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## Postmortem Examinations

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**P**OSTMORTEM EXAMINATION is frequently considered to be a synonymous term for *autopsy*. However, literally any examination performed after death is a postmortem examination. All examinations of cases received at coroners' offices are performed postmortem. These examinations vary in extent, depending upon the circumstances and developments disclosed upon investigation by police and others.

In such offices, the first examination by doctors is a critical inspection of the external surfaces of each body. Although, of course, this examination, conducted as it is after death, might be considered to be a type of postmortem examination, it is usually referred to as "viewing the body." In many cases the body is not examined further. These are the cases where a "view" reveals no manifestations of injury, there are no grounds for suspecting poisoning or other violence, and a medical history and the surrounding circumstances make it possible to arrive at a conclusion as to a probable cause of death.

In certain cases it is deemed advisable to remove specimens of tissue or blood for laboratory study in order to assist in making or confirming diagnoses. Some medicolegal offices have listed such cases in their statistical reports as "postmortem examinations." Those whose association with hospitals has accustomed them to the use of the expression of postmortem examinations ("posts" or "P-M's") restricted to a synonymous term for autopsies, are led to a false interpretation of the ratio of the number of autopsies to the number of cases received. The percentage of autopsies is considered to be of great importance in evaluating the standard of medical practice in a hospital. A criterion for approval of hospitals by the Joint Committee on Accreditation is the maintenance of a satisfactory autopsy percentage, *i.e.*, ratio between the number of deaths and the number of autopsies in various categories, such as medical or surgical cases, or children and adults.

As will be pointed out later in this paper, the ultimate objective of autopsies performed routinely in hospitals differs from

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those performed for medicolegal purposes. It is generally recognized that the performance of autopsies in 100% of the cases brought to the attention of medicolegal offices, while representing the academic ideal, would involve an unnecessary expenditure of the public funds by which such offices are supported. It has been the experience of medicolegal experts throughout the United States and other countries, that when one-fourth of the deaths in a given community are investigated by medicolegal authorities, justice will be served if autopsies are performed in approximately one-third of such cases.

The autopsy (necropsy) is the third type of postmortem examination conducted in medicolegal offices. An autopsy consists of inspection and thorough study of the external and internal structures of a dead body, for the purposes of establishing with all possible accuracy the cause of death and determining the exact nature and extent of any lesions or other abnormalities present. The primary purpose of an autopsy is to acquire facts. Medicolegal autopsies differ from those performed for strictly medical purposes in three general respects: (1) Objectives; (2) Approach; (3) Authorization.

#### *Autopsy Objectives*

In hospitals, routine autopsies are performed for strictly medical purposes on persons who have received medical or surgical treatment. The primary interest and ultimate objective is to verify the diagnoses made prior to death and to evaluate the results of treatment. A medicolegal autopsy is performed in order to determine whether death was the result of natural disease or of violence. The ultimate objective is to ascertain facts which may be used to substantiate or to disprove circumstances or conditions indicating legal responsibility.

#### *Approaches to Autopsy*

Before performing a routine hospital autopsy, the pathologist knows the identity of the patient and usually is acquainted with the complete medical history. He has opportunity to talk to attending physicians; and he has access to hospital charts. He may review x-rays, cardiograms, laboratory reports and all diagnostic or physical aids which may have been used. His approach to the autopsy is paved with all this information, which he can evaluate in the light of the conditions which he finds in the body.

The pathologist who performs medicolegal autopsies usually has only sketchy information concerning the conditions and cir-

cumstances which existed prior to death, until after his examination is completed. At times the decedent is unidentified, or his identity is uncertain. In all cases the medicolegal officer must rely on varied sources of information, namely:

1. Legal investigators (police, claims agents, and others);
2. Interested individuals (family, friends, enemies, and others);
3. Medical Personnel.

In these cases the approach to the autopsy demands observation and recording of every detail. These factual details will then be used in order to evaluate the information received from the various outside sources.

#### *Authorization for Autopsy*

Autopsies for strictly medical purposes cannot be performed without permission of private individuals. The authority for granting this permission, in most jurisdictions of the United States, is based on interpretations of familial responsibilities.

As of 1951, there were statutes designating that this prerogative is the right of the next-of-kin in the following eleven states: California, Iowa, Minnesota, New York, North Carolina, North Dakota, Oklahoma, Utah, Washington, Wisconsin and Wyoming. State statutes in five states sanction the right of an individual to authorize autopsy on himself by will or by special instrument: California, Minnesota, New York, North Carolina and Washington. This right is implied in state statutes or case decisions in Georgia, North Dakota, Pennsylvania and South Dakota. In the District of Columbia and three states (Illinois, Michigan and Minnesota), statutes establish the right of the insurer to demand an autopsy, or affirm policy provisions in an insurance company contract providing for autopsy permission. In at least sixteen other states, case decisions have implied the validity of such clauses if the request for autopsy is seasonable.

Statutes governing Workmen's Compensation in the following states direct that autopsies may be performed at the direction of the proper officer administering the act: Alabama, Arkansas, California, Florida, Georgia, Illinois, Iowa, Maryland, Minnesota, Missouri, Nebraska, Nevada, New Mexico, North Carolina, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, West Virginia and Wisconsin. In other states, courts have held that in claims for payment under Workmen's Compensation Acts

autopsies should be performed in order to assist the determination of whether the claim should be allowed or disallowed.

In some states the statutes direct that, under certain restrictions, public health officers, the chief medical officer of certain state institutions, or the superintendent of designated institutions supported by public funds, is empowered to authorize postmortem examinations. In California, the State Health Department has jurisdiction of unclaimed dead, and postmortem examinations of unclaimed bodies of prisoners may not be made without the Public Health Department's permission. The superintendent of the Florida State Hospital may hold and perform, or cause to be held and perform, an autopsy of the body of any patient dying therein, if no relative objects and when he thinks such autopsy is necessary or desirable towards the interests of medical science. In Massachusetts, the chief medical officer of the following institutions may direct autopsy to be performed where the cause of death is unknown and the deceased was a patient or inmate:

1. Any state medical school;
2. Board of Public Welfare of any town;
3. Institution Commission of Boston;
4. Penal Institution Commission of Boston;
5. Tewksbury State Hospital;
6. Any state institution supported in part or whole by public expense, except the Soldiers' Home of Chelsea.

Nebraska statutes provide that the State Anatomical Board, or its agents, shall have power to make examination of the body of a person dying in an institution, where burial is at public expense. Public Health Law Section 4214 of the State of New York provides that the person having lawful control of any hospital, in which a person has died, after giving notice may procure an autopsy, provided objection is not made by next of kin within 48 hours. The Mental Hygiene Law, Section 157, of New York provides that the Superintendent of Craig Colony for Epileptics may have an autopsy performed in the case of death of any patient, provided that a statement of the powers of the officer to so conduct an autopsy is printed in the application blanks. A North Carolina statute directs that: "Upon the death of any inmate of any institution now maintained or in the future established, by the state, or any city, county or other political subdivision of the state, for the care of the sick, the feeble-minded, or insane, the superintendent or other administrative head of such institution

in which such death occurs is empowered to authorize a post-mortem examination." However, another section of the law provides that written consent of the next of kin must be obtained prior to autopsy.<sup>1</sup>

In every state of the United States certain public officials are empowered by statute to perform or to authorize autopsies in order to determine cause of death when circumstances indicate medicolegal significance. These laws vary so extensively that it would be unwise to attempt any generalization of the authority or administration. Suffice it to say that in some states the statutes and/or case decisions limit this authority to such an extent that evidence of external violence must be present, and that an unlawful act must be known or supposed to have caused death, before the coroner or designated official may authorize an autopsy. Such restrictions nullify one of the primary objectives in performing medicolegal autopsies, and therefore obstruct justice. Under such conditions murders may escape detection if there are no external signs of violence, or if circumstances simulate accident or suicide. In those states where all sudden deaths receive a medicolegal investigation, and where the medical officer is empowered to authorize autopsies at his discretion, it is found that in many cases, without external signs of violence, an autopsy reveals internal injuries which caused death. Some of these injuries are incurred in accidents, and are of legal significance in possible civil actions. Some are unsuspected suicides—notably those due to drugs. Others are homicides, such as cases of blunt violence where clothing protection prevents obvious injury to the skin but internal organs are ruptured.

In 1944, a committee of the American Medical Association and the American Bar Association, appointed to study the relation of law and medicine, reported as follows: "Of the many relationships of law and medicine, none, in the opinion of this committee, are more important than those closely integrated medical and legal activities that have as their common purpose the protection of society against wilful and wanton destruction of human life. In viewing this problem the attention of the committee was attracted by the ineffectual character in many states of the medical participation in this effort as it is represented by the activities of the coroner or his official equivalent . . ." The committee closed its report with the following deductions: "That the

<sup>1</sup> Regan, L. J.: *Legal Responsibility in Connection with the Performance of Autopsies*, 1 Proceedings of the American Academy of Forensic Sciences (1), 62-117 (1951); also Gradwohl, *Legal Medicine*, Chap. 3 (1954).

ineffectual manner in which medical knowledge and skill are utilized in many jurisdictions of the United States undoubtedly predisposes to:

- (a) The non-recognition of murder.
- (b) The unjust accusation of innocent persons.
- (c) The improper evaluation of medical evidence bearing on the circumstances in which fatal injuries were incurred.
- (d) Failure to acquire medical evidence essential to the administration of civil justice.
- (e) Ignorance of certain otherwise preventable hazards to the public health.
- (f) The impairment of the value of vital statistics.<sup>2</sup>

The committee made general recommendations for revision of the laws governing this field of medicolegal investigation. At that time in Ohio legislation was being drafted and proposed, which incorporated these recommendations and other changes in the laws governing coroner's cases. The revised and new statutes became effective in October 1945. In 1949 the National Association of Coroners adopted a resolution approving similar legislation in all states. More recently, under the auspices of the National Municipal League, a model postmortem examinations act has been drafted by the National Conference of Commissioners on Uniform State Laws. The present laws of Ohio are in agreement with the principles of this act, as are those of Maryland, Massachusetts and Virginia.

*Ohio Law as it pertains to autopsies—outlined:*

**I. Authorization**

- A. Insurance contracts: No statutes. Case decisions.
- B. Private Individual: No statute. Interpretations based on family relations (Next of kin).
- C. Workmen's Compensation: No statute.
- D. Coroner: Revised Code of Ohio, Sections 313.11, 313.12, 313.13, 313.18.

**Section 313.11 (2855-12) Notification in case of death by violence or suicide.**

Any person who discovers the body or acquires the first knowledge of the death of any person who died as a result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health or in any sus-

<sup>2</sup> 125 J. Amer. Med. Assn., 577 (June 24, 1944).

picious or unusual manner, shall immediately notify the office of the coroner of the known facts concerning the time, place, manner, and circumstances of such death, and of any other information which is required by sections 313.01 to 313.22, inclusive, of the Revised Code. In such cases, if request for cremation is made, the funeral director called in attendance, shall notify the coroner immediately. No person shall wilfully refuse to report such a death, or shall, without an order from the coroner, wilfully touch, remove, disturb the body of any such person, or disturb the clothing or any article upon or near such body.

Penalty, 313.99 (A).

See 313.12 and note citing 1947 OAG 1723.

**Section 313.12 (2855-5) *Notification by physician in case of death by violence or suicide.***

When any person dies as a result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, the physician called in attendance shall immediately notify the office of the coroner of the known facts concerning the time, place, manner, and circumstances of such death, and any other information which is required pursuant to sections 313.01 to 313.22, inclusive, of the Revised Code. In such cases, if a request is made for cremation, the funeral director called in attendance shall immediately notify the coroner.

In case of death of any person in a hospital, resulting from accident, it is duty of physician in charge and of any other person having knowledge of fact, immediately to notify coroner of death, and of time, place, manner and circumstances thereof.

1947 OAG 1723.

**Section 313.13 (2855-6) *Autopsy.***

The coroner or deputy coroner may go to the dead body and take charge of it. If, in the opinion of the coroner, or, in his absence, in the opinion of the deputy, an autopsy is necessary, such autopsy shall be performed by the coroner, deputy coroner, or pathologists. A detailed description of the observations written during the progress of such autopsy, or as soon after such autopsy as reasonably possible, and the conclusions drawn therefrom shall be filed in the office of the coroner.

**Section 313.18 (2855-8) *Disinterment of body.***

The prosecuting attorney or coroner may order the disinterment of any dead body, under the direction and supervision of the coroner, and may authorize the removal of such body by the coroner to the quarters established for the use of such coroner, for the purpose of examination and autopsy.



II. *Who may perform an autopsy.*

A. Physician upon authorization of next of kin.

B. Coroner: Section 313.13 (supra).

III. *Responsibility:* Sections 1713.39, 1713.40, 1713.41, 1713.42 and Sections 2923.08, 2923.09.

Section 1713-39 (9989) *Liability for having unlawful possession of body.*

A person, association, or company, having unlawful possession of the body of a deceased person shall be jointly and severally liable with any other persons, associations, and companies that have had unlawful possession of such body, in any sum not less than five hundred nor more than five thousand dollars, to be recovered at the suit of the personal representative of the deceased in any court of competent jurisdiction, for the benefit of the next of kin of the deceased.

Hospital, charitable institution, must answer for acts of its agents, acting in course of employment, if violating statute respecting unlawful possession of body of deceased person. *Howard v. Children's Hospital*, 37 (Ohio) App. 144, 174 N. E. 166.

Administrator suing for damages under statute for unlawful possession of body of deceased person need not prove actual damage, at least to extent of minimum amount of \$500 provided for by statute. *Howard v. Children's Hospital*, 37 (Ohio) App., 144, 174 N. E. 166.

Section 1713.40 (12692) *Prohibition against detention of corpse.*

No person shall detain a corpse claimed by relatives or friends for interment at their expense.

Penalty, 1713.99 (A).

Section 1713.41 (12689) (12690) *Prohibition against refusal to deliver corpse.*

No superintendent of a city hospital, city infirmary, county home, work-house, asylum for the insane, or other charitable institution founded and supported in whole or in part at public expense, coroner, infirmary director, sheriff, or township trustee, shall fail to deliver a body of a deceased person when applied for, in conformity to law, or charge, receive, or accept money or other valuable consideration for such delivery.<sup>1</sup>

This section does not require the delivery of such body until twenty-four hours after death.<sup>2</sup>

Source:<sup>1</sup> GC 12689, <sup>2</sup>12690.

Penalty, 1713.99 (A).

**Section 1713.42 (12691) *Prohibition against unlawful possession of corpse.***

No person shall be in possession of a corpse for the purpose of medical, surgical, or anatomical study, except as provided by law.

Penalty, 1713.99 (A).

**Section 1713.99 *Penalty.***

(A) Whoever violates sections 1713.40, 1713.41 or 1713.42 of the Revised Code shall be fined not less than twenty-five nor more than one hundred dollars or imprisoned not more than six months.

**Section 2923.08 *Mutilation or destruction of a dead body.***

No person, not lawfully authorized to do so, shall mutilate or destroy any portion of a dead human body.

Whoever violates this section shall be fined not more than ten thousand dollars or imprisoned not less than one nor more than ten years.

(126 v H78. Eff. 10-6-55).

**Section 2923.09 (13392) *Anatomical demonstration upon a corpse.***

No person shall assist in a surgical operation or anatomical experiment or demonstration upon a corpse, knowing it to have been unlawfully obtained.

Whoever violates this section shall be fined not less than one hundred nor more than one thousand dollars or imprisoned not less than six months nor more than one year, or both.

***Limited Autopsies.***

A lack of understanding of the requirements for satisfactory results to be gained from autopsies is reflected in those instances where examination is restricted to specific regions of the body. Postmortem examinations performed with the consent of individuals sometimes are limited by permission to examine only specified regions. One might question whether or not such examinations warrant being termed autopsies, since it is not always possible under these conditions to ascertain all the facts necessary to determine the exact cause of death. For example, in an autopsy limited to examination of the chest cavity, the findings in the heart might appear sufficient to have caused death, but the actual cause of death could be a ruptured aneurysm of the Circle of Willis, which could not be detected without opening the head and examining the brain. Such differentiation would be of medical rather than legal significance. However, the purpose of verifying diagnosis and evaluation of treatment is defeated.

The confirmation of diagnoses has a significance which is frequently overlooked. This is the validity of vital statistics pertaining to the death rate of various diseases. These figures are carefully considered by insurance companies when computing potential risks in certain conditions. Therefore they have a very practical value in the economy of the nation.

When a partial or limited autopsy fails to disclose the real cause of death, there is the possibility that the true cause may be of medicolegal significance. For example, although pathology in the lungs might suggest a cause of death, the actual cause might be poisoning or remote injury, which could not be detected without examination of other regions of the body.

The preceding paragraphs serve to illustrate that fact that "autopsy" and "postmortem examination" are not always used synonymously, and that autopsies may vary in extent and purpose. Every autopsy conducted for medicolegal purposes must be a "complete" autopsy, and in addition must include recognizing and recording of many details whose importance may be of more significance for legal purposes than for medical evaluation. Equal attention must be given to eliciting the anatomic cause of death (e.g., the nature of injury) and the mode and manner of death (i.e., the external cause). Generally, the anatomic cause is considered to be the medical aspect, while the mode and manner is the legal aspect. Actually the two are so interwoven that no definite separation is possible.

#### *Complete Autopsy.*

Although the most literal-minded persons might contend that a complete autopsy would entail complete dissection of the entire body, the term is used generally to denote detailed inspection of the external surfaces of the body and of the cavities of the head, chest and abdomen, with removal of organs contained therein for further examination, such other dissection as may be indicated by manifestations of disease or injury, and laboratory examinations as indicated.

As mentioned here previously, the first step in a medicolegal postmortem examination must be a study of the body as a whole and a thorough inspection of the external surfaces. Accurate records should include the weight, height, color of the skin, hair and eyes, condition of the teeth, general state of nourishment, and any special features of identity. If any manifestations of injury are present, each and every one must be measured and described

accurately. All examinations should be conducted methodically and in orderly fashion. For example, the anterior surface should be described from head to foot, and then the posterior surface should be described in the same order. The presence and extent of rigor, and the exact location, color and degree of postmortem lividity must be recorded.

Any information received concerning the identity and circumstances of death, or where, when and in what the position the body was discovered must be evaluated in comparison with the facts ascertained from this examination of the body just described.

Clothing and alleged weapons or instrumentalities must be studied, in order to determine whether or not correlation with the injuries can be established. When indicated, hands and fingernails should be examined for clues and physical evidence, to aid in further investigation. If photographs and x-ray pictures are required, these should be taken before incisions are made, whenever it is possible to do so.

After these examinations of the body as a whole, the autopsy proceeds with

- (1) Gross examination, i.e., inspection of organs and other tissues in the body and after removal, with accurate record of the weights, measurement and appearance;
- (2) Microscopic examination, i.e., sections of tissue studied under the microscope, after suitable preparation to ascertain cellular reactions and conditions;
- (3) Special laboratory determinations, as indicated, to verify or contravene provisional diagnoses.

From these examinations of the body as a whole, and of special studies of organs and tissues, the pathologist reaches a conclusion as to the anatomic cause of death. He records all pathological findings, such as manifestations of pre-existing disease, reactions which indicate the duration and extent of disease or injury, and the direction of the force which caused injury.

### *Interpretation*

When the anatomic cause of death is determined, the information compiled from investigations of the scene of incident or death, and from interrogations of persons who have pertinent knowledge of the circumstances, is analyzed in the light of the facts established at autopsy. Not until all these factors have been studied and evaluated is it possible to determine the cause, mode and manner of death.