



# NAME *International Newsletter*

JANUARY 2019 - VOLUME 3, ISSUE 3

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## NAME 2019

**Annual Meeting & Exhibits**

**October, 18–22, 2019**

**Sheraton Kansas City Hotel  
at Crown Center**

Kansas City, Missouri

# 2018 NAME

NAME 2018 was a huge success with record attendance and MANY international attendees, presenters, and speakers. Over 520 attendees! There were 121 poster presentations and 69 platform presentations. NOW it is time to get ready for NAME 2019 in Kansas! **SAVE THE DATE! Register!**

**NOTE: THE NAME 2019 ABSTRACT SUBMISSION DEADLINE IS MAY 13, 2019!**

2018...

WHAT

A YEAR!



**Kudos, Dr. Lee Marie Tormos!**

Dr. Lee Marie Tormos

\*Many exciting things happened in NAME during 2018. NAME joined the world of social media! We are now on Facebook, LinkedIn, and Twitter! (See feature below!)

\*NAME has also been busily collating contact information of all international forensic pathology training programs **and** forensic pathology centers. If you know of one of these programs or offices, **please** send contact information (email, website, etc.) to kimcollinsmd@gmail.com. We are attempting to communicate with all forensic training and practicing centers worldwide. By doing so, we can exchange information, share meeting dates, and educate one another.

\*NAME is also reaching out to Puerto Rico to assist them during their time of crisis. NAME members have donated funds, and Dr. Lee Marie Tormos communicates with and visits Puerto Rico to assess what is needed. Forensic pathology supplies have been procured for our fellow pathologists thanks in a very large part to Dr. Tormos!

The 2018 Annual meeting in West Palm Beach was terrific with record attendance! Education was cutting edge Forensic Pathology, and networking opportunities to meet colleagues, ask questions, and share information were everywhere.



Two new colleagues, committee members, participants in the NAME Buddy-Host International Attendee Program, Femme Fatale, and friends. NAME members, Drs. Maneesha Pandey and Dilhani Amarasinghe.





You never know who will show up to socialize with our International attendees. Here is US Federal District Judge, David Norton, with International trainee and attendee, Dr. K.R. Munasinghe.



Board member Dr. Michele Stauffenberg and NAME Vice President Dr. Sally Aiken are always present and reaching out to our international attendees.



There is no way not to have a great time of laughs and jokes with this group! Forensic pathologists from different parts of the world hook up at NAME!



And this pictures says it all. NAME is not only educational but a very fun and happy time to spend in the USA and meet forensic pathologists from all of the world!



NAME 2019 President Jonathan Arden and his wife Ronni.





The Annual Femme Fatal Luncheon, Networking, and Forensic Discussion. Again, a sold out event! MANY international attendees chose to attend the luncheon! A fabulous opportunity to meet forensic pathologists and medicolegal investigators from other countries, talk over common issues, and learn.



Dr. Lindsey Thomas, an active NAME member and leader, is always the fun gracious host to our international attendees!



Meeting forensic pathologists from other countries and cultures is one of the fabulous highlights of the NAME meetings!



Three international trainees came to the USA for one year to train at a NAME forensic pathology center. This positive experience is too much to describe in this short newsletter! Fortunately, three of these trainees received travel awards to fund their NAME meeting registration! **The Musculoskeletal Transplant Foundation Biologics and The Center For Forensic Science Research and Education Foundation** funded these awards. Many thanks to these two supporting organizations!

Left-to-right: Dr. Dammi Luwishewa (Sri Lanka), Dr. K.R. Munasinghe (Sri Lanka), NAME President Kim A. Collins, MD (South Carolina, USA), and Dr. Dilhani Amarasinghe (Sri Lanka).



The American Association of Tissue Banks (AATB) and the Association of Organ Procurement Organizations (AOPO) again sponsored an terrific evening of food, drinks, and oral presentations. One of our international attendees, Dr. Dilhani Amarasinghe of Sri Lanka, presented her recovery experiences in Jacksonville, FL. The powerpoint presentation was both informative and entertaining, and Dr. Amarasinghe provided adequate time for questions and answers!



Remember: Register for NAME 2019 to meet your colleagues, learn, and have a great time! The NAME Foundation also has activities such as the silent auction and a special Saturday evening educational and entertaining event. Stay tuned!

# NAME SOCIAL MEDIA GOES INTERNATIONAL!

## NAME ORGANIZATIONAL FEATURE



Social Media Chair, **Dr. Judy Melinek**

Doctors across medical specialties and throughout the world are using their smartphones to connect to their colleagues and to look up medical references on the run. Social media platforms such as Twitter, Facebook and Linked In have popularized connectivity and professional organizations such as the American Medical Association (AMA), College of Academic Pathology (CAP) and the International Association of Coroners and Medical Examiners (IACME) have all used social media to connect with their members, spread information about meetings, job opportunities and events and to engage young scientists to join their organizations.

In 2018, NAME saw that creating a social media presence would help in recruiting young forensic scientists who are active on social media by showcasing our organization, collegiality, support and research. We realized that our current membership was already active on social media and that many were using these platforms for networking and sharing medical discoveries. NAME's social media presence would allow us an opportunity to engage in public discourse on forensic topics of national and international importance and increase our public profile. We also saw that many politicians and other medical organizations use breaking news as an opportunity to publicize their existing policies and positions on certain issues.

The first NAME social media ad hoc committee meeting occurred at the interim meeting in Daytona Beach, Florida and we had an international representation. We discussed our goals for expanding social media outreach and we even took a selfie! Dr. Noguchi wanted to be a part of the committee and said "I have been trying for fifty years to get young people interested in forensic pathology. I now see social media is the way to do that."

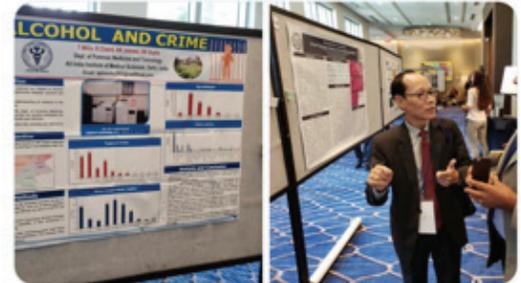


Currently our Facebook page (<https://m.facebook.com/NationalAssociationOfMedicalExaminers/>) and Twitter profile (<https://mobile.twitter.com/thename1966>) have over 500 followers each. On LinkedIn (<https://www.linkedin.com/company/thename>) we have over 100 followers. We created social media guidelines to keep our administrators focused on the task of advancing the objectives of NAME and disseminating information to members of NAME, other professionals, and to the general public. We wanted to keep the public dialogue on social media educational, interesting and civil.

During the last NAME Meeting the hashtag #NAME2018 had a significant spike in use as participants at the meeting used it to share photos and tell their followers about the interesting presentations they heard. Twitter followers also came through with recommendations on how to deliver thousands of body bags to Puerto Rico to help their Medical Examiner's Office in response the devastation wrought by Hurricane Maria.

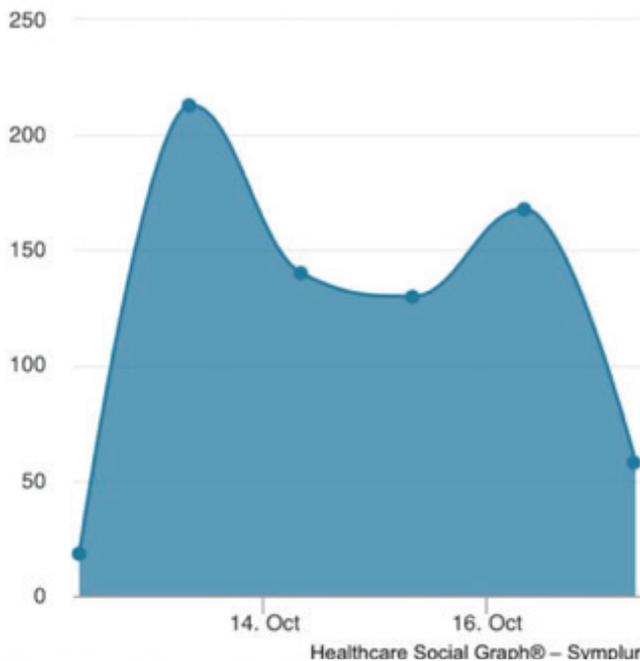


**Médecin Légiste @MLe...** · 10/15/18 ▾  
 Dr. Tabin Milo (India) discussing his abstract "Alcohol and Crime" with Dr Sarangi (Jamaica)  
 #NAME2018  
 @theNAME1966

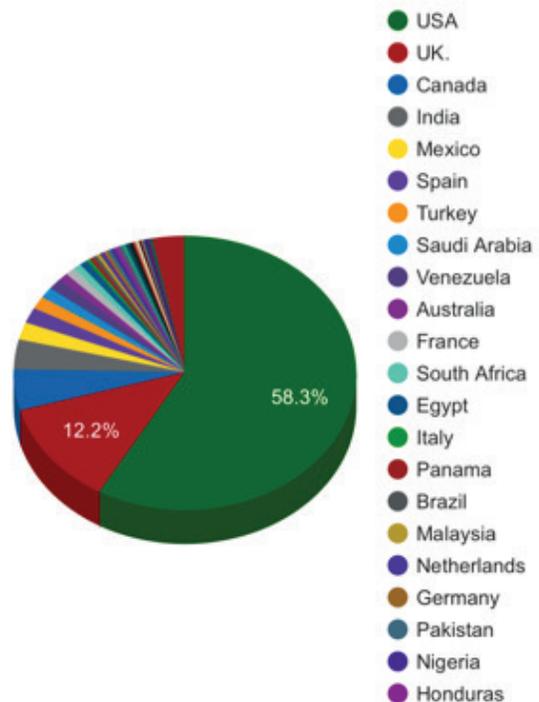


All this Twitter activity paid off in terms of our international exposure. Currently we have followers from 62 countries including places as far away as New Zealand, Qatar and Nigeria. While most of our Twitter followers (58%) are in the United States and the United Kingdom (12%) we hope to see those percentages shift in the coming years with our continued international outreach.

Tweet Activity on #NAME2018



Analysis of @theNAME1966 FOLLOWERS



Ken Obenson M.D. FRCPC from Saint John Regional Hospital in New Brunswick Canada used the app Periscope and Twitter to live broadcast interviews with those who were presenting posters at the NAME annual meeting. Those tweets were shared widely among other pathologists spreading the science past the four walls of our conference center.

NAME INTERNATIONAL FEATURE

## DEATH INVESTIGATION IN ITALY



**Giancarlo Di Vella<sup>1</sup>, MD;**  
Carlo Pietro Campobasso<sup>2</sup>, MD;  
Francesco Lupariello<sup>3</sup>, MD,

<sup>1</sup>Full Professor of Legal Medicine  
University of Turin - Italy

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University of Campania, Naples, Italy

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To fully understand the Death Investigation in Italy and the role of the Legal Medicine discipline in this field, it is necessary to briefly consider the influences of other Mediterranean and Middle East areas on its origins and development. The Hammurabi Code of Laws (Babylonian King 1728-1686 B.C.) discussed medical malpractice and established specific punishments for physicians who caused patient injuries or death.



Hittite Laws (1460-1200 BC) contained criteria for determining the charges associated with homicide, abortion, rape, adultery; the Assyrian Code of Laws (1112-612 BC) inflicted harsh sentences for those who provoked abortion, personal injuries; it outlined precise

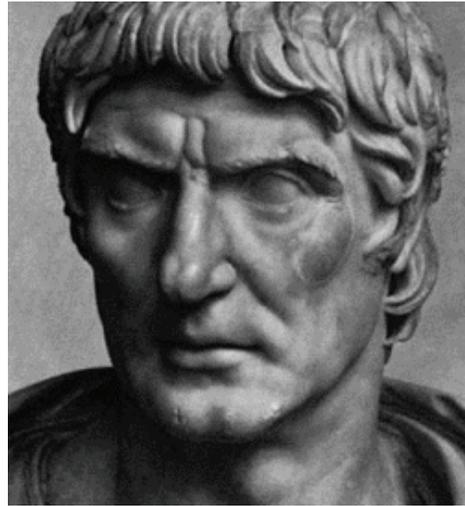
definitions for illegal conduct or behavior. In Egypt and some surrounding regions, the physicians belonging to the state (*demosios*) had to write reports when suspicions were found in the determination of cause and manner of death, especially when work-related fatalities occurred. In Ancient Rome medical testimony were consulted (*propter auctoritatem doctissimi Hippocratis*) in case of rape, homicides, Caesarean section prescription (mother's death and a surviving fetus). Autopsies were not allowed; however if the manner of death was unnatural, the bodies were exhibited for public viewing for two days: Julius Caesar's cadaver was exposed too and the physician Antistio, after the inspection of the 23 stab wounds, determined one lethal wound that penetrated the thorax, in the space between the 1st and 2nd ribs.



Lucius Cornelius Sulla, Dictator of the Roman Republic, promulgated *Lex Cornelia de sicariis et veneficiis* (81 BC) by which severe punishment was imposed in case of medical malpractice; criteria for diminished responsibility (or diminished capacity) were defined by which the capacity (criminally liable) was excluded before the offender was fourteen years old; it established “*quaestiones perpetuae*”, as specific judging system by which any “*quaestio*” was promoted by a citizen and prosecuted by a judge.

Claudius Galenus (September AD 129 – 199/217) wrote *De prohibenda sepultura in incerto morborum seu mortis dubiae genere*. During Middle Ages, the period of history covering roughly a millennium in the 5th

century through 16th centuries, physicians and midwives (*expertae matronae*) gave judges testimony when special competencies were required in the trial; it was essentially a personal opinion based on experience as was customary for non-professionals such as woodworkers or blacksmiths.



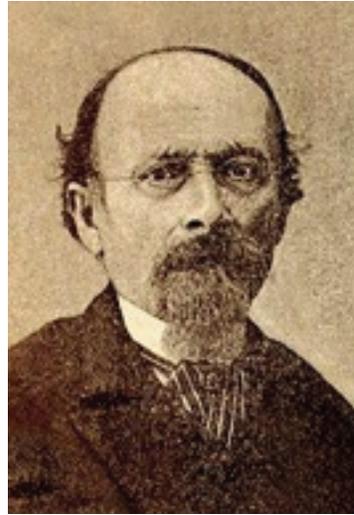
Claudius Galenus

In the XII-XIII centuries Pope Innocent III (1160 or 1161 - 16 July 1216 at Perugia) and Gregorio IX (March 19, 1227 to August 22, 1241) established (*Decretales*) an official role of legal-medicine “*peritia*”, as expert testimony or reporting during the trial when it is necessary to examine wounds or personal injuries. Federic II, in 1231, remarked details about medical testimony in the criminal or civil trial by *Constitutiones augustales*. In 1249 Ugo da Lucca, who was born in Bologna, was required to give two medical examinations upon oath and the report was dictated to the notary who was keeping it within the law. The medical testimonies were called *medici plagarum*, meaning the physicians of wounds and, among those, the “*beloved surgeons*” who were required to examine cut or stab wounds related to a duel or assault.

In the 1302 Bartolommeo da Varignano performed first forensic autopsy in case of a suspicious poisoning.



Later, in according to the Caroline Law (Charles V, *Constitutio criminalis carolina*, 1532) medical experts were charged to examine cases in suspected crimes (illegal abortion, infanticide, homicide, poisoning, medical malpractice). By this time legal medicine practice was becoming a specialty that required rules and training.

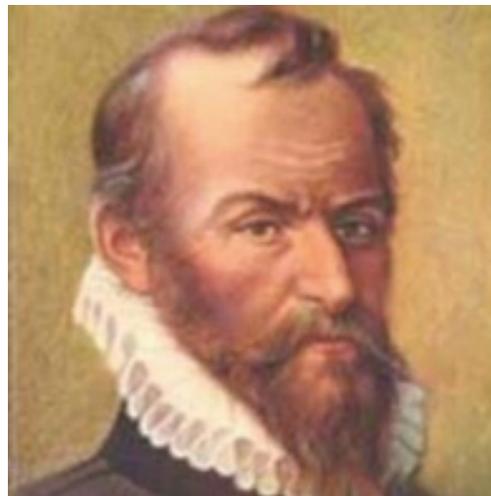


Also, Giovan Battista Condrochi di Imola published *De morbis veneficis ac de veneficiis libri quatuor in quibus non solum certis rationibus veneficia dari demonstrantur sed eorum species causae signa et effectus nova metoda aperiuntur* (1595) and *Methodus testificandi*, that described how the medical consultation had to be reported to the judge. These publications paved the way for legal medicine as an official discipline.



Gian Filippo Ingrassia di Racalmuto

Gian Filippo Ingrassia di Racalmuto anatomist, in the 1578 wrote *Methodus dandi relationes and Constitutiones et capitula nec non jurisdictiones regii protomedicati officii*.



In the same period, Ambroise Paré, a very famous surgeon of the Kings in France, made additional contributions related to poisoning, drowning, asphyxia and more.

The first systematic editorial approach to legal medicine was attributed to Fortunato Fedele which wrote *De relationibus medicorum libri quatuor in quibus ea omnia in forensibus et publicis causis medico referre solent planissime traduntur*, that was also a bibliographic reference for medical testimony training in 1602. In 1621 P. Zacchia (1621) was author of the “*Quaestiones*

medicolegates in quibus eae materiae medicae quae ad legates facultates perti

nere videntur, pertractantur et resolvuntur, by which included all the forensic knowledge at the time, containing principles of medicine, philosophy, theology, human sciences, jurisprudence and legal sentences, verdicts and pronouncements. It is common opinion that Zacchia, Fedele, Ingrassia and Codronchi were the pioneers of the Forensic Sciences and that they gave great impulse to the discipline in all the European area. Then there was a large proliferation of contributions (De partu hominis pro medici et juris periti – by Paolo Emilio Bianchi, Milan; questionum medico-legalium by Lelio Zaccagnini, Rome). While the 18th Century was ending, Legal Medicine embraced the experimental method of positive sciences. Old dogmatic statements were dismembered and the research was based on observational procedures and on inductive reasoning. Legal Medicine was elevated to scientific courses that were introduced into the University (1797 prof. Ronchi, Napoli; prof. Ramponi 1786, Pavia) as part of the official curricula in the educational program within a school of medicine.

In 1818 prof. Barzellotti published a book that was entitled “Legal Medicine in accordance with the spirit of civil and penal laws that are ruling different Governments of Italy” that is believed to be the first scientific text for modern legal medicine. There was a broad discussion of topics which included research-based findings developed through the use of accurate scientific methods. The field received more publications by several authors (Martini, 1825 – The handbook of Legal Medicine, Turin; Tortora, 1836, Institutes in Legal Medicine). Prof. Angelo Filippi founded a prestigious school of legal medicine in Florence whose disciples were Severi, Montalti, Borri and Biondi. In Turin, Cesare Lombroso and his colleagues (Ottolenghi and Falco) studied criminal anthropology and behavior.

Legal Medicine eventually became the referee of the Social Security and Insurance System, connecting to clinical traumatology and to Occupational Medicine, both of which are involved in studying occupational-related accidents or diseases.



Professor Lombroso

On the 5th of October, 1898, prof. Lombroso inaugurated the first meeting of Legal Medicine and the lectures concerned the cadaveric examination (Foà - Ziino), the duration of illness and its importance in a Law System (Lombroso – Severi), the Toxicological Chemistry in Tribunal (Vitali), Methods in testimony (Ziino - Pecoraro), and the Unique and Irreplaceable Role of Legal Medicine in the Legal System (Ziino). The topics of the meeting elicited the Minister of Justice to approve on the 30th of June, 1910, the Memorandum - titled Fani by Minister's name - “Italian Rules for Forensic Autopsies” that was in force for larger part of the last century. The Circolare Fani describes in detail the minimum standards of a forensic autopsy, including external and internal body examination. Article 103 of Italian Health Law (RD n° 1265, 27 July 1934) states that only the physician who has cared for the decedent and has knowledge of that person's medical history can certify the death. If the death has occurred without an attending physician, or the cause and manner of death are uncertain, the death certificate can only be signed by a physician appointed by the Local Health Authority as the necroscopo (a physician specifically tasked to certify the death based on an examination of the body). In the Italian public hospitals, the necroscopo is usually the chief of the Department of Legal Medicine or, if this position is not present, the director of the hospital or a physician delegated by him. In Italy, there is no official death investigation agency (such as a coroner or medical examiner system) that investigates and certifies suspicious deaths. Departments of legal medicine in universities can be a resource in managing the death investigations in their

own regions, but this happens only in large cities. For this reason, the position of the necroscopo can be crucial in a death investigation.

The role of necroscopo was revised in 1990 by the Mortuary Police Rules (Regolamento di Polizia Mortuaria – RPM, law 285/90). Based on the RPM, the postmortem examination must be performed no earlier than 15 hours and not more than 30 hours after death. The examination can be performed sooner only in cases where there is certainty that death has occurred, such as dismemberment, decapitation, or the heart is electrically silent for not less than 20 minutes as recorded by electrocardiography. Furthermore, the decedent cannot be buried before 24 hours after death. For sudden deaths, the examination must be performed 30 hours after death. If the death has occurred without an attending physician, a hospital autopsy can be requested or performed by the necroscopo. Such nonjudicial autopsies are usually managed by the National Health Services, but a declining autopsy rate is occurring in Italy as in other countries. Factors contributing to the decline of autopsies include clinical reluctance, increased confidence in new diagnostic tools, cost containment, and concerns about legal action if a misdiagnosis is detected. In Italy, many nonjudicial or hospital autopsies can be changed to forensic autopsies. In every case of suspicious or violent death, as well as in potential medical malpractice cases, the physician completing the death certificate or the necroscopo must inform the Judicial Authority of the need for further investigation and request a forensic autopsy.



In Italy, as in many countries with Roman legal tradition, magistrates or prosecutors have absolute authority to proceed with further death investigation. Forensic autopsies are not mandatory, even when the manner or cause of death is unclear, or when a crime may be connected to the death. Law enforcement officers decide if an external examination is sufficient for the death investigation or if a forensic autopsy has to be performed. They can choose their medical expert based on training and competence, but sometimes poorly skilled physicians are appointed as medical examiners. Based on the conclusions provided by medical experts and generally after only an external examination of the body, law enforcement officers select the cases in which a complete forensic autopsy will be carried out. In the Italian death investigation system, the majority of violent deaths are still certified without a full autopsy. In this Italian model, a forensic autopsy will most likely not be requested if the expert appointed by the prosecutor is able to find even a presumptive manner of death that is of no judicial interest. This model undoubtedly has contributed to the declining autopsy rate in Italy. Since external examinations are the most common method used to investigate unnatural deaths, toxicological analysis is often not performed since such additional testing would need to be authorized by law enforcement officers. Approximately 4-5% of the 580 000 deaths per year in Italy are due to non-natural causes, and the majority of traumatic deaths are certified without an autopsy or review of medical records. Therefore, misdiagnoses and misinterpretation of medical findings are inevitable. In contrast to U.S. death certificates, Italian death certificates do not offer an undetermined manner. It is our opinion that this option should be also listed in the Italian death certificate with an appropriate box. In several cases the findings at the autopsy do not explain the manner of death even after further testing (e.g., toxicology, histology, microbiology). Undetermined as an additional subcategory of manner of death could help to inform the relatives, the offices of public health and law officers (e.g., judges, magistrates, lawyers) that even a complete death investigation including body external and internal examination cannot always determine cause and/or manner of death. Forgoing forensic autopsies in trauma deaths is a violation of Recommendation No. R 99 of the Committee of Ministers (Council of Europe) adopted in 1999 (33, 34) and partially applied in several European countries. The main scope of the EU recommendation dealing with the harmonization of medicolegal autopsy rules in Europe was to underscore some principles and

procedures, including 1) cases where death may be due to unnatural causes, the competent authority, accompanied by one or more medicolegal experts, should where appropriate investigate the scene, examine the body and decide whether an autopsy should be carried out; and 2) autopsies should be carried out in all obvious or suspected unnatural deaths including domestic and occupational accidents, suicides or suspected suicides, homicides or suspected homicides, sudden unexpected infant deaths, suspected medical malpractice, and deaths in custody or associated with police activities. For all these events, manner of death should not be classified only on the basis of the external examination of the body, and the death investigation should not be performed by individuals with no specific training. Differences in legislation regarding cause and manner of death among territories of the same European country can lead to inaccuracy in death certification.



In Italy, each Tribunal has an official list of physicians who are willing to provide consultation for criminal trials or in lawsuits. In regard to forensic autopsies, there is no law that limits the competencies of the Specialist who does the external body examination or the anatomical dissection. It is not surprising, therefore, that specialists in other medical disciplines are required by prosecutors to perform forensic activities, even though the absence of Forensic methodology and competencies appear later at the cross-examination. To assure the correct approach to the forensic autopsy, the G.I.P.F. (Gruppo Italiano di Patologia Forense) has approved and is promoting autopsy procedure protocols that may guarantee minimal standard in forensic cases; nevertheless those are not applied by who performs the autopsy in absence of forensic background or competence, such as the pathologists.

Even though the role of the medical examiner on crime scene is considered essential and mandatory at the forensic autopsy, many prosecutors do not require their participation. This is due to the participation of specialized Officers teams within the Carabinieri or Polizia di Stato and other, who have all legal authority at the crime scene.



This gives them all the responsibility in the investigation, excluding the way that the ME later performs the autopsy on body found on scene. Biologists, chemists, and physicists are team members and they work on trace evidence and on reconstruction of dynamics of the event. This occurs many times without the Medical Examiner's expertise, even though the investigation started from finding of a dead body. That is the reason for controversial results in trials of forensic cases, also very popular outside the Country. Anyway the forensic autopsy is performed frequently by a medical examiner who is member of University Community, belonging at Institute of Legal Medicine: that is a guarantee of correct methodology and of adequate laboratory support. In the last twenty years, several cases of presumed medical malpractices flood the daily autopsy activity of the Italian medical examiner. Each of investigation is really complex and requires interdisciplinary competencies to verify the suspicion of medical responsibility. For these reasons it is obligatory by article # 62th of the Ethical Code of Italian Medical Association (last revision on 2014) and by Law (# 24/2017 that is also called Law Gelli - Bianco by the names of promoters), in a case of presumed malpractice by health care professionals, that the investigation has to be carried out by a team whose members are a specialist in legal medicine and a specialist in the discipline that is the object of controversy



Procedures for accreditation of Institute of Legal Medicine are debated inside the Italian community of Forensic Pathologists and of other Forensic Scientists in order to verify the quality in the service and to calibrate the requirements to the Italian Laws System. So, the Italian system of death investigation has two main disadvantages: it is sometimes performed by individuals with no specific training, and majority of violent deaths are certified without an autopsy or further testing. The forensic autopsy is a reliable form of quality control, which informs public health and the judicial system while lessening the risk of inaccurate certification of cause and manner of death. Italy has still no official system of peer review, or a method of quality improvement, to review death certificates or postmortem external examinations. Standard operating procedures in death certification, coupled with policies to evaluate the performance of the certifier of death, would be beneficial. Review of a death certifier's work by outside experts (external peer review) can be a useful part of quality improvement in the future due to the changing nature of forensic practices. A peer review program should not have a punitive enforcement component, and should maintain confidentiality of findings. In Italy, as well as other European countries with similar death investigation systems, there is a strong need for a formal and/or federal entity that would oversee forensic science and death investigation. Such an entity could also improve the quality of forensic services, including medicolegal death investigation, in a multidisciplinary context and practice based on scientific principles. This could prevent the risk of misdiagnosis or missing autopsies, improving the primary task of any medicolegal death investigation, which is the reliable certification of the cause and manner of death. It is responsibility of university forensic community to transfer knowledge to a new generation when forensic sciences are

opening new frontiers; anyway the methodology and the criteriology of the Legal Medicine in approaching various biological problems continue to be a unique guide.

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## The National Association of Medical Examiners®

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# APPLICATION FOR INTERNATIONAL CORRESPONDING MEMBER

"International Corresponding Members" shall be physicians or other practicing medicolegal death investigators who reside outside of the United States of America or Canada. International Corresponding Members shall be forensic pathologists, physician medical examiners, physician coroners, and those engaged in the teaching or practice of legal medicine, provided, however, that the foregoing examples are provided for clarity, and mere possession of any of the foregoing job titles does not automatically qualify any individual for membership as an International Corresponding Member, nor does lack of such title automatically disqualify any individual who is a practicing medicolegal death investigator.

Customer number (from NAME web site – REQUIRED):		
Applicant:		
Governmental Agency (Federal, State, Local) with which Affiliated:		
Agency:		
Address:		
City:	State:	Zip:
Telephone:	Fax #:	Email
Office Type:	Medical Examiner	Coroner ME/Coroner
		Other:
Director:		
References: (Two Members of National Association of Medical Examiners)		
Name:		Name:
Address:		Address:
Telephone:		Telephone:
Applicant Information		
Official Title:		Length of Time at Agency:
Medical School:		Date Graduated:
Degree Attained:	Year of Licensure:	State(s)
Residency Training:		
Board Certifications:		
Forensic Pathology (Year)		Anatomic Pathology (Year)
Clinical Pathology (Year)		Other: (Year)
Memberships in Other Societies:		
AAFS AMA ASCP CAP Local Medical Society		
Other:		
Years in Forensic Field:		Area of Interest:

Please submit a copy of your license, a copy of your Curriculum Vita, and ONE (1) letter of recommendation from a member of N.A.M.E.

# FUTURE MEETINGS

Of Affiliated National Associations  
and Collaborating Organizations

NAME 2019 Interim Meeting  
**February 19, 2019**  
Baltimore, MD

NAME 2019 Annual Meeting  
Kansas City, MO

NAME 2020 Annual Meeting  
Denver, CO

# JOIN NAME TODAY!

Contact Dee McNally

at [name@thename.org](mailto:name@thename.org)  
Or [KimcollinsMD@gmail.com](mailto:KimcollinsMD@gmail.com)

## Languages that NAME members speak other than English

- |                     |                                  |
|---------------------|----------------------------------|
| 1. Afrikaans        | 24. Lithuanian                   |
| 2. Antillean Creole | 25. Macedonian                   |
| 3. Arabic           | 26. Malayalam                    |
| 4. Bengali          | 27. Mandarin Chinese             |
| 5. Bosnian          | 28. Marathi                      |
| 6. Bulgarian        | 29. Montenegrin                  |
| 7. Chinese          | 30. Persian                      |
| 8. Croatian         | 31. Polish                       |
| 9. Czech            | 32. Portuguese                   |
| 10. Danish          | 33. Punjabi                      |
| 11. Dutch           | 34. Romanian. Arterial language. |
| 12. Filipino        | 35. Russian                      |
| 13. French          | 36. Sanskrit                     |
| 14. German          | 37. Serbian                      |
| 15. Greek           | 38. Sinhala                      |
| 16. Gujarati        | 39. Slovenian                    |
| 17. Hebrew          | 40. Spanish                      |
| 18. Hindi           | 41. Tamil                        |
| 19. Irish Gaelic    | 42. Ukrainian                    |
| 20. Italian         | 43. Urdu                         |
| 21. Japanese        | 44. Yoruba                       |
| 22. Kannada         |                                  |
| 23. Korean          |                                  |

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