

Some observations on a post mortem procedure

A doctor finds out how the dead are treated in a district hospital

During my fourth year in medical school, we were required to record the procedure for post-mortems. I remember the morgue where the bodies were kept, and the large hall where the PMs were conducted by the pathologist on call. It was a procedure carried out with surgical precision and with attention paid to every detail. Though the Christian Medical College at Vellore did not deal with medico-legal cases, we did do PMs in certain circumstances. These were used as an opportunity to learn more about disease and to expand our knowledge of medicine. This was in the mid-1980s.

After specialising in community health, I now work with a non-governmental organisation. I happened to be visiting a friend last month when her daughter was found dead in their home. As the death occurred under suspicious circumstances, a PM was necessary. This was to be done after the police investigation.

We were told that a team of two doctors was waiting at the district hospital for the PM examination. We took the body to the hospital and were directed to the PM room which was situated in an isolated area, half a kilometre away from the hospital itself. The room was an old, dilapidated structure, about 10 feet square, roofed with asbestos. The walls reached only up to six feet; the gap between wall and ceiling was filled by wire mesh. The entrance opening had no door. The 10-foot walled compound was choked with weeds, as was the entire approach road through which we struggled to reach the room.

Inside was a single concrete slab, about five feet in height, three feet broad and six to seven feet long with a slight depression in which a pool of some dark fluid had collected. There was no electricity in the room nor

any facilities for washing hands. A thick layer of dirt covered the floor which was strewn with rags and burnt-out agarbatti sticks. Cobwebs hung heavy from the ceiling and in the corners, adding to the already dismal atmosphere.

Dumped outside the compound wall was a decomposed body — perhaps a previous PM done and the body not claimed? It had swollen up enormously, dogs and crows were feeding on it, and the bones of the

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right hip and thigh were visible where the flesh had been eaten away. A thick cloud of flies swarmed around the body. The stench was unbearable, pervading the PM room and well beyond it.

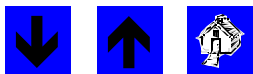
There was no provision for a body to be taken to and from the morgue, so I had taken my friend's daughter's body there with the help of our driver and a colleague. We waited quite a while outside the room for the arrival of the PM team.

With the team — a man and a woman — came a sweeper with a flat wooden box containing some instruments, and a bucket of water. My colleague who is a state government doctor had brought a plastic jar, a packet of salt, a pair of disposable gloves and some agarbatti packets which he gave to the PM team. The sweeper lit the agarbattis and stuck them around the room. It is only after this that the doctors entered the room, having asked us to wait outside.

My colleague explained that usually the doctors do not touch the body, the gloves were for the sweeper who cuts open the body. The doctors instruct him to take samples of tissues which are stored in salt water in a plastic jar.

A little later, a police constable gave me a silver chain and a pair of gold earrings which belonged to the dead girl.

We went a little distance away to wait, and returned after about 40 minutes. The doctors were leaving accompanied by the sweeper carrying his wooden box. My doctor colleague was a few steps behind me, and I went in first to see the body — and was shocked to find that it had not been stitched up after the post mortem. There was a long cut from the base of the neck to the pubic symphysis and a cut on the scalp from ear to ear within the hairline. There were other cuts on the neck and chin where some examination had been done. There were also three stab wounds on either side of the central incision and a strip of cloth had been threaded through the wounds like a shoe lace so that the incision remained partially closed. The cut on the scalp was also crudely tied up with another strip of cloth; the scalp was replaced irregularly, so the face was grotesque. I noticed that the earlobes were torn: whoever removed the earrings had not bothered to unscrew them and had simply ripped



them off. There was dried blood on the body and more blood on the slab where it lay. The clothes had been thrown outside the room. Later on, I found that the strip of cloth threaded through the wounds had been torn from the girl's petticoat.

My doctor colleague followed shortly, having obtained a cutting needle and thread. He explained that he had spoken with the sweeper who said he had no needle and could not stitch the body so he had stabbed holes through which to tie the strips of cloth.

Apparently the sweepers do not stitch the body until money — about Rs 500 — is paid to them. My colleague and I proceeded to stitch up the body; it took us a while as we had to stitch even the stab wounds made by the sweeper and also stitch the scalp into place.

The stench from the decomposing body outside was nauseating.

When we finished, it was nearly six p.m. and getting dark. There was no water to wash our hands and no one was outside the building except our driver. Since the body lay in a pool of blood we purchased a length of plastic, wrapped up the body in it, stitched it up in yet another sheet, tied it and placed it in the carrier.

There was no procedure, no one to

handle these details. It was left to the friends and relatives of the dead person to deal with all this.

I was discouraged and depressed to see the way the dead are handled, with no dignity at all. The very fact that the mortuary is located so far from the hospital indicates the distance the doctors want to keep from it, physically and mentally. A post mortem is conducted to determine the cause of death — and this cannot be done if the doctors do not even touch the body. And a post mortem conducted under such crude conditions will surely miss out vital details.

If this is a typical post mortem at the district level — or even at the state level — the entire system of conducting post mortems needs to be examined.

I thought of my student days in Vellore and wondered at this callousness — having a sweeper cut open the body, tearing off the earrings, leaving the body unstitched — and the lack of sensitivity to the feelings of grieving relatives who receive a mutilated body.

Is this acceptable behaviour from the medical profession?

(The writer's name is not being published so that no repercussions are felt by the organisation for which the writer works.)

No night autopsies in Mumbai

Inadequate lighting at the Nair and Sion hospitals' new post-mortem centres in Mumbai have forced the staff to turn away bodies brought for autopsies at night which could seriously compromise the quality of police investigations. These post-mortem centres were two of eight set up after July 29 when the Coroner's Act, 1871, was repealed. The three existing coroner's courts were disbanded and replaced by eight centres to streamline the system and facilitate post-mortems. However the Nair and Sion hospital centres have been turning bodies away between 7 pm and 9 am.

A 10-12 hour period between death and the autopsy could result in decomposition and the loss of vital clues for investigations. The additional municipal commissioner says he will propose a special allowance of Rs 250 per post-mortem for the doctor concerned, *as an incentive and to expedite the work*. State government doctors are also demanding the same.

Bad lights halt night autopsies at Sion, Nair. Rajiv Sharma, *Indian Express*, August 23, 1999.

Without comment

This is in reference to 'API elections: Do we need changes?' JAPI 1999; 47 (7): 750-51. I fully endorse the views of my 20 years back ex-registrar Dr R S Bhatia of Ludhiana, Punjab. I am a life member for last 20 years due to sheer academic interest, hard work, liking and longing for this prestigious association of ours. I did get some local or state basis posts of API like secretary, vice-chairman and chairman by involving my colleagues at what cost? Yes, at the price of increasing membership and collecting ballots every year for our seniors with the hope that I will also be able to get some national level post on the basis of vote collection, academic and organisational capacities. But I am sorry to point out that at the time of annual elections I am always kept aside. Being in practice I cannot multiply the votes to their expectations. That is my fault because in institutes and medical colleges there is more scope of mathematical calculations. The trend should be changed and the voluntary academicians whether in big institutes or smaller practicing places should be picked up and nominated by headquarters for all sorts of posts, depending on one's activities. All regions should be represented. Democracy has lost its significance especially in Indian API elections even though ballots are posted individually for casting one's conscious vote. I think most of the readers will agree with my suggestions.

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Letter in Journal of the Association of Physicians of India 1999; 47 (9): 944.

