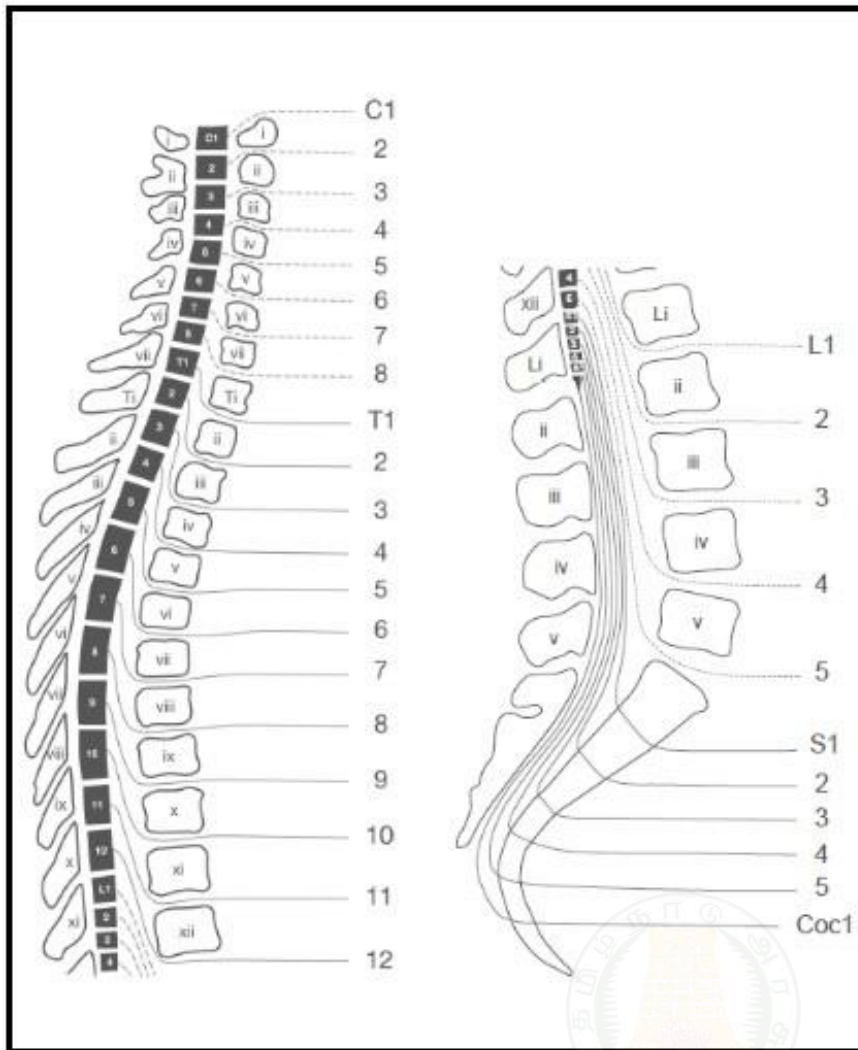


Left



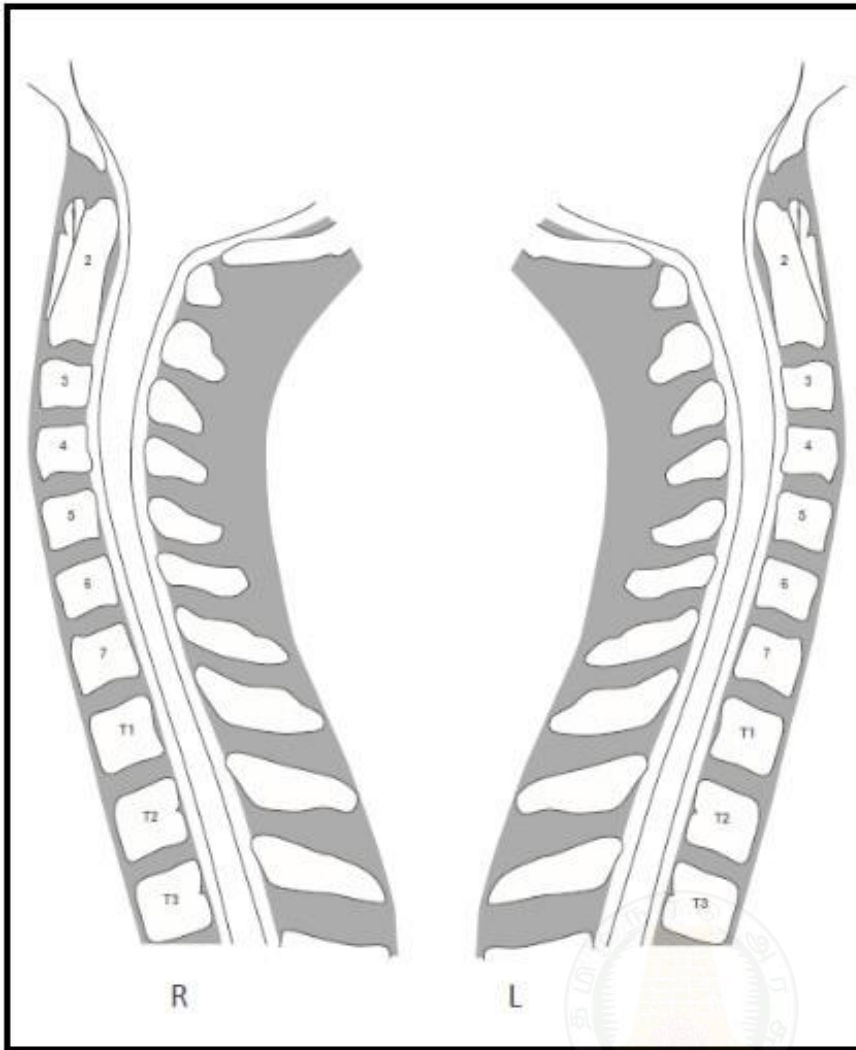
Particulars of total body injuries marked on above image:

sno	Injury Details	Injury Number
1		
2		
3		



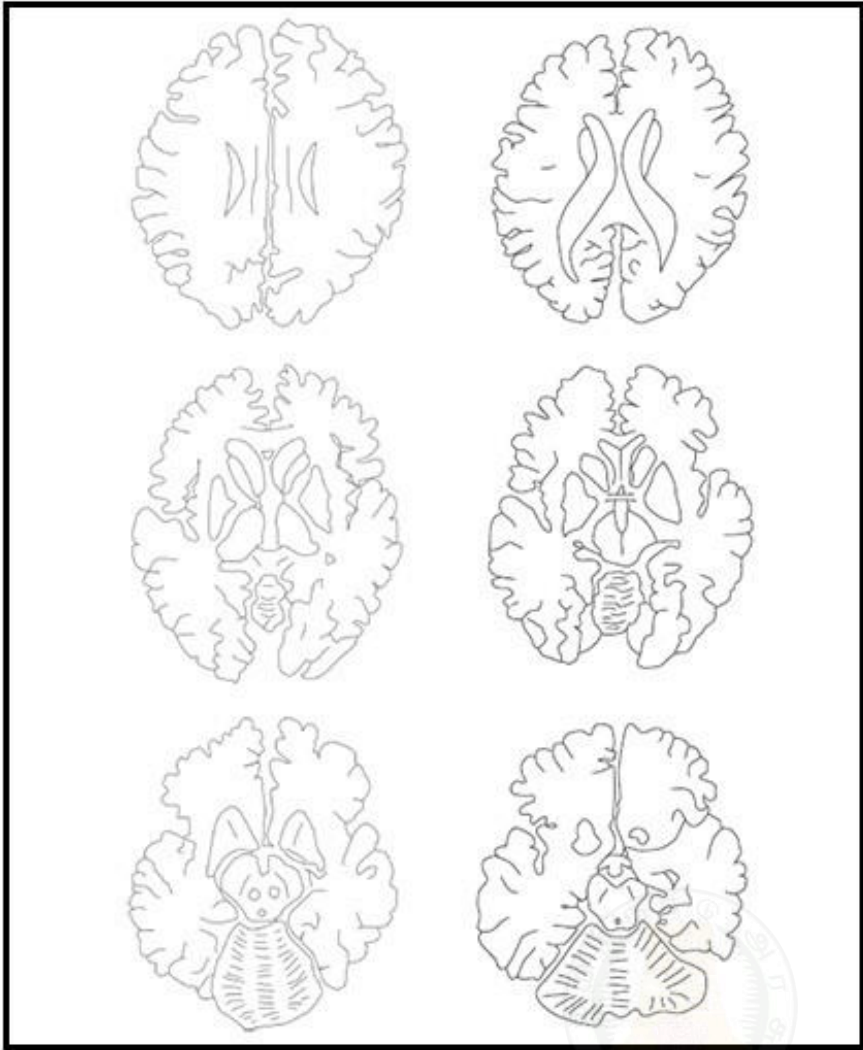
Particulars of total body injuries marked on above image:

sno	Injury Details	Injury Number
1		
2		
3		



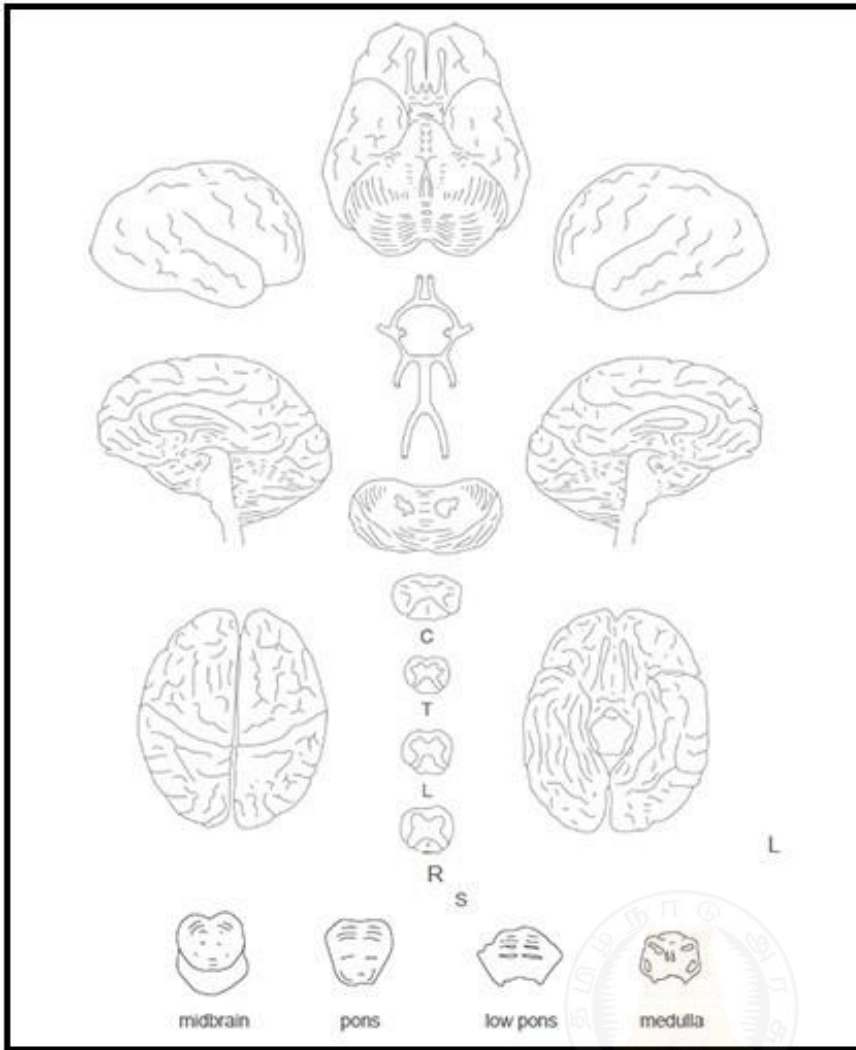
Particulars of total body injuries marked on above image:

sno	Injury Details	Injury Number
1		
2		
3		



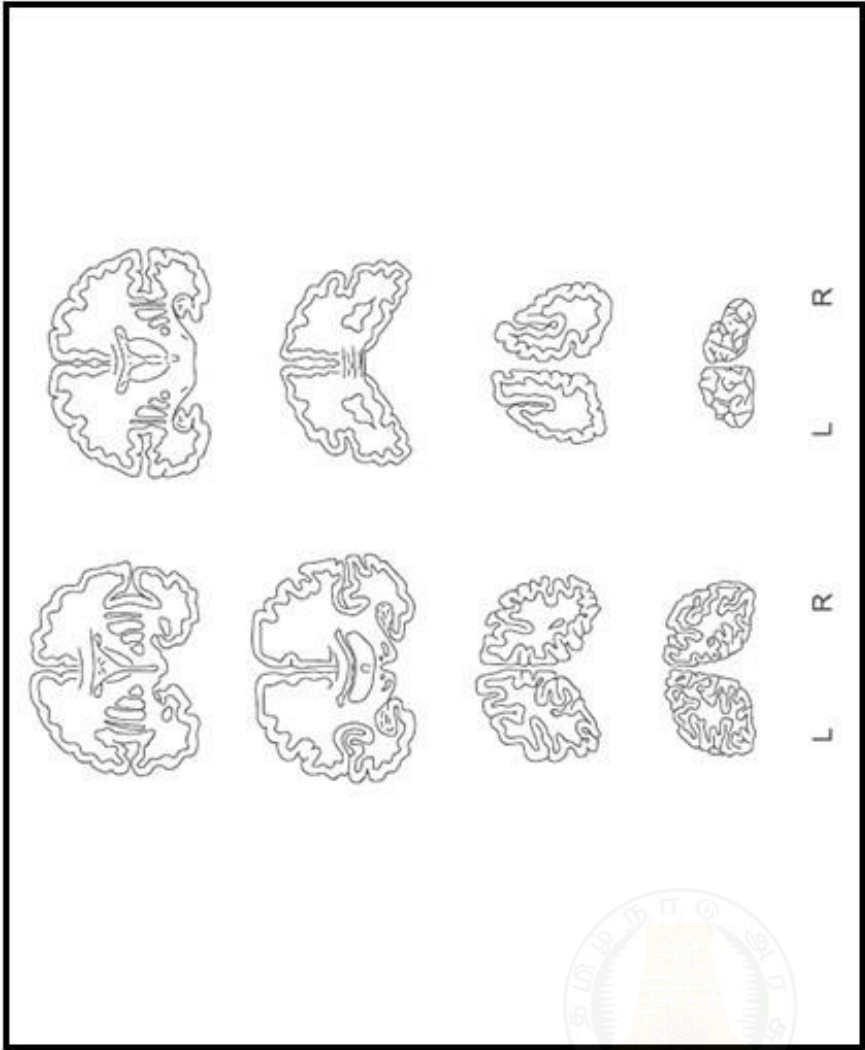
Particulars of total body injuries marked on above image:

sno	Injury Details	Injury Number
1		
2		
3		



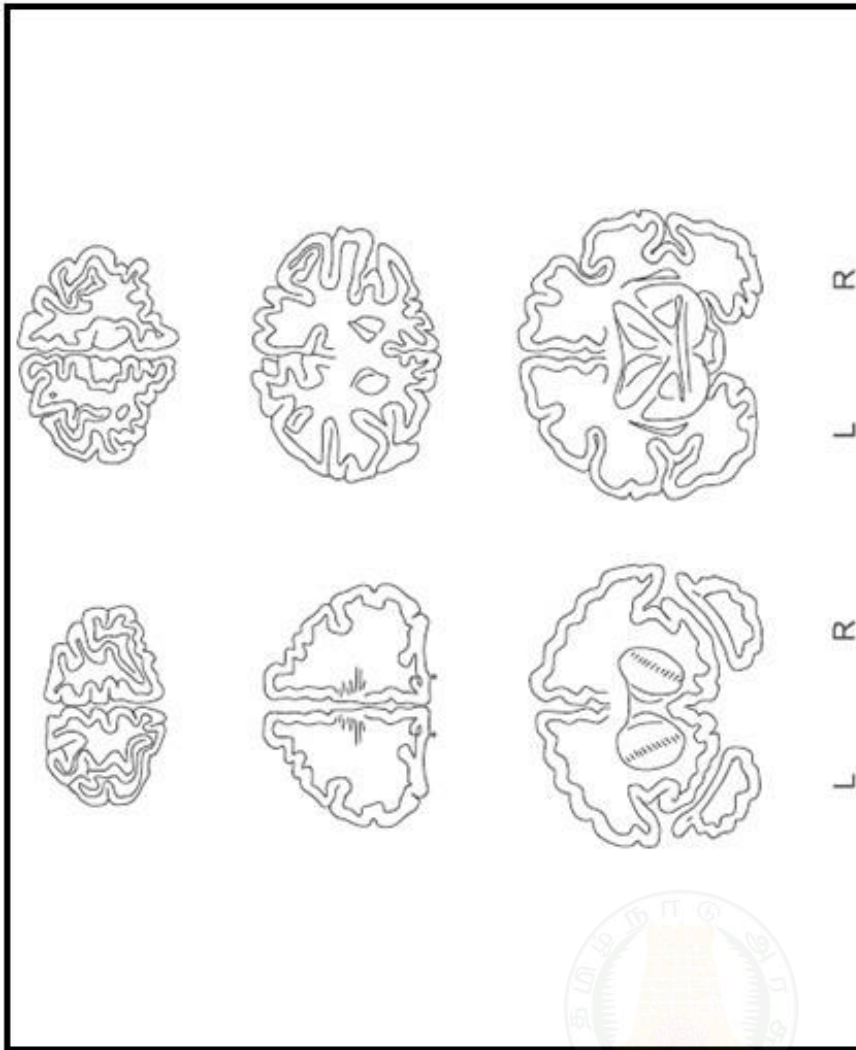
Particulars of total body injuries marked on above image:

sno	Injury Details	Injury Number
1		
2		
3		



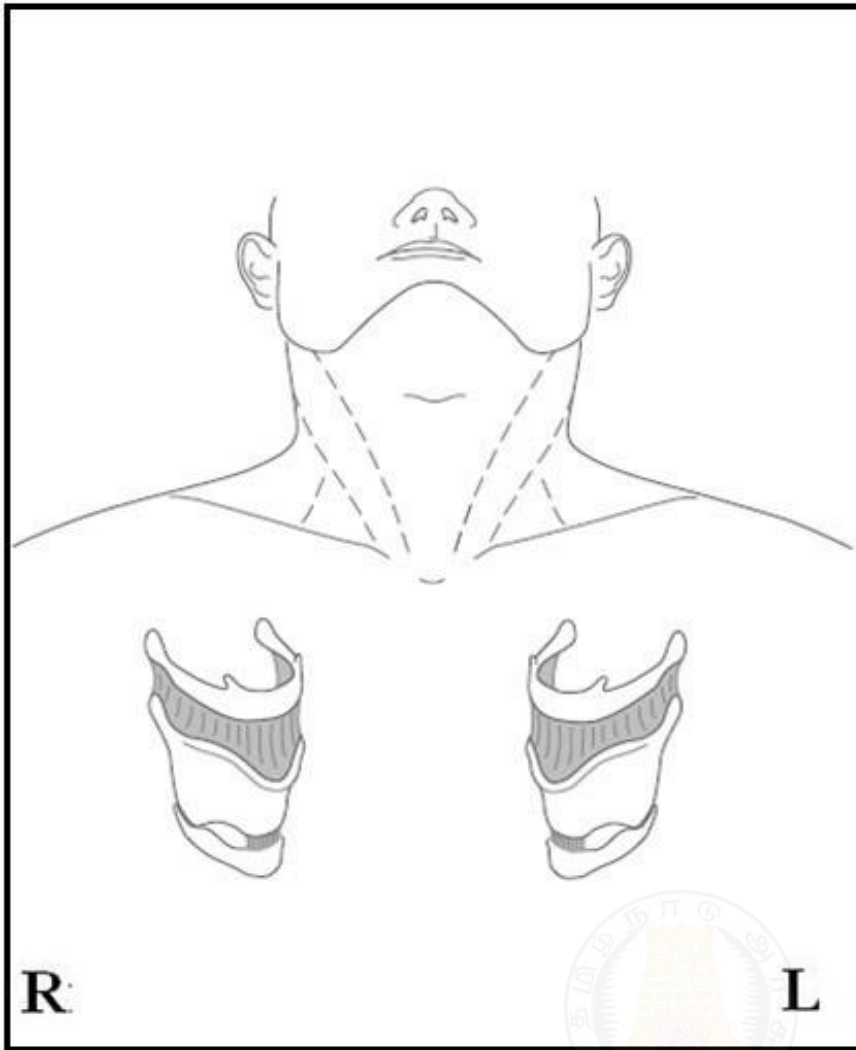
Particulars of total body injuries marked on above image:

sno	Injury Details	Injury Number
1		
2		
3		



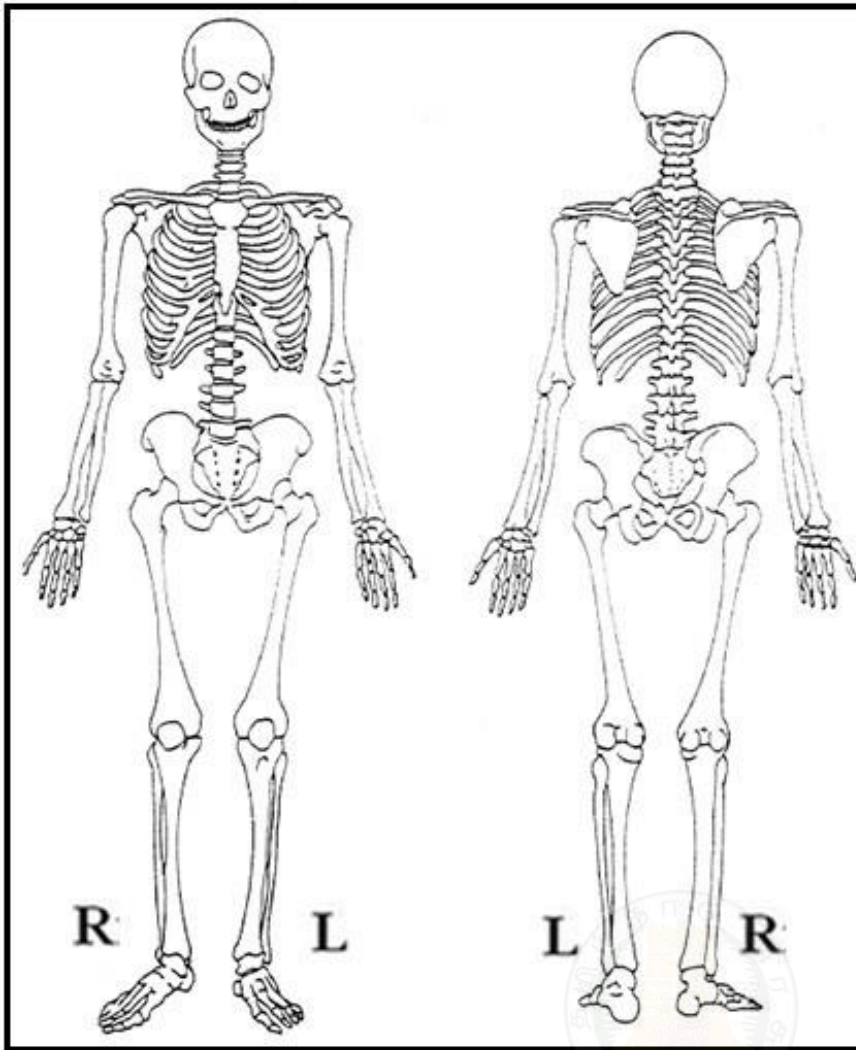
Particulars of total body injuries marked on above image:

sno	Injury Details	Injury Number
1		
2		
3		



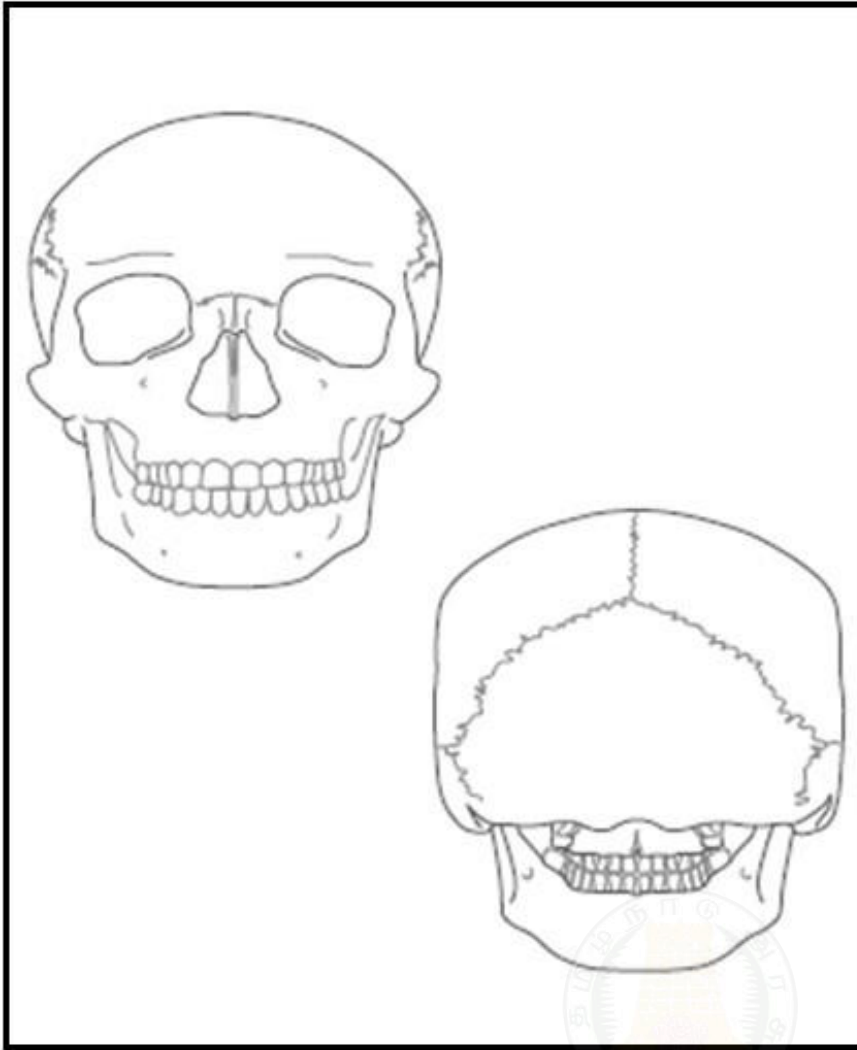
Particulars of total body injuries marked on above image:

sno	Injury Details	Injury Number
1		
2		
3		



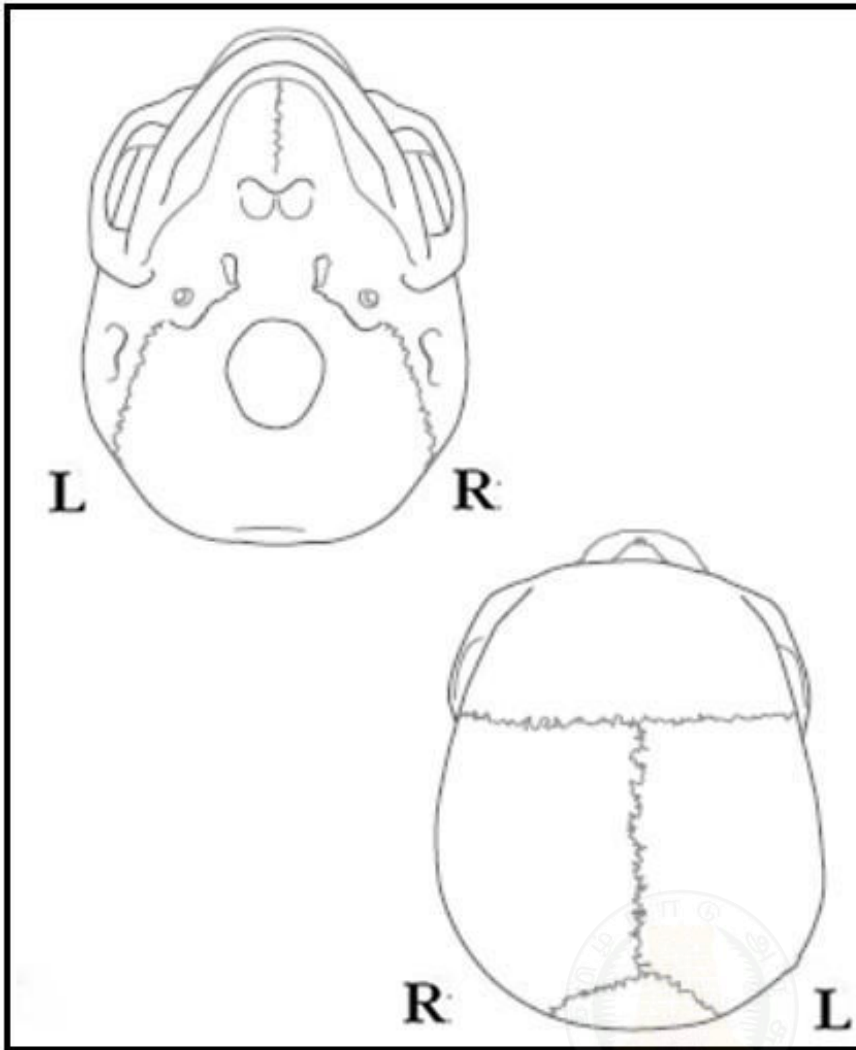
Particulars of total body injuries marked on above image:

sno	Injury Details	Injury Number
1		
2		
3		



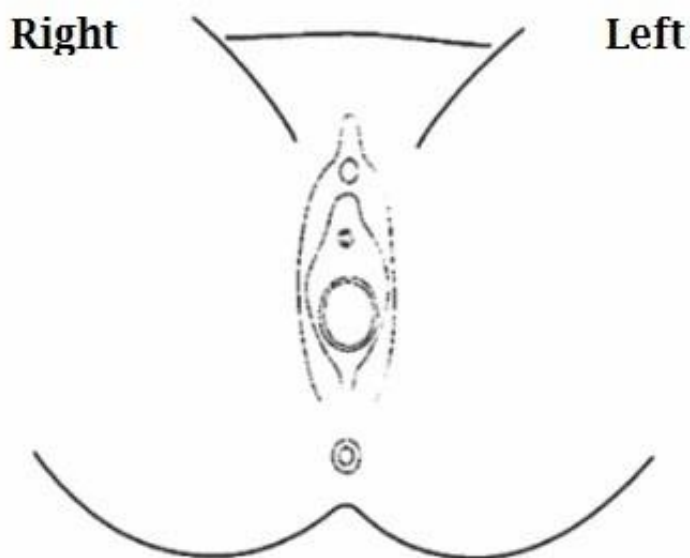
Particulars of total body injuries marked on above image:

sno	Injury Details	Injury Number
1		
2		
3		



Particulars of total body injuries marked on above image:

sno	Injury Details	Injury Number
1		
2		
3		



Particulars of total body injuries marked on above image:		
sno	Injury Details	Injury Number
1		
2		
3		

OPINION	
Cause of Death	
Antemortem/Postmortem	
Nature of Weapon/Force	
How the Injury would be Caused	
a. Between injury and death	
b. Between death and postmortem examination	
Probable time	
Any Other	

Details of Doctor/'s who examined the patient with signature:				
SrNo.	Doctor's Name	Designation	Registration Details	Signature
1				
2				

Handed over to the Police

Dead body after post-mortem examination duly stitched.

-Belongings of the deceased

Belongings of the deceased-Sealed/Unsealed

Post Mortem Examination Report

Police Inquest Paper(s) Numbering 1 to _____ duly initialled.

A Sealed Envelope for chemical analysis with _____ seals containing

- A copy of post-mortem report
- Forwarding Letter _____
- Police Inquest paper number 1 to _____
- A Sample of Seal.

A Sealed envelope for _____ with _____ seals containing

- A copy of post-mortem report
- Forwarding Letter _____
- Police Inquest paper number 1 to _____
- A Sample of Seal

A Sealed box bearing _____ seals containing following viscera for chemical analysis :

- (1.) Stomach with contents
- (2.) Part of small & large intestine with contents
- (3.) Half of each kidney, Pieces of Spleen, Liver with gall bladder _____
- (4.) Sample of preservative
- (5.) Blood
- (6.) _____

A Sealed envelope with bearing _____ seals containing

- a copy of the Postmortem Report
- forwarding letter _____ for Histopathology Examination.

Following Tissues for Histopathology Examination by

_____ Sealed _____ with _____ seal(s) each containing following viscera for histopathology examination _____

Following tissues kept for Histopathology examination _____

Sample of blood on a gauze piece in a sealed packet _____

Ligature material in a sealed packet _____

Skin of pulps of all 10 fingers , Individually Labelled in separate vials in a sealed packet

Swabs in sealed packet :

Scalp hairs in a sealed packet _____

_____ piece(s) of clothes wearing sample of seals with signature of the doctors.

_____ X ray plates bearing numbers.

Video Cassette _____

_____ photographs duly initialled.

Note: _____ Photographs have been taken. IO to collect when intimated.

Any Other Detail _____

Police Person Detail:

SrNo.	Name	Rank	Belt No	Police Station, District, State	Email	Phone	Signature
-------	------	------	---------	---------------------------------	-------	-------	-----------

Received

(Signature of Officer)

Officer Name : _____

Date: __/__/20__

Belt Number: _____

Police Station: _____

CCTNS stands for Crime and Criminal Tracking Network & Systems.

The integration of MedLEaPR with CCTNS was completed and made operational with effect from 01.08.2026.



Self Directed Learning

