Grotesque image can never be forgiven nor forgiven

An adult male was admitted in Rani Laxmibai Medical College, Jhansi, MP, India, where his leg was amputated. Regrettably, the patient’s amputated leg was tucked under his head as a pillow while the patient was recuperating in the emergency section of the hospital.

This situation is clearly professionally unethical, promotes medical ostracism, creates psychological issues for the victim, and works against inherent humanistic values and medical progress and accepted norms of decency. This form of mental torture may not exactly conform to the definition of torture in the Convention against Torture. However, it must certainly be degrading treatment, at the very least, and such practices must surely be condemned by the medical professional worldwide. In this case, a non-implantable body part which has become ‘non-self’ being used as a pillow is highly likely to seriously detrimentally psychologically affect the patient.

Why did this happen? Whilst in a hospital such incidents should never take place, still they do. The problem of lack of resources and the increase in patient load has created an atmosphere where apparently minor lapses and unethical practices are often overlooked, or normalised. Additionally, patients find it hard to question the quality of health care as their treatment is going on, particularly as they may not consider healthcare to be their birthright - despite assurances given by the Indian government. Justification for incidents such as these is often inadequacies in the health care system. However, it is our firm view that this context does not and must not give free reign for medical professionals and other to indulge in blatantly unethical and unprofessional practice. It is important that standards are maintained to avoid traumatising or tortuous environments in healthcare settings (Centre for Human Rights and Humanitarian Law Anti-Torture Initiative, 2013).

We feel obliged to speak out particularly as this is not the first time that such a practice has been identified. On this occasion, the matter was highlighted by the press (Hindi Daily, 2018). Previously, similar situations have been shown to occur time and again in India (Husain, M., Anjum, A, Alshraim, M, Usmani, A, Usmani, J.A., 2012).

We urge that such practices be stopped and counselling should be provided to those hospital employees who are so susceptible to stress that they take short cuts without realising that these may cause deep hurt and downgrade professional values.

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A Study of Epidemiological Profile of Dowry Death Victims in Aligarh

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DOI: https://doi.org/10.21276/iabcr.2017.3.3.3

Keywords: Dowry death, Unnatural death, Burn, Women, Crime

Abstract

Background: Dowry death is considered as one of the categories of most heinous crime in all the societies against the women in India. It is one of the important causes for the abetment of suicide and murder Methods: This retrospective study was done by Department of Forensic Medicine, J.N Medical College & Hospital in collaboration with district mortuary Aligarh during the period of 2 years from 1st January 2014 to 31st December 2015. Results: Amongst Out of 1015 female victims, 415 females died within 7 years of marriage unrelated to dowry and 52 victims died in relation or with demand due to the dowry. Most of the deaths occurred in the age group 18-25 years (65.53%). Maximum number of death occurred within first 3 years of marriage in 37 (71.15%) cases. Majority of married female victims were Hindu 39 (75.00%) and used to live in the rural areas (69.23%) belonging to joint family 32 (61.53%). Burn was leading cause of death in 18(34.62%) cases followed by hanging 16 (30.77%). So the strict laws and proper investigation is the need of hour to save our sisters and daughter from the devil of Dowry.
A Study of Pattern of Death due to Industrial Accidents Around Moradabad City

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DOI: https://doi.org/10.21276/iabcr.2017.3.1.19

Keywords: Industrial Area, Accidents, Fatality, Injuries

Abstract

Background: Accidental deaths and injuries are inevitable in this modern way of living.

Methods: We retrospectively studied unnatural death cases brought for the post mortem examination at district mortuary of J P Nagar in the two years from 2014-2015. All the cases of death which are caused due to the injuries within the industrial premises were included in the study and the results are analysed.

Results: Death from industrial area accounted for 5.01% of total autopsies. Male outnumbered the female in the ratio of 5:1 and they suffered injuries mostly in their third decade of life. Maximum incidences occurred in the morning shift followed by afternoon shift and are brought dead to the hospital.
Study of Railway Fatalities in Moradabad District

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Abstract

Accidental deaths and injuries are inevitable in this modern way of living. Railways are safe and efficient mode of travelling in India but deaths due to railways are not negligible as compared to road traffic deaths. Moradabad division of northern railway has total route 1402 km over which 107 pair of mail/express and 53 pair of passenger trains run daily. The present study is done to find out the epidemiological factors and pattern of injuries in railway related fatalities. Total 268 cases were brought for post-mortem examination during 3 year period from 2010 to 2012 in Moradabad. Males were predominantly involved with M: F ratio of 14.7:1. Maximum no. of victims 95 (35.45%) were in the age group 21-30 years. Seasonal distribution was uniform and majority of victims died on the spot 239 (89.18%) cases. Maximum no. of fatalities was accidental in nature 211 (78.74%) cases and injuries to vital organs seen in 173 (64.56%) cases were the most common cause of death.

Key Words: Accidental falling, Railway fatality, Overcrowding, Carelessly, Multiple injuries

Introduction:

Railways are safe and efficient mode of travelling as compared to road travel because train runs on the rails but the injuries and deaths caused due to accidents is inevitable.

There are many studies on the fatalities caused by the RTAs as in India most of the places can be only accessed by the roads but the death due to railway accidents is not negligible especially in the areas where railway lines are crossing the busy places inside the cities and towns.

Many settlements are located very close to the tracks and the persons cross these tracks carelessly to take shortcuts and thus are exposed to the risks of accidents. Deaths due to railway injuries are of different types and can occur during the boarding and deboarding of moving trains, collisions and derailments.

It is also the commonest method of suicide and masking the cases of homicides also as dead bodies are left on the railway tracks to conceal the identity and to mislead the investigations.

Moradabad Division [1] of Northern Railway has its Divisional Headquarter at Moradabad. It is an old city, established by the Mughal prince 'MURAD' and is famous for its Brass Industry. Brass Wares, stainless steel utensils, electro-plated nickel, silver and lacquer-plated brass wares are well known specialties of this city. The Division serves a population of about 3 crores spread over 26 civil districts in the western part of Uttar Pradesh and in the newly created state Uttarakhand.

It has a total route of 1402.15 kms and track kilometre of 2701.72 over which 107 pairs of Mail/Express and 53 pairs of Passenger trains run daily. There are 204 Stations on the Division. Approximately 2.72 lakhs passengers are booked daily. The Division caters to the transport requirements of a number of industries including fertilizers, sponsored food grains, sugar, iron & steel units & BHIL.

Moradabad Division provides crucial connectivity by trains between Delhi and the states of Uttar Pradesh and Uttarakhand. It also connects the northern states of Punjab, Haryana and J & K with Uttar Pradesh.

This study was done to properly understand the epidemiological profile of victims, pattern of injuries produced leading to the death of victims and to suggest the measures for the prevention of railway related deaths.

Material and Method:

The present retrospective study on the pattern of fatal injury by train accident was done by Department of Forensic Medicine, T.M.M.C & R.C Moradabad during the period of 3 years.
Profile of Acute Poisoning In Paediatric Age In District Moradabad: A Hospital Based Study

Abstract
Rapid socioeconomic development in India during the last decade may have led to changes in the profile of child hood poisoning. To determine the profile and outcome of acute poisoning in paediatric patients presenting to the tertiary care centre in Moradabad we retrospectively analysed the children admitted to the ward of TMMC & RC and district hospital of Moradabad. The median age of the children was 5.5 and standard deviation was 8.64 in the age range of 9 month to 17.5 years. Male: Female ratio was 1.3:1. 77.19% patients reached the hospital within six hour. Insecticides & Pesticides (55.04%), household cleaners (21.48%) and drugs (11.41%) were the most frequent implicated agents. Vomiting (63.75%) was the most common presenting symptom followed by altered sensorium (38.82%). Almost two third (63.76%) were accidental in nature whereas (32.89%) was suicidal. Median duration of stay was 2 day with stay of 1-3 day commonest in 55.03% of cases. One twenty six (84.56 %) patients were discharged after the treatment. 10.73 % leaved against the medical advice and seven (4.71%) died during the treatment.

Key Words: Children, Poisoning, Insecticide, Suicidal, Accidental

Introduction:
Poisoning in children is an important health problem and is one of the common medical emergencies encountered in paediatric practice and is a worldwide problem. [1] It has significant cost in the form of financial as well as emotional and is largely an accidental in nature.
It has been identified as one of the major cause of childhood and adolescent hospital emergency presentations and admissions in most of the developed countries including the U.S, U.K & Australia. [2]
The studies done in the developed countries like U.S.A, U.K, Australia and European has variations according to the demography, cultural practices, education and socioeconomic status while the developing countries like India has few studies for the incidence and outcome of paediatric patient. Poisoning in children can be acute or chronic.

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DOR: 08.01.2015 DOA: 14.02.2015
DOI: 10.5958/0974-0848.2015.00038.X

In acute poisoning symptoms suddenly appears soon after the ingestion, inhalation or after coming in contact with poisonous substance. In chronic poisoning symptoms develop gradually by exposure of poisonous substance and there is complete disappearance of symptoms on the removal of patients from surrounding. Acute childhood poisoning is an important cause of morbidity and mortality in children and can be significantly and effectively controlled by preventive measures.
Accidental poisoning is 12th leading cause of admission in the paediatric ward in India and accounts for 1% hospitalization. [3]
While the rate of childhood morbidity and mortality due to the infections is decreasing because of the universal immunization programme launched by the Government of India and also by the immunization done by the paediatricians in private practice, the rate of acute poisoning is almost the same because least attention is given by the family members.
The pattern of poisoning is related to the developmental stage of child and the accessibility of the poisonous substance.
Accidental poisoning is common in the preschool or toddler age group because the children up to this age have exploratory tendency for the substance by taking it into the mouth while the suicidal poisoning is due to arguments by parents or stress [4] in adolescent age group because they have access to the common household known poisonous substance.