

MEDICO-LEGAL RESPONSIBILITIES OF THE MALAYSIAN MEDICAL GRADUATE AND THE TEACHING OF UNDERGRADUATE FORENSIC MEDICINE

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ABSTRACT: The requirement of the medical graduate, tabled in the objectives of undergraduate medical education, as envisaged by the Malaysian Medical Council, call for the all round basic doctor to be able to handle any medical emergency, as well as meet the requirements of law in examining, documenting and reporting on the common offences of the Penal Code, where medical documentation is required of law for the purposes of dispensing justice. However, in tabling the amended requirements of the undergraduate syllabus on the lines of those followed in some of the more developed nations, we seem to have lost this perspective. The authors discuss, based on his previous experience from another former colonial country viz. India, where the objectives of the undergraduate training is the same, and the influences on the legal profession bear a common origin and governance, the relevance of some of these topics, coming under the ambit of Forensic Medicine and Toxicology as an undergraduate subject, in the day-to-day practise of medicine in and out of government service. While this issue has been the frequent topic of discussion in international conferences and symposia, where the decline in the standards of medico-legal work in the countries attending have been blamed on the fall in the standard of undergraduate teaching, due recognition of the pitfalls of the deletion or whittling down of the course content, independent of the overall overhauling of the syllabi of medical schools, to keep up to the trends of overseas universities, has not been accorded in the planing of the course revisions, resulting in a deletion of a vital aspect of daily practise of medicine. (JUMMEC 1999; 2: 88-93)

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Introduction

The word Forensic derives from the practise of the ancient Greeks in bringing all disputes, including those involving the infliction of injuries and the apportioning of blame and/or compensation in the "forum" before the assembled publicans and elders - civic and legal matters by those with public responsibility- for adjudication. In Latin the word forensis means "of the forum" and therefore the practise of medicine in this regard came by the term Forensic Medicine. Historically, Forensic Medicine was earlier known as Medical Jurisprudence, and in certain cases also as State Medicine. In some countries, it is today known as Legal Medicine.

The forensic aspects of medicine has always held a position of importance since the ancient times and there are many codifications to guide the practitioners of

medicine as to the opinions that are expected of them in these judicatory proceedings. Manu, the first traditional king and law-giver of India, codified legal and medico-legal matters in his "Manu-Smriti"(3102 B.C.) and defined the offences, findings and punishments for various offences such as adultery, carnal knowledge with force or upon an unwilling maiden, unnatural offences, mental incapacitation due to intoxication/illness/age and unfitness to make a contract, etc (1). The "Vedas", the sacred literature of India, were written between 3000 B.C. and 1000 B.C., of which the "Rig Veda" mentions prohibition of relations of marriage and of incest, illegitimacy, etc. while the other Vedas mention crimes and their determination of - incest, adultery, abduction, infanticide and foeticide, murder, drunkenness, and their

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punishments, as well as the diagnosis of various forms of poisoning and their management were also prescribed.

In ancient Egypt, legal provision for punishing improper treatment of patients and causing their deaths, as well as sexual perversions, diagnosis of poisoning, etc. were prescribed, as described in the works of Homer, Herodotus, and Diodorus; while Imhotep (3000 B.C.), grand Vizir, Chief Justice and Physician to king Zoser of Egypt is considered as the first medico-legal expert for combining the science of medicine and law.

The first legal code of Babylon written by the King "Hammurabi" in 2200 BC prescribed punishments as well as civil and criminal liabilities of physicians, and the determination by examination of adultery, rape, incest and violent deaths. Hippocrates' (460-355 BC) role in the ethical aspect of medical practise cannot be forgotten, while Aristotle (384-322 BC) fixed the animation of the foetus at 40 days, and advocated abortion as a means of population control. The "Lex Aquilla" (572 BC) deals with lethality of wounds and their gravity, The murdered body of Julius Caesar (100-44 BC) was examined by a physician, Antistius, who opined that of the 23 wounds, only one of them was fatal; while Pliny the elder (23-79 AD) wrote describing the recognition and medico-legal importance of conditions such as superfoetation, suspended animation, sudden natural death, suicide, signs of maturity of a foetus and age of menopause, amongst others.

Shushruta (200-300 AD), the father of Indian surgery, in his "Shushruta Samhita" wrote unique chapters on duties and responsibilities of physicians, injuries, diagnosis of poisoning and poisoners, the treatment of poisoning, pregnancy and delivery, types of weapons and the diagnosis of the injuries and sequelae, etc.

The "Justin Code" of Emperor Justinian (AD 483-565), besides describing many of the medico-legal issues, instructed that "physicians are not ordinary witnesses" but that they give 'judgement' rather than 'testimony', thus creating the role of the medical man as an impartial "Expert Witness", thus being the earliest European Code on Forensic matters. Charlemagne (AD 742-814) brought about uniformity in the law practised in all his empire captured by his Germanic tribes, and instructed the judges to seek medical opinion when trying cases of wounding, infanticide, suicide, rape, bestiality, etc.

In 1250, "Hsi Yaun Lu" in China or "Instructions to coroners" gave detailed instructions to coroners relating to establishing the event of various medico-legal causes by examination of the corpse, etc. as well as instructing them on all medico-legal matters including the matter of inquests in such cases.

In France, the trend was laid by the 12th century bishops of Maine and Anjou who are said to have regular

medical experts in their employment for forensic cases, while the Pope gave the faculty of Montpellier the right of autopsy in 1934, from where we have the works of two noted medical jurists, Brouardel and Tardieu.

While a systematised law code on providing medical evidence in violent deaths was prepared in Mainz, Germany, in 1507, it was the Criminalis Carolina of Charles V in 1532 which established all over Europe especially over his empire, the importance of medical evidence in substantiating these issues, and allowed the opening of bodies for the same, making them mandatory. The medical profession suddenly started taking a keen interest in these matters, organising discussions, and writing monographs on these subjects. During the 17th it became a separate subject for special instruction, and by the 18th century, chairs were created in German Universities for Legal Medicine; Leipzig University being the first to establish a chair for it in 1720. Subsequently the French followed suit, with chairs in Forensic Medicine in Paris, Strasbourg and Montpellier in 1790, and a full professorship in Legal Medicine in Vienna in 1804.

In Great Britain, the first chair in Forensic Medicine was established by 1807 at Edinburgh, while Glasgow had the chair at its University in 1839. London had its first professor of Medical Jurisprudence by 1834. Currently there are Crown Office Pathologists in each district, as well as Forensic Pathologists, who take care of the medico-legal post-mortems, while the living cases of assault and battery, rape and other sexual offences, intoxication cases including 'drunken-driving', etc. are catered to by the Police Surgeon, who is a specialist in Clinical Forensic Medicine. Subsequently these experts of Forensic Medicine attend courts and inquests, and also appear in litigations as expert witnesses, either for the prosecution or the defence.

In America, the Coroner (a person, usually a lawyer with some experience in medical matters, appointed to investigate deaths, whether suspicious, or of sudden but natural origin, so as to ascertain or rule out the role of any other person in the death) was replaced by the Medical Examiner system; the Medical Examiner, being an Expert in Forensic Medicine, who has under his office, the complete crime team, including Forensic Chemistry, Toxicology, Ballistics, Fingerprints, and other allied departments, so that when his department gave a report at the end of the investigation, he was, - being well versed in Forensic Medicine, as well reasonably well versed in the other branches of Forensic Science, able to sum up and give a complete picture of the death or injury, how caused, by whom, in what manner, and also recommend, based on his skill and knowledge, where the police or other investigation agencies should go from there.

Thus the medical profession has, throughout the world, recognised the importance of Forensic medicine, or Legal Medicine, or Medical Jurisprudence, depending on which state or country one is in, and emphasised its teaching through the years to medical students through the centuries, so that, crimes do not go unreported, or un-investigated, because of the ignorance of the medical practitioner, called upon to either treat the patient, or to certify his/her death. That is precisely what any criminal would want, and has aimed for in the past, in using poisons such as arsenic (which in its symptoms mimics cholera) or strychnine (which mimics epilepsy or tetanus in its symptoms), or even thallium (which has a whole host of disease-presentations that it may mimic) to poison people, and to get death certificates of some natural disease, averting suspicion from themselves.

Legal expectations from the medical graduate

Any medical graduate, is required to provisionally register, to undergo the necessary training, so as to have his/her name entered in the register of medical practitioners within the country, as required by the Medical Act 1971. For this purpose, he/she has to first apply to the registrar, Malaysian Medical Council, to be provisionally registered, for the sole purpose of obtaining the experience required for full registration (2); provided that he/she has a recognised M.B.B.S. or equivalent degree, as listed in the Second schedule, or the degree in medicine and surgery is deemed suitable for registration by the minister after consultation with the Medical Council, after the candidate passes a prescribed test for this purpose - along with evidence that he/she has been selected for employment in an approved hospital or institution in Malaysia for a period of not less than one year, in medicine and surgery in a resident posting (3). After the provisional registration, on the satisfactory completion of this resident medical posting, he/she would be awarded a certificate to this effect (an applicant having qualifications other than those in the schedule, and applying for registration after the approval of the Minister and after clearing the prescribed qualifying test, would have to continue in service in a medical resident capacity, to the satisfaction of the Director General for a further period of not less than two years in such post/s as directed to serve at the latter's discretion (unless the Council, on the basis of the applicant's further qualifications, feel that that the person has the experience which is not less in scope and character that that prescribed (2), when they may exempt the applicant from the further 2 years of service (4)), after the satisfactory completion of which, he/she will again be entitled to a certificate to this effect (2).

Only a person who has satisfactorily completed the

requirements as mentioned in the previous paragraph, by being provisionally registered and having served in a resident medical capacity, can apply to be fully registered as a medical practitioner in Malaysia (5). During this period of service, he would be deemed to have been fully registered under the Act, so as to undertake employment and service successfully (6), and shall be considered as a public servant within the meaning of the Penal Code (7), thus requiring to carry out all the duties and bear all the responsibilities incumbent upon such a person. Only fully qualified practitioners are entitled to carry on the practise of the speciality they are registered as qualified in, or to charge or recover through any court of law, reasonable fees for his services, or visitations, etc (8), provided he/she has a valid annual practising certificate at that time, and is the only one whose signature on a certificate or document required by any written law is considered to be valid (9). Wherever the word "legally qualified medical practitioner" or "duly qualified medical practitioner" features in any testimony or statement, it is understood that it connotes a fully registered medical practitioner; for this purpose (2).

Thus the medical graduate, immediately on clearing his final examination and the compulsory rotatory internship, has to serve the government as a government medical officer, for a period of one to three years, depending on his basic qualification.

The Criminal Procedure Code (F.M.S. 6) spells out that when a police officer is investigating a death of a person who committed suicide, or was killed by another person or animal, machinery or by accident, or died in suspicious circumstances suggesting that another may have committed an offence, or died a sudden death or was unexpectedly found dead (11), then the police officer at once informs the nearest Government Medical Officer, and, unless it is necessary for the magistrate who would later conduct the inquest, to come and view the body in situ, take or send the body to the nearest Government hospital or other convenient place for holding a post-mortem examination of the body by a Government Medical Officer (12). It now becomes the duty of the Government Medical Officer to make a post-mortem examination of the body as soon as possible, and extend the examination to dissection of the body and analysis of any portion where required, to arrive at the cause of death (13). The Government Medical Officer is required to draw up the report on the appearance of the body and conclusions therefrom, and issue a certificate of the cause of death, sign and date it and transmit it to the officer in charge of the police district (14), where the "cause of death" denotes not only the apparent cause of death - ascertained by inspection or post-mortem examination of the dead body, but also all matters necessary to enable an opinion to be formed as to the manner in which the de-

ceased came by his death, and also whether his death was the result of, or was hastened by the unlawful act or omission of any other person (15).

The Penal Code recognises that injury (16) to mind or body (also legally defined as hurt (17)) carries a grave implication when grievous (18), as compared to the infliction of just (simple) hurt, with the offences (19) of grievous hurt carrying a much enhanced punishment; besides being 'seizable offence' (20), which allows the police officer or the Penghulu to arrest without a warrant of arrest. Besides, if the injury, whether simple or grievous, were to be inflicted by a 'dangerous weapon', then not only is the punishment enhanced, but in this case, even infliction of a simple hurt (i.e. that which is not in the eight categories of grievous hurt) would be considered to be a seizable offence. Sometimes, the clinching of the evidence in a court of law in an alleged case of attempt to murder (21) or attempt to commit culpable homicide (22) requires proper documentation of the injuries and the opinion on the weapon- as to whether the latter could have inflicted these injuries on the injured (the same question has also to be addressed in an alleged case of murder, when the weapon is produced before the doctor during or after the autopsy).

These then are some of the situations that the law has to take recourse to early and prompt, detailed expert reports from the medical men to further prosecute in these cases.

Besides these, there are even graver offences where the proper knowledge of the subject of Forensic Medicine is required for the recognition and proper documentation of offences such as rape (23) and other unnatural offences (24), where the awareness of the precautions in the collection and preservation of evidence as well as proper documentation, as well as taking adequate precautions during the course of examination, in a medico-legal sense makes or breaks the case for the prosecution even if she was a genuine victim of rape or he/she - a true victim of an unnatural offence. During the course of examinations of these and other Clinical Forensic Medicine cases, one soon learns to differentiate cases of malingering from the cases of genuine assault, or battery or violence cases, including torture, domestic violence and child abuse.

Recognition of poisoning is another domain, especially linked to Forensic Medicine, where the timely recognition of the case to be a typical case of poisoning, initiates appropriate tests in this direction, such that many a homicidal poisoner has put behind bars due to the diligence of the Forensic Pathologist in the not too distant past. In certain cases, an accused of a crime may take the plea that due to the fact that he was intoxicated, either with alcohol or with some unwholesome substance - he was not able to understand the nature

and consequences of the act or omission to be wrong or contrary to law (25), and the intoxicating substance had been administered to him without his consent or knowledge or was rendered temporarily, or otherwise, insane, from the intoxication. Of course, the law would consider our medical expert's opinion on these effects, firstly - whether it can be agreed that he was intoxicated at the time of the alleged offence, and that it would have led to his loss of reasonableness, or resulted in a state of insanity, whether temporary, or otherwise; as well as whether, if the above has been established with the help of medical and other evidence.

Where intoxication is established, and the law requires him/her to form an intention to commit the crime, the ability to form such an intent in the midst of the alleged intoxication will be taken into account, so that if he could not, it would not, therefore make it the offence described (26).

Then there is the offence of attempting to cause hurt by administering a poison with intent to commit an offence (27), which again requires that the poisoning be diagnosed by the doctor.

This interest in Toxicology has developed, in many countries, into a healthy interest in the antidotal management of poisoning, amongst the Forensic Experts, as well as the undergraduate teaching of this vital discipline in the Speciality, in most of the Asian colonial medical schools. In India, many medical colleges have their Forensic departments named as "Department of Forensic Medicine & Toxicology" and the undergraduate students are tested on not only many of the above mentioned subjects after somewhat extensive teaching and training (since the objectives are the same i.e. that any graduate doctor, or registered medical practitioner, as defined in the Code of Criminal Procedure 1973 (of India), can be asked, if recognised by the State government for this purpose [i.e. to conduct autopsies], to do a post-mortem examination of a dead body (28) in similar circumstances as in Malaysia), but is also given a reasonable grounding of Medical Ethics, and the law relating to medical men, etc. as part of this discipline. Members of this speciality are often called to be part of the ethical committee in their institutions, since they are daily imparting to the undergraduates the ethical aspect of practise vis-à-vis the law.

Besides, there are a host of offences, such as negligently doing an act likely to spread infection of any disease dangerous to life (29), or the offence of molestation, or outraging the modesty of a person by using criminal force (30) which would require the documentation of the injuries inflicted, and the expert opinion that these are likely as a result of assault or force and the type of weapon used in this case, and if a weapon is recovered in the case, whether it could have caused the injuries noted on the injured; or in the case of the former of-

fence of spread of infection, that such an act would ordinarily spread the potentially dangerous infection and that it is a known dangerous infection spread by this mode, are opinion required of medical men.

In the west, the pathological component of medical duties are fulfilled by specialists trained in Forensic Medicine, who, as Medical Examiners in the United States, and Crown Office Pathologists or Forensic Pathologists in the United Kingdom, who, possessing post-graduate qualifications in these spheres, are recruited only to serve this function, and are available in every district, so that there is no requirement of the average registered medical practitioner (as in India) or the Government Medical Officer (as in Malaysia) to be required to do this exacting and responsible legal duty in both these countries. Thus, Forensic Medicine has, by and large, been removed from the extent it is still taught, for instance, in India, from the undergraduate curriculum.

In India, to encourage some of the best of manpower, both in the form of experts as well as technical staff to take up this speciality, some state governments such as the state of Kerala have passed orders (31), assigning additional designations to those of the assigned teaching/non-teaching posts of the trained and specialised Medical staff - viz. Police Surgeons, and assigned additional official perks (proportionate to Heads of Dept's viz. Official vehicle and residence, etc.) as well as declare additional emoluments as honorarium for each Medico-legal examinations done, including post-mortems, to be proportionately divided as gazetted, amongst all the staff/ doctors involved in the case and its reporting. The source for the funds would be the Ministry of Home (since the medico-legal duties, being a duty/function undertaken for the home department-through the respective Director-General of Police's office- the department indenting for this service). This model is now being emulated in many of the other states in India.

In Malaysia, the requirement for the medical graduate, working as a Government Medical Officer, is to be well versed in the medico-legal situations and problems encountered in his day-to day practise of Government service and their solutions, which also extend to the diagnosis and management of poisoning and its proving, if discovered as a cause of death. He may also be called upon to examine and report on many other situations such as the juvenile offenders and instances of injuries to the 'Protector' of custody cases (32), as well as immigrants brought for examination to establish that they are not harbouring any communicable or infectious disease, under the Immigration Act.

However, due to the designing of the undergraduate syllabus on the pattern of western undergraduate syl-

labi, this aspect of undergraduate teaching is accorded least priority, and in fact faces the first onslaught in the deletion of teaching man-hours, so that not even the bare essence of Forensic Medicine, Ethics or Toxicology is being taught, so that there is no question of further creating awareness of the clinical aspects of Forensic Medicine.

While the courts have till date been lenient in the service offered by our Forensic Examinations before it, the increasing number of acquittals before it may turn the tide, bringing the preparedness of our so-called Forensic examinations to be judged, and at times found wanting, from our country's medical service function. That such a step is unheard of is an erroneous, as evidenced in India, in the state of Gujarat, where the Hon'ble High Court of Gujarat, responding to a criminal appeal (33), issued guidelines to the Gujarat State Government which became the subsequent instructions in the circular issued by the State Government, addressed to all Deans and Directors of Medical institutions and Medical Colleges and the Registrars of the Universities (34). To summarise briefly, it instructed all medical officers to themselves record the history as it is, as told by the patient, or his near and dear one accompanying him/her, as well as record his/her dying declaration of the course of events that lead to these injuries in their vernacular, while additionally noting the exact time and date, and the *compos mentis* of the patient when he is giving this history, himself. These should be taught to the undergraduate student during his training - that it is the duty of the doctor treating to take down these. The Deans/ Directors and Registrars of Universities were, in addition, instructed to be seized of the fact that Forensic Medicine in India, is taught in the Second Professional, i.e. by middle of fourth year of their M.B.B.S. (a five year course excluding internship), they have cleared this subject, and therefore hardly any practical training was imparted to them. Therefore they should have at least a two weeks posting in Forensic Medicine during their internship, so that they acquire these vital skills at "jurisprudential work". They also asked that the same course be held in a phased manner as a refresher course, at regular intervals, by the Deans of Medical Colleges, in consultation with concerned Additional Directors and Commissioners of Health, Medical Services and Medical Education, to cover all medical officers serving, from time to time.

This is a laudable judgement for the teaching and training of Forensic Medicine, since Gujarat is a state where Medico-legal practise is of a high standard; where state recognised Medical Jurists (who are trained experts of Forensic Medicine) are allowed to have private consultations and who write medico-legal examination reports privately, for a fee charged, which the courts accept on an equal footing as that made by any Government Medi-

cal Officer sitting at his official desk; and yet the courts responded to the felt need that in the particular case as well as others before it, the standards of Medical Jurisprudence were declining, and the educators need to rectify this.

Before such a legal step is initiated, to the detriment of the teaching institution concerned, and the creating of doubt as to the standards of technical training and meeting the goals required in the training of the students, some thought as to how to rectify this needs to be accorded priority, so that our students are adequately prepared for their responsibilities currently thrust upon them. An amendment in the situation as it is, can only come about when, like in the West, every district has its trained Medico-legal Jurist/ Forensic Medicine expert or a combination of a Forensic Pathologist and a Police Surgeon posted in each district of each state.

Conclusion

The curriculum of Forensic Medicine should have, besides proper orientation of the student towards recognising cases of foul play, and the various forms of suspicious or unnatural deaths, and a reasonable idea of how to go about proving them through a post-mortem examination, or clinical examination and reporting; an initiation of the processes of law they would be dealing with in their day-to-day existence, and the role of medical men in various situations where the law calls on them to assist it; or to recognise in time- poisons and poisoning and their management; various ethical aspects of practise and malpractice suits arising out of their (medical) duties/practise, - their defence against them; as well as their role in a trial, the norms in evidence giving /taking in any investigation or trial, and an overview of the legal system they will be part of, to name a few. Some hands-on experience towards making of a medico-legal report of a living- injured patient or a post-mortem examination should also be envisaged, so that in the long run, the graduate does not suffer when called upon to undertake these duties when assigned to him, from inadequate training.

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