MEDICAL JURISPRUDENCE & TOXICOLOGY

WITH POST-MORTEM TECHNIQUES AND MANAGEMENT OF POISONING

B. K. SENGUPTA

MEDICAL JURISPRUDENCE AND TOXICOLOGY

WITH POST-MORTEM TECHNIQUES AND MANAGEMENT OF POISONING.

B. K. SENGUPTA M.B., PhD. (CAL)

Professor, Forensic & State Medicine, BS Medical College, Bankura & Burdwan University Medical College, Burdwan; Formerly Teacher in Forensic & State Medicine, Medical College, R. G. Kar Medical College, Nil Ratan Sarkar Medical College, Calcutta National Medical College, Calcutta; Examiner in Forensic & State Medicine, Universities of Calcutta. Burdwan, North Bengal, Gauhati & State Medical Faculty, West Bengal.

WITH MANY ILLUSTRATIONS



Dedicated to the Sweet Memory of
My Departed Father
LATE AKSHAYA KUMAR SENGUPTA
who was a dedicated teacher for over forty years

PREFACE

The present book is the outcome of the author's eighteen years' experience as a teacher and examiner in Forensic Medicine and as a Subdivisional Medical Officer and District Medical Officer in the State Health Services for another ten years. While teaching the undergraduate students of the different medical colleges, he felt the want of a handy balanced book for them although there was no dearth of text and reference books on the subject. He could realise that the burden of syllabus on students was so heavy that they could find little time to do justice to this subject. But really, Forensic Medicine is a subject that can be learnt with ease, provided it is taught in an interesting way. He has found that if, instead of encouraging the students to cram, he can cite important cases and the clues as to how the crimes have been detected, the students can be attracted towards this subject. That is why he has taken recourse to this mode of presentation. In preparing the book, the author has not aimed at making it a book of reference, but a book for practical purposes. So, he has laid much stress on those individual questions, which are very often asked in the examinations and courts, and on cases of everyday occurrence. He has given more attention to the subjects like identification, injuries, violent deaths, sexual offences, abortion, infanticide etc. Wherever necessary, he has added comparative tables and notes to draw the attention to the imporant points. Over and above the photographs, he has given some diagrams, particularly drawn for this book, to help the reader to remember the salient points with ease. At the end of each chapter, important questions are given to get an idea as to the standard of the undergraduate examinations of the Indian Universities. For the benefit of the practitioners, he has mentioned illustrative case notes, has included necessary forms and Acts and the processes and techniques as to how to perform the postmortem, of which a junior medical officer is so much afraid. In fact, the author has left no stone unturned to make the book useful and practical both to the student and practitioner, keeping in mind not to make he book heavy going or lengthy.

The book is divided in three sections viz., State Medicine, Forensic Medicine and Toxicology. Section I has three chapters describing Criminal Procedures in India, Laws in Relation to Medical Men and

Police Report, and Forensic Psychiatry. Section II has seventeen chapters dealing with all the important aspects of Forensic Medicine; and Section III, devoted to Toxicology, has received the author's special attention. While describing the important poisons, their medico-legal aspects, modes of action, methods of detection, signs and symptoms, post-mortem appearances, he has given the respective treatment, both prophylactic and curative.

To name among the friends of the author, who have encouraged him to write the book are Prof. N. K. Dasgupta, Prof. J. B. Mukherjee, Prof. C. C. Mallick, Dr. D. N. Banerjee, Dr. S. Bhattacharva, Dr. A. Nandy, Dr. J. N. De to all of whom he is grateful. He is also grateful to the DHS, West Bengal, the Principal-Superintendents, BS Medical College, Bankura and BU Medical College, Burdwan for giving him permission to write and to publish the book for the benefit of the students. He also expresses his gratitude to Sri N. De, artist, Bankura Sammilani Medical College for drawing some figures; Sri Sadhan Sen Gupta for taking some photographs for the book; Sri Sarbani Dasgupta and Sriman Ambaris Sengupta for drawing a few diagrams and also to Sm. Tapati Sengupta, M.A. for her constant encouragement to complete the book. He should also thank the staffs of the Departments of Forensic and State Medicine, Bankura Sammilani Medical College and Burdwan University Medical College for the help and cooperation they rendered ungrudgingly. He takes the opportunity to thank Sri B. K. Dhur, the publisher, Sri Lakshman Ghosh and the staff of Academic Publishers for rendering him all sorts of assistance and cooperation.

In the end he should be failing in his duty if he does not acknowledge the help he has received from the standard works he has consulted while writing the book, the list of which is appended at the end as References.

The author is aware of his shortcoming and any suggestions towards improvement will be thankfully acknowledged. He will also consider himself amply rewarded if the students, for whom this book is primarily meant, are really benefited by it.

B. K. Sengupta

May, 1978

Introduction

1-2

STATE MEDICINE

Chapter 1: Criminal Procedure in India

3-16

Inquest 3; Coroner 3; Magistrate's Inquest 3; Police Inquest 3; Coroner, Duties of a Coroner, Coroner's Court 3; Different Courts in India 4; Subpoena (Summons) 6; Conduct Money 6; Professional Loss 7; Oath 7; Perjury 7; Leading Questions 7; Hostile Witness 7; Procedures for a Medical Witness in a Court of Law 7; Medical Evidence 9; Medical Certificates 9; Medico-legal Reports 9; Post-mortem Report 10; Dying Declaration 10; Procedure 11; Dying Deposition 12; Oral Evidence 12; Witnesses 13; Professional Secrecy 13; Volunteering a Statement 13; Rules for Giving Evidence in the Court 14; Specimen of Summons 15; Death Certificate 15; Certificate of Physical Fitness 16; Certificate for Granting of Leave 16.

Chapter II: Laws in Relation to Medical Men: The Medical Act 17-39

Functions of the Indian Medical Council 17; Functions of the State Medical Council 18; Rights and Privileges of Registered Medical Practitioners 19; General Rights of a Registered Medical Practitioner 19; Warning Notices 19; Medical Ethics and Etiquette 23; Medical Ethics 23; Duties of a Registered Medical Practitioner 23; Malpraxis or Malpractice and Negligence 26; Duties of a Medical Officer to the State 28; Consent 29; Consent and Examination 29; Consent and Medico-legal Examination 30; Age and consent 30; Consent, Age and Sex Act, Age of Consent 30; Consent, and Operation 30; Discharges on Risk Bond 30; Consent and Married Couple 31; Autopsy 31; Autopsy and Preservation of Material 31; Consent and Donation of Body Tissues 31; Vicarious Responsibility 32; Police Reports 33; Consent Forms 34; Oath of Hippocrates 37; Declaration of Geneva 38; Code of Medical Ethics 38.

Chapter III: Medico-legal Aspects of Insanity (Forensic Psychiatry) 40-57

Unsoundness of Mind 40; Certain Terms Used in Connection with Insanity 41; Clinical Types 42; Epileptic Insanity 43; Distinguished Features between Feigned and True Insanity 44; Restraint of a Lunatic 45; Mental Disorder and Responsibility 49; Civil Responsibility 49; Criminal Responsibility 52; Responsibility of the Intoxicated 53; Datura 54; Indian Hemp 54; Running Amok 54; Alcohol (Delirium Tremens) 54; Forms Required by the Indian Lunacy Act, 1912 55.

Some Acts in Relation to Medical Men

. . 57-62

Vaccination Act 57; Workmen's Compensation Act 58; Workmen's Compensation 59.

FORENSIC MEDICINE

Chapter IV: Identification

. . 63-104

Definition 63; Legal Identification 63; Importance 63; Race 64; Cephalic Index 67; Sex 67; Skeleton 69; Medullary Index 72; Sacral Index 72; Ischiopubic Index 73; Anthropometry (Bertillon System) 74; Dactylography (Galton System) 74; Poroscopy (Locard's Method) 77; Finger-print 77;

Other Prints 78; Acquired Peculiarities 78; Occupation Marks 80; Age 82; Examination of Age 84; Teeth 86; Age Changes in the Human Mandible 90; Radiological Examinations 91; Other Signs for Ascertaining Age 97; Procedure of Examination of a Case for Determination of Age 101; Proforma 103.

Chapter V: Medico-legal Autopsy (Post-mortem Examination) . . 105-124

Object 105; Procedures to be Followed 105; External Examination 106; Internal Examination 108; Autopsy of the Newborn 112; Forms 117; Exhumation 119; Modes of Death 120; Presumption of Death and Survivorship 121; Medico-legal Informations from Examination of Stomach 122.

Chapter VI: Death

125-156

Death 125; Signs of Death 125; Signs of Somatic Death 126; Signs of Molecular Death 127; Medico-legal Importance of Post-mortem Staining 129; Putrefaction 135; Signs of Decomposition 137; Time of Maggot Formation 139; Influence of Burial in Earth 141; Influence of Immersion in Water 142; Table Showing Rate of Putrefaction 143; Mummification 146; Estimation of Time Passed Since Death 147; Sudden Death From Natural Causes 153.

Chapter VII: Medico-legal Aspects of Wounds

157-168

Definition 157; Hurt 157; Rash and Negligent Act 160; Causes of Death from Wounds 160; Difference Between Ante-mortem and Post-mortem Injuries 163; Age of an Injury 165; Examination of Injuries 166.

Chapter VIII: Wounds

169-197

Nature and Appearance of the Wound 169; Position and Surrounding of the Individual Person 172; Medico-legal Classification of Wounds 173; Abrasion 174; Bruises or Contusions 176; Weapons Producing a Bruise 176; Subconjunctival Haemorrhage 179; Artificial or False Bruises 180; Lacerated Wound 183; Incised Wounds 185; Punctured Wound, Penetrating and Perforating Wound 192.

Chapter IX: Regional Wounds

198-214

Scalp 198; Skull 198; Injuries to the Spine 205; Face 206; Eyes 206; Nose, Ear, Lips, Teeth, Neck 207; Chest, Ribs 208; Sternum, Lungs, Heart 209; Abdomen, Stomach, Intestines, Rectum 210; Liver, Spleen 211; Kidneys, Bladder, Uterus 212; Urethra, Penis, Testis, Vulva, Vagina 218.

Chapter X: Burns

215-235

Burns 215; Scalds 215; Classifications 215; Chemical Burns 216; Fatal Period 217; Causes of Death in Burns 217; Prognosis 218; Post-mortem Appearances 220; Lightning 223; Electricity 224; Death from Heat 228; Death from Cold 230; Starvation 230.

Chapter IX: Fire-arms

236-247

Gun-Shot Injuries 238; Shot Gun Wounds 240; Wounds from Revolvers and Automatic Pistols 244.

Chapter XII: Special Injuries

248-252

Air-craft Injuries 248; Railways 251.

Chapter XIII: Violent Asphyxial Deaths

253-296

Asphyxia 253; Pathology of Rapid Anoxic Death 254; Forms of Violent Asphyxial Deaths 255; Hanging 257; Strangulation 268; Sufficiation 275; Drowning 281.

Chapter XIV: Sexual Capacity and Sexual Offences

297-342

Impotence and Sterility 297; Virginity and Defloration 302; Pregnancy in Relation to Crime and Legitimacy 305; Signs of Pregnancy 306; Delivery 311; Legitimacy 313; Inheritance 314; Sterilisation 317; Rape 321; Report of Medical Examination 326; Forms 337; Incest 338; Unnatural Sexual Offences 338; Abnormal Sexual Perversions (Sexual Deviations) 340.

Chapter XV: Abortion (Miscarriage)

343-352

Miscarriage 343; Justifiable Abortion 344; Medical Termination of Pregnancy Act 1971 344; Indications for Terminations of Pregnancy 345; Criminal Abortion 348; Duties of the Medical Officer in Criminal Abortion 352.

Chapter XVI: Infanticide

353-372

Definition 353; Birth 354; Motives of Infanticide 354; Investigation 355; Has the Child Breathed 357; Lungs in Live-birth and Still-birth 359; Acts of Commission 366; Acts of Omission or Neglect 367; Examination of the Alleged Mother 368.

Chapter XVII: Blood Stains in Medico-legal Practice

373-386

Sources 373; Collection of Materials 373; Examination of Bloodstains 375; Medico-legal Aspects of Blood Groups 382; ABO System 383; MNS System 384; Microscopical Examination of Blood 385.

Chapter XVIII: Seminal Fluid

387-390

Chapter XIX: Hair

.. 391-394

Chapter XX: Fibres

205

TOXICOLOGY

Chapter XXI: Poisons and Their Medico-legal Aspects ...

396-417

Definitions 396; Laws Relating to Poisons 396; Classification 401; Routes of administration 403; Post-absorptive Behaviour of Poisons 403; Excretion and Elimination of Poisons 404; Actions 404; Diagnosis of Poisoning 406; Treatment 409; General Management and Symptomatic Treatment 414; Appearances of the Stomach 415.

Chapter XXII: Corrosive Poisons

418-432

Mineral Acids 418; Alkaline Corrosives 426; Organic Acids 427.

Chapter XXIII: Irritant Poisons (Inorganic Non-metallic Irritants) 433-436 Phosphorus 433.

Chapter	XXIV: Inorganic Metallic Irritants	2.4	437-460
	Arsenic 437; Mercury 448; Copper 453; Lead 455.		
Chapter	XXV: Neurotic Poisons (Narcotics)		461-467
	Opium 461; Morphine 462; Pethidine 467.		
Chapter	XXVI: Cerebral Poisons (Inebriate Poisons)	V. 4	468-481
Ale	Ethyl Alcohol 468; Examination of a Case of Drunkenne cohol 476; Ether 477; Chloroform 478; Chloral Hydrate 480	ess 4' 0.	72; Methy
Chapter	XXVII: Cerebral Depressants		482-491
	Barbiturates 482; Thalidomide 487; Amphetamine Sulph; Antihistamines 488; Tranquillizers (Psychosedative Drugs) de 489; Kerosene Oil 490.	ate 4 488 ;	187 ; L.S.D Sulphona-
Chapter	XXVIII: Vegetable Alkaloid Poisons (Cerebral Deliria	ants)	492-500
Co	Cannabis Sativa or Indica (Indian Hemp) 492; Dature caine 498.	a fas	tuosa 494
Chapter	XXIX: Organic Poisons (Vegetable Irritant Poisons)	٠.,	501-506
	Ricinus Communis 501; Croton tiglium 501; Abrus precato pus anacardium 503; Capsicum annum 504; Calotropis gigar ; Plumbago rosea and zeylanica 506.	rius : ıtea a	502 ; Seme- nd procera
Chapter	XXX: Animal Poisons (Animal Irritant Poisons)	* *	507-514
	Snakes 507; Cantharides 512; Venomons Insects 513.		
Chapter	XXXI: Spinal Poisons		515-518
	Strychnos nux vomica 515.		
Chapter	XXXII: Cardiac Poisons		519-527
522	White or Pink Oleander 519; Yellow Oleander 520; Accept Hydrocyanic Acid 525.	mitun	n Napellus
Chapter	XXXIII: Carbon Monoxide		528-530
	Carbon Dioxide		530-531
Chapter	XXXIV: Insecticides		532-535
	Organophosphorus and Allied Compounds 532; Endrin 534	; D.D).T. 535.
Addenda		- (a) - 5.5	538-541
Referenc	es	**	542
Index			543-554

MEDICAL JURISPRUDENCE AND TOXICOLOGY

INTRODUCTION

Medical Jurisprudence, Forensic Medicine, State Medicine, Legal Medicine are terms which are not synonymous, though frequently used as though they are.

Forensic (Law Courts) medicine (Medicine of the Forum or Law courts) or Legal Medicine, or State Medicine is the branch of medicine which deals with the application of medical knowledge for the purpose of Law; its aim is to elucidate the truth. This includes Toxicology, which deals with poisons, their sources, properties and characters, symptomatology, treatment, changes produced in the tissues as studied during life and after death, their isolation during life and after death and the study of the regulations regarding storage, sale and prescriptions. Medical Jurisprudence (juris-lay: prudence - knowledge) is the branch of law which deals with the organisation and regulation of the medical profession and the duties and the obligations of a medical practitioner towards the State, to his patient and to his professional colleagues and their families and vice versa. It helps in governing the correct practice of medicine. Medical jurisprudence is as old as the human civilisation and it existed in every country in some form or other. The Hindu Law prohibited the maltreatment of man and beasts and the practice of medicine was regulated. The Roman Law prescribed that only certain people with prescribed knowledge were allowed to practice medicine.

In all civilised countries the right to practice medicine is subject to law. The medical practitioners are considered to be very helpful to the society and the public. The public are not able to gauze the ability of such persons and here is the responsibility of the State to provide efficient service to the community at large and to see that the persons allowed to practice medicine and surgery are sufficiently trained and qualified to take up the responsibility and to impress upon the public the risk of being treated by quacks. The State has got the power to punish such unqualified practitioners if untoward results follow his treatment.

Now-a-days, Forensic Medicine is a well-regulated, progressive science and its study form an essential part of medical course of every University and Licensing body. The science is subdivided into specialities and there are specialists in different branches of forensic medicine, viz., forensic pathology, toxicology, finger prints, firearms, and ballistics, etc. The forensic laboratories established by the Central and State governments in India provide for special examinations that are of great value in legal medicine.

CHAPTER I

CRIMINAL PROCEDURE IN INDIA

The Indian Law is mainly based on English and Roman Laws with modifications to suit the customs and religions of various types of people living in this country.

Inquest: Literally it means an enquiry. This may be done by:

- (1) Coroner at Calcutta and Bombay only
- (2) A Magistrate
- (3) A Police Officer.

Coroner: A Coroner or the judicial officer of the State is appointed by the State Government in Bombay and Calcutta. His court is a court of enquiry and not a court of trial, in cases of sudden and unexpected and unnatural deaths occurring within his jurisdiction.

Magistrate's Inquest: He conducts inquest where there is no Coroner, and in cases of deaths in Jail or Police custody (lock-up) or in cases of police firing or like conditions. In such conditions Police is not allowed to hold an inquest for obvious reasons.

Police Inquest: It is conducted in all places except cities of Bombay and Calcutta and conducted by an officer-in-charge of police station. Even a head constable, when in charge of the police station, may conduct an inquest.

On receipt of an information regarding occurrence of a crime, the officer visits the place of occurrence and, in the presence of at least two respectable persons of the locality, holds enquiry into the incidence, prepares the report and signs it in presence of witnesses who also sign the document along with the enquiring officer.

Coroner, Duties of a Coroner, Coroner's Court: The Coroner's court is a court of enquiry and not a court of trial.

1. The Coroner holds enquiry into causes of all cases of sudden or unnatural deaths, either accidental, suicidal or homicidal in nature, and even in certain cases of natural deaths occurring under suspicious conditions, in cases of deaths from anaesthesia, in deaths occurring in police/jail custody, except in cases of deaths from cholera or epidemic diseases. He may visit the place of death and take charge of such material which he may think to be related to investigation of death.

- 2. The Coroner may ask a doctor to conduct autopsy on a dead body with or without analysis of viscera.
 - 3. He may ask the doctor to furnish the autopsy report.
- 4. He may summon him to give evidence before him in such cases at the time of inquest. He may/may not sanction suitable remuneration to the medical officer for attending the court.
- 5. He views the dead body with the help of jurors (5, 7, 9, 11 etc. in number) and hears evidences from witness on oath at the time of inquest and issues disposal orders for disposing dead bodies. At the time of inquest the accused may or may not be present, or be represented by his counsel and has got the right of producing witnesses, cross-examining witnesses and making statements if he likes.
- 6. The Coroner may order for exhumation of a dead body lying within his jurisdiction.
- 7. He may appoint a Deputy Coroner to work for him during his absence on leave, sickness or absence from lawful or reasonable cause.
- 8. In India, the Coroner has the power of committing a case direct to the Court of Session.

The Coroner enquires into the culpability of a suspected person and returns a verdict. If he cannot come to any decision, the verdict may be an open one.

The only punishment a Coroner may award is for contempt of Court. In Coroner's Court the evidence given is on oath.

Different Courts in India: The courts are either civil or criminal. The doctors are commonly summoned to attend a criminal court, but he may also be asked to attend civil courts too.

There are four main types of criminal courts in India.

- 1. The Supreme Court in Delhi is the highest tribunal court in India. Criminal cases for appeal may be referred from High Courts of the provinces with permission and certificate from the High Courts that they are fit cases for appeal involving a point of law.
- 2. The High Court with Appellate and Original sides where criminal cases are tried.

It is the highest court of the State and it may pass any sentence prescribed by law. It can also reduce or enhance any sentence passed by a lower court and it confirms the death sentence, passed by a Sessions' Judge. The criminal cases are tried with the help of Jurors.

- 3. The Court of Sessions: It is the highest court of a district and may pass any sentence prescribed by law; but death sentence passed by this court requires confirmation by the High Court. There are no jurors now. They actually try cases committed to them by a Judicial Magistrate after preliminary enquiry and on finding that a prima facie case exists. An Assistant Sessions Judge can not pass a death sentence, or a sentence to life imprisonment, or a term exceeding ten years. In Calcutta, the City Sessions Court functions as a sessions court of the District. The trial is conducted with the help of jurors, as in the High Court.
- 4. The Magistrates' Courts: Now judicial magistrates try cases in this State. There are three classes of magistrates, according to their power, which is conferred according to their seniority and experience in conducting trial of cases. A sub-deputy magistrate may be of first class power, whereas, a deputy magistrate may be with second class power. In Presidency towns the magistrates are known as Presidency magistrates. They are always with first class power.

Powers of Magistrates: The Presidency Magistrates and Magistrates with first class power can try all cases except cases of rape, murder, miscarriage, unnatural offences, rioting, arson, dacoity etc., though they may commit these cases to the Sessions for trial. They cannot for a single offence pass a sentence for more than two years and fine more than Rs. 2000 or both.

Second Class Magistrates: They may not try any offence punishable with three years' imprisonment and may not for a single offence sentence to

more than six months in jail and five hundred rupees as fine or both.

Magistrates with Third Class Powers: They may not try any offence punishable with one year's imprisonment and may not for a single offence sentence to imprisonment for more than one month and Rs. 100 as fine or both. Magistrates with third class power may not sentence to solitary imprisonment. The punishment, which a magistrate is authorised to award, may be doubled by him when passing sentences for two or more offences at a trial.

Summons Case: Cases punishable with imprisonment for one year or less is known as a summons case, whereas if it is more than one year, it is known

Juvenile Courts: These are courts for trial of juvenile offenders (juvenile

delinquent - age upto 16 years).

Municipal Magistrate's Court: In Calcutta, and cities like it there are Municipal Magistrates' Courts where cases of food adulteration and the like are sent for trial by a Magistrate. In Mofussil areas, such cases are tried by Judicial Magistrates.

Jurors: A jury is empanelled to assist the presiding judges in conducting the trial of criminal cases in High Courts and City Sessions Courts. In a Coroner's

Court there are jurors to help an inquest.

Jurors are of two types: Common and Special, the latter is for conducting trials of serious offences viz., murder, rape etc. Jurors' verdict is binding on the court. If the judge disagrees, he may arrange for re-trial with fresh set of jurors. Jurors are master of facts with no knowledge of laws.

Assessors: Sometimes, trials are conducted with the help of assessors,

Their verdict is not binding on the court.

Subpoena (Summons) (sub — under; poena — penalty): It is a writ or document issued from a court, under its seal, to a witness, commanding his attendance in the court on a particular date and time for the purpose of giving evidence. He may be asked to bring some document also; he is warned to attend the court under certain penalty and not to disobey it without sufficient reason and after attending not to leave the court without permission. It is issued in duplicate, the original one to be receipted and sent back to the issuing court and the duplicate to be retained and produced in court at the time of attendance.

Procedure when the witness gets more than one summons on the same day:

- 1. Criminal cases will always receive priority over civil cases.
- 2. When both summonses are from criminal courts, he will attend the higher court, i.e., High Court would get preference over Sessions Court or Magistrate's Court; Magistrates with first class power over Magistrate with second class power and so on. When both are from courts of same power, the one received first, would get priority. If a summons has been returned previously, effort should be made to accommodate it first. If two summonses are from the same campus or within short distance, the second may be attended after attending the first. In any case, where one court could not be attended, the presiding officer of that court must be informed well in advance. (Specimen of summons at the end).

Conduct Money: In civil cases, the doctor is given some money to cover his expenses and fees. This should be paid at the time of serving the summons. If it is not paid, the medical officer may ignore the summons. If it is inadequate, he may ask the court for its enhancement at the time of attendance. He cannot refuse attendance in a criminal court, just because no money has been paid.

Professional Loss: If a private medical practitioner, or a government medical officer who is allowed to do private practice attends a court outside his normal official duty hours and is detained in court for more than one hour, he is granted one fee as professional loss, the amount is decided by the presiding officer of the court. In private practice, the fee is not fixed; it is a contract between the doctor and the party, but it should not be unusually high, in which case the question may be raised that the doctor has been purchased.

Oath: An oath is a declaration required by law to be made before a court by a witness who says "I swear by the Almighty God that the evidence I shall give to the court shall be the truth and nothing but the truth. So help me God". If the witness wants to give evidence on solemn affirmation, he is to say, "I solemnly affirm that the evidence which I shall give to the court shall be the truth, the whole truth and nothing but the truth." He usually holds one religious book while taking oath.

Perjury (Sec. 193 I.P.C.): A witness on oath or solemn affirmation may be prosecuted for perjury (wilful utterance of false statement) if he does not speak the truth.

Leading Questions: These are questions which suggest their own answers. These are not allowed in examination-in-chief except when a hostile witness is being examined, but allowed in cross-examination.

Hostile Witness: He is one who makes statements contrary to previous ones made in a court or while giving statement to a Magistrate or a Police Officer with some motive to conceal truth. Once a witness is declared hostile, he may be cross-examined by prosecution counsel.

Procedures for a Medical Witness in a Court of Law:

- 1. Receipt of a summons.
- 2. Reporting to the court on appointed date and time: He usually reports himself before the public prosecutor, court inspector or the bench clerk.
 - 3. Oath taking.
- 4. Examination-in-chief: This is the examination of the witness conducted by the counsel for prosecution, public presecutor or court inspector in government cases and by an advocate in private cases. Here, after the name, qualification with years etc. are taken

down, the medical officer is given the report he has submitted in connection with the case to refresh his memory, on basis of which he gives his evidence. The object of examination-in-chief is to place before the court all facts bearing on the case and his interpretation of these facts. Leading questions are not allowed.

5. Cross-examination: It is conducted by the defence counsel. The object is to get from the witness such facts which are favourable to his client and weaken the evidence given at the time of examination-in-chief. Here leading questions are allowed and there is no time limit for cross-examination. The questions put to the witness must be relevant to the case, otherwise the presiding officer of the court may disallow such questions.

The defence counsel will always try to prove that whatever the witness has said in the examination-in-chief is not true, his report is inaccurate or incorrectly written and not to be taken into account, his experience in the matter is not sufficient. He may very often put irritating questions too. Sometimes, if the cross-examination is too prolonged, it may act as a double-edged sword, as it may weaken his own stand by bringing too many irrelevant questions.

- 6. Re-examination: When needed, it is done by the prosecution counsel to remove any doubts which might have arisen during cross-examination. The prosecution may bring points which might have been omitted at the time of the examination-in-chief and for this, he is to take permission from the court, and if permitted, re-examination is allowed. The defence counsel, may also cross-examine the witness on the point raised in re-examination. Leading questions should not be asked in re-examination.
- 7. Examination by court: During the entire process of the trial, the presiding officer of the court may put questions to the witness. These are known as Court questions, i.e., questions put by the court. These are done to clarify any doubt, or to clarify some points which have not been raised.
- 8. Questions by jurors: The members of the jury may put questions to a witness through their 'foreman' at the end of evidence of the witness.

When all these are over, the witness will be given a transcript of his evidence for correction after which he will sign it. Then he would take permission from the court and leave. Of course, when