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order to determine the true cause of death, and to secure information for the completion of military records.

(2) Deceased civilians. - In the case of a civilian dying in a medical treatment facility or on a military installation inside the continental United States,
when an autopsy is deemed necessary, written permission from the next of kin will be obtained before the autopsy is performed. If permission is unobtainable, and an autopsy is required to complete records of death in compliance with local, State or Federal law, report will be made to civil authorities for necessary action.

(3) Prompt performance. - The performance of an autopsy will occasion minimum delay in delivering the remains to the mortician. Where possible, the autopsy surgeon will be available on call at all times to expedite performance of the examination. Autopsies will normally be completed without delay and the body made immediately available to the mortician. Technique employed will insure minimum interference with the embalming function, particularly disturbance of the circulatory system. Embalming may be performed prior to autopsy provided the autopsy surgeon is agreeable.

(4) Records. - Complete records of autopsies performed will be filed in the medical treatment facility. Copies of autopsy protocols will be furnished in accordance with AR 30-1820, SR 40-410-10, and AR 600-550.

Manual of the Medical Department, USN, Par. 2918

In all cases of death occurring in the Navy under unnatural or suspicious circumstances, or where the cause of death is obscure or not apparent and a decision affecting pension or gratuity is involved, the medical officer shall recommend to the commanding officer such postmortem examination or autopsy as may be required in determining the exact cause of death. In all cases the autopsy must be performed in a manner requiring no more disfigurement of the body than is necessary to obtain the evidence necessary (Art. 1841 (5), N.R.). The results of all autopsies shall be fully recorded in the reports of death and health records.

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require investigation, the commanding officer will designate and direct a summary court-martial to investigate the circumstances attending the death; and for this purpose, such summary courtmartial shall have powers to summon witnesses and examine them upon oath or affirmation. He shall promptly transmit to the post or other commander a report of his investigation and of his findings as to the cause of death."

The term "any person" includes persons other than those subject to military law. The installation commander may order an autopsy when necessary to the satisfactory completion of the inquest. It is to be noted that under the mentioned act an inquest is not required in the case of every death but only those which occur "under circumstances which appear to require investigation." Further, even in those instances where an inquest is deemed necessary by the installation commander, an autopsy need not be ordered unless necessary to the satisfactory completion of the inquest. When such autopsy is deemed. necessary by the installation commander, present Department of the Army policy requires the prior consent of the next of kin (Par. 11d (2), AR 40-610, 1 Dec. 1950). Such consent should be secured whenever possible. But in the last analysis when the installation commander has ordered an inquest under the mentioned act and in his sound discretion an autopsy is necessary to the satisfactory completion of the inquest, the installation commander may order the autopsy performed without the consent of the next of kin.

Although it may not be necessary legally, it is probably good policy to notify the coroner or police and obtain consent before proceeding with an autopsy in the case of a civilian death occurring on a military post under unusual circumstances. Further, consent should be obtained from the proper civilian authority before performing an autopsy on military personnel brought to a military hospital following death in unusual circumstances not on a military post.

Department of the Army, Circular No. 49, under date of 15 June 1951, announces Standard Form No. 523, "Authorization for Post-Mortem Examination".

AR 30-1820, 15 Nov. 1943, C 4, 18 June 1946 - Paragraph 8

Inspection of remains. - In order to verify that the contractor for the burial service fully complies with all provisions of his contract and to assure that when the remains arrive at their burial destination they are in an acceptable state of preservation, the purchasing and contracting officer or his representative with the surgeon

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XIV. TOXICOLOGICAL AND CHEMICAL EXAMINATIONS

f. <u>Bone</u>: lead, arsenic, radium (especially chronic poisonings).

g. Lung: for inhaled poisons and to prove whether poison entered by inhalation.

h. Urine: barbiturate group, sulfonal, metals.

If the deceased lived for several days following the ingestion of certain poison, such as chloroform, ethers, alcohol, and the barbiturates, it is not likely to be detectable in materials taken at the autopsy.

Specimens From Cases of Suspected Drowning

If drowning is suspected, take samples of blood, not less than 10 cc. from the right and left sides of the heart, using pipettes with relatively large openings, and being careful not to perforate the septum. Label the bottles "left heart" and "right heart". In addition, secure a specimen of water from which the body was recovered. By determination of the amount of chloride and magnesium in each of the 3 specimens, it is frequently possible to prove that death resulted from drowning.

Shipment of Specimens

All specimens for toxicological analysis should be shipped in a container sealed with wax. A full and complete history and the complete porotocol should accompany the specimens.

IV. SPECIAL EVIDENTIARY OBJECTIVES OF THE MEDICOLEGAL AUTOPSY

AIAN R. MORITZ, M.D., Boston, and HERBERT LUND, M.D., Cleveland

An autopsy performed primarily for medicolegal purposes diffors from an ordinary autopsy in objectives rather than in technique. A medicolegal autopsy should invariably be witnessed by one or more persons in addition to the autopsy surgeon and the names of witnesses should be included in the report. A written record should be made of the examination at the time of its performance.

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