

Challenges in Viscera Analysis: Addressing Errors in Forensic Reporting and Their Medico-Legal Implications

Dr. Praveen Dixit* – Senior Resident, Department of Forensic Medicine and Toxicology, All India Institute of Medical Sciences, Raebareli, Uttar Pradesh.

Dr. Mamta Kumari – Senior Resident, Department of Forensic Medicine and Toxicology, Kalpana Chawla Government Medical College, Karnal, Haryana.

Received: Nov 02, 2023; Received in revised Form; Dec 01, 2023, Accepted: Dec 28,

2023, Available Online: Jan 01, 2024

Correspondence Author: *Dr Praveen Dixit, Senior Resident, Department of Forensic Medicine and Toxicology, All India Institute of Medical Sciences, Raebareli, Uttar Pradesh. Mobile No - +918171130363, E-mail Id – dixitpraveen104@gmail.com

Abstract:

Death is defined as the permanent and irreversible cessation of all biological functions that sustain life. In cases of unnatural death, such as poisoning, an inquiry is conducted by the police or magistrate under Indian law, followed by a post-mortem examination. Poisoning, particularly in suicides, is a common cause of unnatural deaths encountered during autopsies. The cause of death in such cases is confirmed only after receiving a chemical analysis report from the Forensic Science Laboratory (FSL). Viscera samples are sent for chemical analysis in suspicious death cases or when the cause of death is unclear after autopsy. Often, viscera reports return negative, making it difficult for forensic doctors to determine the exact cause of death, thereby delaying justice or, in some cases, weakening prosecution efforts. This article explores the reasons for errors in viscera reports and discusses their medico-legal implications.

Keywords: Death, Autopsy, Inquest, Viscera Report.

Introduction:

Death is the irreversible cessation of biological functions sustaining life. It can occur due to natural or unnatural causes. In cases of unnatural death or when foul play is suspected, an inquest is conducted by the police or magistrate, who then sends the body for a post-mortem examination.^{1,2} Forensic Experts often send viscera to the Forensic Science Laboratory (FSL) for chemical analysis to determine the presence of poisons. Viscera are collected in cases of suspected poisoning, hanging, drowning, road traffic accidents, drug-induced deaths, and in situations where the cause of death is indeterminate from autopsy alone. The FSL report is crucial in confirming the cause of death, but errors in these reports can complicate the process, delaying justice or even absolving the guilty.^{3,4}

Poisons, broadly categorized into corrosives, irritants, neurotics, and cardiac poisons, cause harm when introduced to the body. The Indian Penal Code (IPC) addresses poisoning under various sections, but lacks a precise legal definition of poison.⁵ The diagnosis of poisoning is made based on symptoms such as abdominal pain, vomiting, pupil dilation, or shock, along with crime scene evidence like tablets or powders. Autopsy findings, such as congested organs and stomach remnants of poison, provide further clues.²⁻⁴

Despite autopsy findings, the exact cause of death in poisoning cases can only be determined with an FSL report. A negative report often puts the doctor in a difficult position, weakening the case for prosecution. Errors in viscera collection, preservation, and transportation contribute to negative reports, further complicating medico-legal cases.

Viscera Collection and Preservation:

Forensic pathologists typically send stomach contents, parts of the liver, gall bladder, kidneys, and blood for analysis. However, in specific cases, particular organs may be required. The following table details the recommended viscera to preserve in cases of suspected poisoning:⁶⁻¹⁰

Table 1: Preservation of Viscera / body fluids in different poisoning cases.

N.	Body fluid / Viscera to be preserved	In cases of poisoning by
1.	Scalp Hairs	Heavy Metal poisoning
2.	Vitreous humor	Alcohol, Chloroform, Embalmed bodies, Decomposed bodies.
3.	Nasal Swabs	Cocaine, Inhalant abuse
4.	CSF (Cerebrospinal Fluid)	Alcohol
5.	Brain	Anesthetics, Alcohol, Barbiturates, CO, Cyanide, Opiates, Strychnine, Volatile poisons.
6.	Hairs, Fingernails, Bones	Heavy metallic poisons, radioactive poison (radium)
7.	Blood	In all cases, but must in alcohol, cyanide, CO, barbiturates, tranquilizers and other depressants
8.	Lungs	Inhalational poisons, Anesthetic drugs
9.	Heart	Digitalis toxicity, cardiac poisons, Strychnine
10.	Spinal Cord	Strychnine, Gelesmine
11.	Muscles	In Decomposed bodies, Embalmed bodies
12.	Intestine with its contents	In all cases but must in drug packers or mules (smugglers hide the drugs in packets and ingest them)
13.	Bile	Barbiturates, Cocaine, Morphine, methadone, narcotics
14.	Aborted fetus, Amniotic fluid, Placenta, Uterus	Abortifacients or intra amniotic drugs in criminal abortion
15.	Injection Site (skin sample along with muscle and fat)	Injectable drugs, snake bites, scorpion bites or any poisonous/venomous animal bites.

Proper preservation methods are essential. For example, while viscera are usually preserved in saturated salt solutions, blood should be preserved in sodium fluoride or EDTA, and rectified spirit should be used for acid poisoning cases. Incorrect preservation methods lead to negative reports and delays in justice.^{2,6}

Factors Leading to False Negative Reports:^{6, 11, 12}

1. **Doctor's Error:**
 - Inadequate sample collection, improper preservatives, or wrong containers.
 - Improper sealing, leading to contamination or autolysis of viscera.
 - Extended delays in preservation, causing decomposition.
2. **Investigating Agency's Fault:**
 - Delays in transporting viscera to FSL.
 - Improper storage of viscera by officers, leading to decomposition.
 - Inadequate chain of custody and mishandling.
3. **Laboratory Issues:**
 - Limited resources and outdated equipment.
 - Delays in analysis, leading to tissue disintegration.
 - Lack of standard operating procedures (SOPs) for proper sample handling.

Recommendations:

- Proper training for doctors and mortuary staff in viscera collection and preservation.
- Ensuring availability of appropriate resources in mortuaries.
- Establishing strict protocols for the collection, preservation, and transport of viscera.
- Enhancing forensic laboratory capabilities, including modern equipment and timely analysis.
- Creating an online system for viewing FSL reports to expedite the process.
- Implementing accountability measures for investigating agencies and forensic staff.

Conclusion:

Errors in viscera reports are a significant concern in forensic investigations, delaying justice and weakening prosecution cases. Proper training, preservation techniques, and procedural adherence by doctors, investigating agencies, and forensic labs are essential to minimize these errors and ensure accurate post-mortem conclusions.

Conflict of Interest:

Nil.

References

1. Saukko P, Knight B. Knight's forensic pathology. 4th ed. London: CRC Press; 2015. p. 55-56, 567-576.
2. Aggrawal A. Textbook of forensic medicine and toxicology. 2nd ed. New Delhi: Avichal Publishers; 2021. p. 119-120, 142-150, 162-163.
3. Biswas G. Review of forensic medicine and toxicology. 2nd ed. New Delhi: Jaypee Brothers Medical Publishers; 2012. p. 83-84.
4. Reddy KSN, Murty OP. The essentials of forensic medicine and toxicology. 35th ed. New Delhi: Jaypee Brothers Medical Publishers; 2022. p. 78-99.
5. Tyagi A, Chawla H. Negative viscera report and its medico-legal aspects. Int J Forensic Med Toxicol Sci. 2019;4(1):1-3.

6. Jaiswal AK, Gupta SK, Millo T, Yadav A, Prasad K. Death due to poisoning but viscera report is negative. *Indian J Forensic Med Pathol.* 2015 Jan;8(1):29-36.
7. Millo T, Akhilesh R. Forensic Toxicology: Reporting and Interpretation. *Indian J Criminology and Criminalistics.* 2010;31(1):76–85.
8. Singh RK, Chandra H. Estimation of postmortem production and loss of ethanol in blood with respect to its duration of storage at room temperature. *Int J Med Toxicol Legal Med.* 1999;2(1):1-4.
9. Sharma VK. Poisons, viscera analysis report and its interpretation. *Int J Med Toxicol Legal Med.* 1999;6:49-54.
10. Jaiswal AK, Millo T. *Handbook of Forensic Analytical Toxicology.* 1st ed. New Delhi: Jaypee Brothers Medical Publishers; 2014. p. 452–8.
11. Pounder DJ, Smith DR. Postmortem diffusion of alcohol from the stomach. *Am J Forensic Med Pathol.* 1995 Jun;16(2):89-96.
12. O'Neal CL, Poklis A. Postmortem production of ethanol and factors that influence interpretation: A critical review. *Am J Forensic Med Pathol.* 1996 Mar;17(1):8-20.