Case Report

MEDICOLEGAL EXPERT, NEED OF AN HOUR
Dr. AA Taware, Dr. VT Jadhao, Dr. HS Tatiya, Dr. SB Punpale.

Authors

Dr. AA Taware, MD
Assistant Professor, Department of Forensic Medicine and Toxicology, B.J. Government Medical College, Pune.411001

Dr. VT Jadhao, MD
Assistant Professor, Department of Forensic Medicine and Toxicology, B.J. Government Medical College, Pune.411001

Dr. HS Tatiya
Junior resident, Department of Forensic Medicine and Toxicology, B.J. Government Medical College, Pune.411001

Dr. SB Punpale, MD, DCP, LLB
Professor and Head
Assistant Professor, Department of Forensic Medicine and Toxicology, B.J. Government Medical College, Pune.411001

Number of pages: Five
Number of tables: Nil
Number of photographs: Six
Corresponding author: Dr. AA Taware, MD
Assistant Professor, Department of Forensic Medicine
B.J. Government Medical College
Pune.411001
acpvj@rediffmail.com
Case report

MEDICO LEGAL EXPERT, NEED OF AN HOUR: A CASE REPORT
Dr. AA Taware, Dr. VT Jadhao, Dr. HS Tatiya, Dr. SB Punpale.

Abstract:
In Maharashtra, usually the postmortem examinations on dead bodies are carried out by medical officers in the primary health centers, rural hospitals and district hospitals. On the grounds of ‘extensive putrefaction of the body’ or ‘Lack of Forensic expertise’ a unique "referral" system is prevalent all over the country by which a medical officer refers a dead body to the nearest Forensic department. Many a times, the medical officer fails to see wounds or injuries on the dead bodies which later are precisely noted by forensic expert while sometimes deliberate or unintentional overlooking of clearly visible injuries is done by the medical officers. This can lead to miscarriage of justice to the dead person. In doubtful circumstances, relatives of the deceased or investigating agency are not satisfied with first postmortem report and they request for a re-postmortem. The results of the re-postmortem of the body usually have a totally different scenario than that of the first autopsy. We present a case report and discuss the importance of re postmortem examination and need of a medico legal expert.

Key words: Miscarriage of justice, re-postmortem examination, forensic expertise.

Introduction:
As quoted by French medico legal expert, Paul H Broussard, "A surgical operation is attended with pain, and is for the benefit of the individual, an autopsy is free from pain, and is for the benefit of humanity”[1]. The word "Autopsy" is derived from two terms "autos" i.e. self and "opsis" i.e. examination (self-examination)[2]. In common usage it means postmortem examination of body. It includes external examination and dissection of internal organs to find out pathological changes. “Dead man tell tales” – will be found true if postmortem examination is carefully carried out[3]. Aims and objectives of postmortem examination are to determine cause of death, identification of unknown, find out manner of death, time since death, determination of viability in new born babies, preserve the trace evidences and viscera when needed, reconstruct the accident scenes from examination of injuries as to nature and duration etc.[4]. In India there is provision of complete postmortem examination. Every cavity of body should be examined. Even if cause of death is evident, other areas and organs to be examined to find out any contributory cause of death[5]. Sometimes certain avoidable/unavoidable circumstances arise compelling a second postmortem examination on an already autopsied body. These "circumstances" can be lack of forensic knowledge of the first team, non-seriousness in trying to find cause of death or disgust and resultant superficial autopsy conducted by the doctor while examining a putrefied/mutilated body. Another set of conditions can be those involving financial/political considerations[5]. In India, the Postmortem examination is mainly conducted by medical officers, working at Primary Health Centre or Community Health Centre of various parts of country. Most of them are not having basic knowledge of Forensic Medicine and Toxicology. In some cases relatives of deceased or investigating officer are not satisfied with the First autopsy report and they go for Second autopsy in higher centres[6].

Case history:
A dead body of 30 year’s old unknown female was brought to Forensic Medicine department of B. J. Govt. medical College, Pune, for second postmortem examination on 05/07/2011. The lady was found dead in naked condition; in the cane yard of a village in Shirur Taluka on 03/07/.2011 Dead body was sent for postmortem examination to nearby primary health centre. The postmortem examination was conducted by medical officer on the same day. On external examination he noted 1] Oval bite mark, 6 x 4 x 5 cm, 2] Multiple abrasions on chest wall and upper abdomen, 3] Multiple abrasions all over back,. On internal examination medical officer could not detect any abnormality. The opinion as to the cause of death was given as- “Opinion reserved viscera preserved for analyses”. The investigating agency was not satisfied with that opinion. Two days later they brought the dead body to Department of Forensic Medicine and Toxicology of B. J. Govt. Medical College and S. G. H. Pune and requested for second post mortem examination of the body by a panel of two forensic experts.

Details of second post mortem:

We received, studied and scrutinized the inquest papers and first autopsy report carefully, and inquired about the whole chain of incidences in great details, as it is mandatory in all cases. The first autopsy report was not conclusive. During second postmortem examination; we noted three identification marks, which helped investigating agency to reveal the identity of that unknown female. On external examination body showed early signs of decomposition in the form of greenish discoloration over right iliac fossa. Rigor mortis was absent in upper limbs and partially present in lower limbs. Finger nails showed cyanotic discoloration. The autopsy incision of first postmortem examination was present in midline extending from suprasternal notch to symphysis pubis. There were no autopsy incisions over scalp and neck regions.

Following external injuries were noticed over the body:
1. Abraded contusion present over the forehead on left side, of size 4 cm x 3 cm, irregular, dark brown in colour.
2. Abraded contusion present over the right angle of mandible, oval in shape, of size 4 cm x 3cm, irregular, dark brown in colour.
3. Lacerated wound present over the left mandibular region, extending from left angle of mandible to the chin, of size 4 cm x 3cm x muscle deep.
4. Abrasion present over the left cheek, of size 2 cm x 1 cm, irregular, dark brown in colour.
5. Abraded contusion present over anterolateral aspect of neck on left side, in middle one third region, oval in shape, of size5 cm x 4 cm, irregular, dark brown in colour.
6. Contusion present over the right shoulder, anteriorly, of size 2 cm x 2cm, irregular, bluish black in colour.
7. Linear abrasion present over the right forearm, over extensor aspect, in upper one third region, vertical, of size 6 cm x 0.2 cm, dark brown in colour.
8. Abrasion present over the right forearm, over medial aspect, in middle one third region, of size 1 cm x 0.5 cm, irregular, dark brown in colour.
9. Abraded contusion present over right wrist dorsally, of size 1 cm x 1cm, irregular, dark brown in colour.
10. Lacerated wound present over the base of right index finger, over dorsal aspect, of size 1 cm x 1cm x muscle deep.
11. Lacerated wound present over the right ring finger tip, of size 2 cm x 1 cm x muscle deep.
12. Abrasions present over tip of left index, left middle and left ring finger, each of sizes 1cm x 1cm, irregular, dark brown in colour.
13. Abrasion present over the right knee, of size 4 cm x 3 cm, irregular, dark brown in colour
14. Multiple abrasions present all over back, of sizes varying from 1 cm x 1cm to 1 cm x 0.5 cm, irregular, dark brown in colour
15. Postmortem erosions produced by ant bite seen over right side of abdomen and left thigh at places.

Photograph 1: The obvious external injuries were missed by medical officer.
Photograph 2: The neck was not dissected.

Photograph 3: The Scalp was without any incision after first autopsy.
Photograph 4: Cranial cavity was not examined at all before giving cause of death.

Photograph 5: Obvious head injury was noted at the second postmortem examination.
Photograph 6: Neck dissection showed hematomas in strap muscles.
On internal examination:

We observed that cranial cavity and neck structures were intact, not opened and examined during first postmortem examination. Important positive findings which were noticed

- Hematoma under the scalp present over mid frontal region of size 6cm x 4cm, right parietal region 6 cm x 3 cm, right frontal region 3 cm x 2 cm. Thin layer of subarachnoid hemorrhages present at places and brain was congested and oedematous.

- On dissection of neck, hematomas were evident in the strap muscles of neck on right side of size 3 cm x 2cm, in midline anteriorly 5cm x 2cm, on left side 2 cm x 1cm.

After completion of re-postmortem examination, the opinion as to the cause of death was finalized as: “Throttling with head injury”.

Summary and Discussion:

As far as possible medico legal autopsies must be done in a well-equipped mortuary by a person with experience and knowledge. In every case the autopsy must be complete, all the body cavities should be opened and every organ must be examined because evidence contributory to the cause of death may be found in more than one organ. Complete autopsy is necessary to corroborate the evidence of eye witnesses and the investigations done, by investigating office, since a poor autopsy can lead to miscarriage of justice. As far as possible, the first post mortem examination should be conducted in proper manner because performing a second autopsy, in addition to being emotionally traumatic to the decedent’s family and expensive.

In the case discussed, it was observed that, during the First autopsy examination, approach of the medical officer was casual. Medical officer noticed only three external injuries, while the re-postmortem examination revealed fifteen external injuries. Also the medical officer failed to describe injuries over the body in details, like site, color and age of injuries.

During the internal examination it was clear that, all bodily cavities were not opened and examined during initial postmortem examination. So it was because of partial autopsy and lack of forensic knowledge that medical officer could not reach to the conclusion about cause of death during first autopsy. This raised doubt in the minds of investigating agencies, which made them to opt for re-postmortem examination at the higher institute.

This is only one of the few cases, which came to the light due to awareness amongst the investigation agencies and could tell its story, but there are many which still remain untold. Presently there are also lacunae in the medico-legal system for the conduction of second postmortem. Sadly in our set up there are very few specialized forensic pathologist, and the number even fewer in the district and peripheral hospitals. The tradition of simple referral on the grounds of “highly putrefied body”, or “opinion reserved viscera preserved for analyses” further complicates the matter.

Today hence, Medico legal expert and improvement in medico legal work is need of an hour, as if one come to know about the root of crime then only it can be extracted. Many questions which today are unanswered, like, Who is authorized to order for second postmortem?, What are the cases, circumstances or reasons who can seek for second postmortem? Who should constitute the panel of doctors and who should be in the board? What should be jurisdiction for the conduction of second postmortem? What should be minimum requirements before starting the second postmortem? and many more, must be answered.

There is really a need for incorporation of proper medico-legal guidelines in the Cr. P. C., which should be followed in second postmortem cases. This case report enlightens on the
fact that the postmortem work is very much neglected in the district hospitals and health centres at periphery. There should be some guidelines and qualification must be decided before a person is allowed to do postmortem, and also there should be timely upgradation of knowledge regarding medico legal cases among the medical officers working at ground root level with the help of implementation of national program.

**Conclusion:**

Partial autopsies have no place in forensic medicine. In every case the autopsy must be complete, all the body cavities must be examined and one should not do unnecessary manipulations with some preconceptions in mind to reach to the cause of death. It is also to be concluded that, to improve the quality of medico legal work, Government should start the training program for medical officers at Forensic Medicine departments at various Government medical colleges.

**References:**

1. Pillay VV. Textbook of Forensic Medicine & Toxicology. 16th edition, Hyderabad: Paras Publication; 2011, p.133
2. Parikh CK. Parikh’s Textbook of Medical jurisprudence, Forensic Medicine and Toxicology. 6th edition, New Delhi: CBS Publisher and Distributor; 1999, p.2.39