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The Indian Medical Gazette.

OCTOBER, 1889.

MEDICAL JURISPRUDENCE IN INDIA.

THE contributions to the study of medico-legal subjects by Dr. Coull Mackenzie, which have recently been appearing in the *Indian Medical Gazette* are well deserving of careful perusal and attention; for they touch on matters upon which any medical man practising in India, might suddenly be called on to express an opinion. In the event of such a call, the medical man would find the information and data at his disposal in the ordinary standard works to be of a very meagre and doubtful nature. He would discover that full and accurate information concerning the various changes which take place in the body at or after death and the period at which these changes appear, as effected by local influences, are wanting; and that he would require to be guided more by theoretical considerations than by a knowledge or record of facts based on a long series of observations. To medical men engaged in medico-legal work in different parts of India a description of the various changes referred to, and of the *post mortem* appearances found in cases of death by hanging, strangulation, throttling, drowning, &c., would be of the utmost value. Hitherto, much of the information relied on has been derived from the observation of workers in other countries. A standard of comparison has thus been set up for India, defective in not being adapted to the great differences which the conditions of climate are likely to produce.

In the notes by Dr. Coull Mackenzie published in our June number, on the phenomena occurring after death, it is shown that important

facts relating to muscular irritability, commencement of cadaveric rigidity, duration of cadaveric rigidity, order of its appearance and disappearance do not coincide with what we are accustomed to meet with in cold and temperate climates. It is further shown that the period of the appearance of cadaveric lividity and the appearance of putrefaction in its various stages of discoloration, vesication, appearance of maggots, and evolution of gases has a distinct history of its own. We might also call attention to the circumstance that in cases of drowning the time at which the body comes to the surface proves to be much sooner after death in this country than in Europe.

Many of the above changes differ both in point of time and order from what is commonly found in Europe and described in the standard works of Devergie, Casper and other well-known medical jurists, such as Tidy, Woodman and Tidy, Taylor, Ogston and Guy, and which in all important medico-legal cases are relied on by the court, and quoted by expert witnesses, as authorities.

The recognition of these differences becomes extremely important in medico-legal cases. For example in a question as to the length of time that has elapsed since death, correct data concerning these differences are essential, for on this point the whole question of the innocence or guilt of the accused may turn, and any mistake made, or too great reliance placed upon evidence as to the time of appearance of phenomena in similar cases in countries with totally different climates, may mislead both judge and jury, and be the cause of a miscarriage of justice. So important is this subject that we venture to call the attention of the profession in India to it, and if some of our readers, especially the civil surgeons of large and important districts in different parts of India, would record their valuable observations, gathered from an extensive and varied experience of medico-legal cases, it would tend to extend our knowledge on a perplexing subject and would help to give more definiteness and accuracy to medico-legal evidence in our Indian law courts. Such accuracy would not only be a benefit to the

public, but to the bench and legal profession. In fact we might go further, and suggest to the Indian Government the advisability of appointing some specially selected assistant surgeons to take and record observations under the guidance of experienced medical officers. These observations to be of much worth should extend over a period of not less than two years. The cost would be very small as compared with the advantages gained. In European countries no such procedure as that advocated would be needed, for there are always to be found plenty of medical men of leisure possessing talents and tastes for research. With opportunity these men are themselves the pioneers in investigations of all kinds, and among whom may be included the distinguished observers already mentioned. But in India it is different; the medical men here have neither the time nor the means to devote themselves exclusively to original work, and hence, in such an important matter as that now dealt with, on account of the peculiar conditions which exist in the country, the necessity arises of Government undertaking that which under other conditions would be done by individual effort.

THE REPORT OF LORD CAMPERDOWN COMMITTEE.

II.

LAST month, in reviewing the report of Lord Camperdown's Committee, we expressed our disapproval of the recommendation of laying on the medical officers the burden of extra duties. We gave the reasons for this disapproval, pointing out the very imposing array of multifarious duties which is to be found in the present Army Regulations for the guidance of medical officers. It seemed to us injudicious to add more to that long list. Nor do we quite follow the Committee in their next recommendation of limiting the number of officers in the department on the basis of economy. It is to be presumed that a larger number are not employed than are found to be necessary. In this connection it is well to recall the circumstance that the medical staff is an organization which requires by regulation a fixed "cadre" of officers, and that this cannot

be materially lessened without loss of efficiency or injury to individuals. While subjecting these two recommendations to an adverse criticism, we freely admit that there are other recommendations in the report which we heartily endorse. For instance, we are glad to observe the readiness to consider the feeling of officers affected by Royal Warrants as indicated by the recommendation that officers affected by Royal Warrant should be consulted before their military status is in any way altered. Adherence to this principle would have saved much departmental discontent to which repeated alterations in Royal Warrants has given rise.

Again, the frequent changes of medical officers from one station to another and the attendant inconvenience and expense, has been a prominent grievance since the introduction of the departmental system. From the patient's point of view these constant changes are no less objectionable. We have known of an instance where an officer's wife during an illness extending over about two months had no fewer than four medical attendants during that brief period. Now that prominence has been given to this objectionable feature in the system, we may hope that administrative officers will do all they can to prevent unnecessary changes, and we think that the recommendation attaching junior medical officers to regiments for a specified period would tend to lessen the number of such changes.

In regard to pay and allowances the recommendation that the home pay and allowances should be extended to India is only just. It certainly appears inconsistent that an officer on coming to serve in India should receive for some years of his service less pay than he would in England. The pay of the medical officer was originally calculated on a liberal basis, but apparently for financial reasons, on the part of the Indian Government, it has been found convenient to ignore the progressive depreciation in the value of the currency of the country, and the medical department in common with many other departments under the Indian Government suffers the loss. The smallness of pay is most severely felt by the junior medical officers,