Original Article

“Selfie” – Is It A Fad or A Famished Thrill? Some Rumination on Forensic Issue

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Abstract
The craze for 'selfie' is a recent phenomenon and it has percolated in every strata of society cutting across age, sex, occupation, culture and life style pattern. The existence of "selfie" is precarious in nature and the desire to maximum appreciation in social media like facebook goads the individual to get photo shots in unusual postures and dangerous situations. Recent incidences have revealed that there is no 'good-selfie' or 'bad-selfie'. Hence, the 'selfie' takers must take cognizance of risk factors and play to get only 'SAFE: SELFIE'.

Short Communication
Right through 2014-15 hardly a day passed when selfie-related injuries or deaths have not been reported in national and international newspapers.¹²³⁴⁵ The following news has been randomly picked up from various sources. What is illustrative is that this phenomenon have pervaded among the youngsters crossing international boundaries, culture and literacy. It appears that the desire to indulge in seemingly innocent activity over-rides the caution deemed to be exercised in dangerous behavior.

Having gone through these heart-wrenching news the authors thought over the issue and reached a consensus that some sort of legal shackling is required to truncate the menacing outcome lurking behind “selfie”, particularly in places of high altitude, roof of running train, bridges across rivers etc. Unnatural destabilizing postures and rickety balances in dangerous places should be made out of bound legally for such adventurous exercises.
Legal provisions may also be required to be in place in those cases where criminal bent of mind
population detection and proper diagnosis of pheochromocytoma is mandatory, not only for the potential cure of hypertension but also to avoid the hazardous effects of the undiagnosed tumor. The massive release of catecholamines in pheochromocytoma can cause damage to heart cells. This damage may be due to either compromising the coronary microcirculation or by direct toxic effects on the heart cells. CONCLUSION

Although Pheochromocytoma is a rare cause of hypertension, early diagnosis is necessary to prevent the fatal outcome of hypertension. Most of the time radiology cannot give confirmatory diagnosis. Hence, histopathology and immunohistochemistry play important roles in confirmatory diagnosis of Pheochromocytoma, which helps in proper management of patients.

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Due consent from the patient for publication: Taken.

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Sir,

Casuistry in defense of Forensic Medicine

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Casuistry is defined as “the interpretation of moral issues, using procedures of reasoning based on paradigm and analogies, leading to the formulation of expert opinion about the existence and stringency of certain particular obligation, framed in terms of rules or maxims that are generated but not universal or invariable, since they hold good with certainty only in the typical conditions of the agent and circumstances of action”. The usefulness of the maxim is that it provides cash value in making a quick defensible decision respected by professionals and the law. By direct application it favors doing well to others and in case it meets an obstacle, it seeks analogy by extension. Some people are of the opinion that modern medical ethics is casuistry.

Forensic Medicine has got several sub-disciplines namely, Forensic Pathology, Forensic Serology, Forensic Anthropology, Forensic Psychiatry and Clinical Forensic Medicine. By implication casuistry would be more in tune with clinical aspect of Forensic Medicine. However, this doesn’t mean that other sub-disciplines would receive an unfair treatment.

Casuistry like is an arrow ready to pierce the phenomenon of “shared insanity”. In shared insanity two or more siblings go insane with the same disease. One is known as the primary insane and the other is known as secondary or induced insane. Let it be assumed that a crime is committed by primary insane under partnership with secondary insane. Both are suffering from delusional ideas. The primary insane is the one who got the disease first. By virtue of closed proximity this disease got rubbed off on the other sibling. However detailed examination may reveal that the induced insane have some episodes of sanity or clarity of consciousness.

In the above situation casuistry as a tool of redemption would be employed in order to do well to the deserving and identify the non-deserving. It would be useful while evaluating insanity, competence and dangerousness of the parties involved. The case is not as simple as it appears to be. Therefore by extrapolation the analogy would be sought.

The analogy quotable can be: two persons were raping a woman in secluded country side. An unknown person was walking through that way. He saw the rape being committed. Without a second thought he joined the party although he didn’t have malicious thought beforehand. The trial court would seek to clarify the objective meeting action. The first two persons involved in sexual assault definitely had common intention. The third man who joined later did it on the spur of the moment. Therefore imposing punishment would be different.

Finally, the authors would venture to say that casuistry has a definite place in Forensic Medicine too. May be the area of extended analogy be small but judicious application of mind can bring relief and succor to the aggrieved as well as definite party.

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Activity Specific Study Pertaining to Old Age

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Abstract

Elders are abused everywhere without distinction of geography, socio-cultural and politico-economic system. This imply that when the body becomes weak and the mind wandering, elders slip quietly and unwillingly in to so-called perceived security of the younger ones. However, the demand of the present life style and the urge to jorge ahead of others does not leave much time or space for the family to accommodate the elders. The collateral phenomenon off-shooting out of the dual paucity i.e., time and space led to the establishment of old-age care homes. Nevertheless at the other extreme is a phenomenon, typically Indian, which is seen by all, acknowledged by few and redeemed by no one. That is the collection of animal dung and preparation of its cake as bio-fuel. This is generally done by old Indian women in villages and hamlets and people do not consider it an abuse. On the contrary it is considered to be a daily chore which the granny in the household is assumed to be well prepared to tackle. After all she has been doing it since childhood. This paper analyzes this phenomenon critically and argues why it is an abuse.

Keywords: Animal-dung, dung-cake, elderly abuse, women abuse, granny ill treatment.

Introduction

Preparation of animal dung cake is a traditional method and is widely practiced in Indian villages. This cake is used as bio-fuel and is used for preparing food in open ‘chulha’. In local dialect it is called ‘kanda’, ‘upla’ etc, and comes in circular shape, big and small. It takes effort to collect the animal-dung from fields and bring it back to the house. Several ingredients are mixed in to it to give it the required consistency and thickness. The ingredients used are themselves flammable, like husk, chafe of grain, wood powder etc. This paste
Injuries Caused By Borrowed Dentures: Antithesis to Elderly Abuse –
A Forewarning

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Abstract

During the last few decades there had been an exponential rise in cases involving elderly abuse. The authors believe it to be a national shame. However, at the same time the authors advise for an exercise of caution. All cases may not be of abuse. This paper deals with injuries sustained during innocent activity and yet strongly mimic those of elderly abuse. Oral cavity has been selected for the study in which focus is maintained on injuries caused by artificial dentures.

Keywords: Borrowed dentures, elderly abuse, Oral injuries,

Background

It is only in the last two to three decades that abuse of the elderly has caught the attention of the public and the medical establishment. The first report of the abuse of the elderly in the literature was Burston’s letter to the British Medical Journal on “granny-battering” ¹. This was followed closely by Butler’s book, “Why Survive? Growing old in America” ². Now considerable interest has kindled on this issue and some form of law has been enacted in many states in USA³.

Conservative estimate is that 10% of the elders suffer abuse in some form and 2% with physical abuse 4. Elderly abuse may take many forms, categorized into (i) physical abuse (ii) mental, emotional or psychological abuse (iii) neglect and (iv) economic abuse, such as theft or misuse of the elder’s assets ⁴.
Bending Bullet- Beyond Imagination – A Case Report

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Abstract
There are innumerable circumstances when a firearm injury has been presented in different forms. Some injuries are considered to be clean, where as others are twisty and bizarre in presentation. Examples may be quoted as ricocheting of bullet, single entry wound and multiple exit wounds, single entry wound but no exit wound presumably bullet vanishing suddenly. The present case report deals with the case in which the bullet has struck the shin of right lower extremity causing fracture and bending of bullet at the level of its neck.

Key words: bending bullet, ricocheting, fracture tibia, low velocity

Background of the case
A patient Mr. XYZ aged 22years/male, student, resident of civil line area district Aligarh, came to the Emergency Section of J N Medical College, Aligarh, alleging that he has been shot from a close range on the anterior aspect of right lower leg. On quick examination it was found that he was stable, conscious and well oriented to time, place and person indicating that he was not in dire emergency category.

Case report
Physical examination:
Vitals: BP-124/78 mm of Hg
R/R-18/min,
Pulse- 78/min
Pupils- Bilaterally normal reacting to strong beam of light
Temp- Afebrile.

Psychological and mental examination: He was in state of compose mentis, slightly disturbed but not frightened. He could not stand on his leg and was supported by others in this endeavor.
Bullet Ricocheting and Riding the Easy Way – A Case Report

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Abstract
A very visible and easily recognizable fire-arm entry wound was discernible on the right shoulder. No exit wound was found. It was assumed that the bullet may have struck a bone and would have rested at the site of impact. As is customarily and logically ordained in such matters an x-ray of right shoulder was advised. It was a shock at not finding the bullet at the end of track. The bullet was clearly found 6 inches below the wound on x-ray lying nose down and base up in perfectly perpendicular position. No fracture of bone was detected. This aspect and corresponding explanation forms the basis of this case report.  
Keywords: bullet, ricochet, pectoralis major, tumbling, wobbling, yaw

Case Report
A male victim of gunshot injury was brought to the Emergency Section of J N Medical College Hospital, AMU, district Aligarh, in the first week of October 2015. He appeared to be 40 years old, robust in health. He was accompanied by his brother and other close relatives. He was conscious and did not appear to be frightened. The history about the incident was very brief and non-leading one. Allegedly he was shot after a brief altercation with the accused from a close range. He did not get the chance to dodge the bullet and took the fire standing upright facing the assailant. He saw that a revolver was used to fire upon him.
Madness In Self Injury-Severe Cut Throat Self Inflicted Injury By A Mentally Deranged Person

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ABSTRACT
There are innumerable cases in which mentally deranged individuals have attempted self-inflicted injury over the neck and throat. This injury is glaringly absurd in nature and could defy logic and reasoning. The present case report is on in series of such cases. The uniqueness in the present case is that mentally unsound person practically severed his neck under the command of a voice considered by him holy and binding.

Key-words: Self-inflicted injury, mentally deranged, cut-throat, psychiatric disorder, Command from spirit.

CASE-HISTORY
Mr X, 30 years old, married, was brought to the causality section of JNMC Aligarh, accompanied by his wife in the month of July 2015, in a critical condition requiring immediate emergency measure. He was provided the required medical treatment at the emergency section and was kept under observation for two days. Once his condition stabilised he was shifted to the surgical ward for additional treatment and recuperation.

HISTORY
Personal and Past History
The patient was of average built and illiterate. The history was provided by the attendant accompanying the patient because he was incommunicado. It appears that he was hearing voices since the past several months. These voices were commanding in nature, forceful and instrumental in enforcing the individual to submit himself to its dictate. Most of the time family members recognised his condition and did not leave him alone. Therefore, he was prevented from doing any damaging act by the constant vigil provided by the relatives. However, in this particular occasion he was left unattended and therefore, he got the opportunity to self destruct. Basically this is against the nature and object of forensic psychiatry. Clinical studies have demonstrated that such people at risk should not be left with razor[1,2] sharp instrument[3] or appliance[4] that could facilitate hanging. In fact
Congenitally Fused Kidney Mal-Positioned In the Sacral Region

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Introduction

Normally the anatomical position of kidneys is at the level of T12-L3 vertebrae in relation to spine. It is supplied by renal artery which is a branch of abdominal aorta.

Report

Recently we came across a case in which congenital ectopic pelvic kidneys with lower poles fused and empty renal fossa was accidently found. The patient Mr X, age 18 years, male, resident of university hostel, consulted nephrology unit for occasional boring pain on the right flank of abdomen. The pain migrated to the back and at times the patient felt difficulty in bending. On examination no abnormality was detected in blood, urine and stool. The investigation was brought to next higher level and IVP was done. The IVP showed the kidneys were mal-positioned in the pelvic region, lower poles of both the kidneys were fused which were congenital (Fig 1, 2 & 3 after IVP).
Husain-usmani Principle of Shared Insanity: the First, and the Last Dot Connect, What About the Middle One? Discussion on Forensic Issue

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ABSTRACT

Forensic psychiatry is a sub-discipline of psychiatry which is still ridden with intrigue, shadow boxing and uncertainties. Ironically, the insanity of the accused has to be defended by sanity in the court of law. Most of the time we do not have the depth of conviction about what and whom the forensic psychiatrist is defending in the court. More issues are being cropped up rapidly as this discipline is in the phase of transformation and re-modeling. One such issue is that of “shared insanity”. Since this is an under diagnosed and under explored area not much is to offer at this stage. However, the authors took upon them to look in to certain aspects of forensic issue attached to this illness as corollary. These are extrapolated below.

Keywords: shared insanity, partnership insanity, Husain-Usmani Principle, delusion, schizophrenia, l'oeuf ou deux

INTRODUCTION

Husain-Usmani Principle of Shared Insanity

Shared insanity is a misnomer. Common feature is that two persons in close relationship, in isolation, share delusional ideas based on the same theme. If a primary insane has a delusional effect, that same effect is felt by the induced person; 4 say an individual has seen a ghost as complete manifestation, the induced one shall also have the same effect. The ghost image is not divided into two – the upper and lower torso – each one to have the divided effect. Sharing is proportionality, whereas partnership could be different. A partner would be amenable to have the complete profiling effect of the ‘ghost’ and not ‘torso-wise’.

Partnership is partaking equal proportion of grief or joy. The entity is indivisible.

Sharing is having a divided portion. A loaf of bread is shared by two people equally. This means that the loaf was divided into two portions and each partner took one for himself or herself.

Hence the authors suggest that the terminology of “shared insanity” may be substituted by “partnership insanity”. The next reason for proposing this essential change is that the concept is still not fully understood. All the more the condition remains under diagnosed. Befittingly, if proper words are not aligned, it may lead to wrong conceptualization in the academics. The core issue may fritter away. The literature is patchy and non-illustrative in this aspect.

However, in partnership insanity, the primary insane shall demonstrate all the features of delusions, schizophrenia or paranoia 2. The rubbing effect on the induced partner shall be faded one or just patchy. What is important is to realize that the initiative is always taken by the primary partner. He/she gets the support from the induced partner – the prompter 2.
Sudden fall into A Dry Well: Life Saved but Laterality Snuffed Out

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Abstract
An unexpected fall of an adult man into a dry well leads to an unusual injury of the right upper limb leading to permanent crippling. This case report dealt below is unusual in the sense, that such type of injury generally do not takes place when a person falls from the height of approximately 30 feet into a gravel and pebble filled of the well. The following narration is presented bellow sequentially.

Key word: Dry well, submersible pump, amputation of limb, coast of alcoholism

Introduction
Not long ago drawing water was frequently seen all over India and wells were dotted throughout landscape of rural India. Later with the advent of piped water and submersible pump, majority of the wells were closed down. However, few disused wells still remain open inviting catastrophe. The present case report is a measure of gross negligence and dim understanding that finally led to the loss of limb of unfortunate victim.

Case report
Mr X. aged 45 years male and resident of village, 10km south of district Kasgunj, India. As per the version of the hapless victim he went to the dry well in order to check whether the submersible pump was working or not. The mouth of the well was fully covered by sheet of strong iron. A window was cut and hinged so that the person can peep inside the well without removing the entire corrugated sheet. If required, he can manoeuvre himself through window opening and descend down the ladder fixed around the side wall of the
Inject Interfaith Dialogue to Truncate Hostility in Patients

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ABSTRACT

With the advent of corporate hospitals patients have become conscious of rights and exercise this right to get fair treatment. Hospitals buy high technology equipment and give value service to patients. In turn the cost of medical treatment has gone high. If patient perceives – rightly or wrongly – about inadequate treatment, becomes hostile to the system. Litigation is one of the instruments to seek justice. The hostility is the prime mover of getting attention. It has been seen that no particular group is targeted by hostile patients. However, the doctors and then nurses are the ones who have to bear the brunt of hostility as they form the face of health care. Authors have discussed these issues and quoted from earlier works liberally. What is new is the idea of interfaith dialogue and counselling has been introduced. This has merit because such strategies have paid in other areas like conflict between nations and reconciliation between two or more communities belonging to different faiths. Such a venture if adopted in a hospital setting shall pay off. This is what authors suggest that this model may be accepted and propagated by people who matters in the larger interest of sick community.

Keywords: interfaith dialogue, hostile patient, hostile doctor, truncate hostility, shadow-bearing mistrust

INTRODUCTION

Webster’s comprehensive dictionary defines hostility as “the state of being hostile”. If we consider the antagonistic behaviour in an individual directed against a system, it would imply that either the system is not working properly (actual grudge) or the individual's perceived interest is not being taken care of (falsehood objective). Bluntly speaking in the context of hostile patient, there are two ways of explanation. One, the patient is demanding beyond the scope of what a hospital can provide or two, the patient seems to be an attention seeker. In the latter case the intention of the patients may be to squeeze to the last drop of accruing benefits from the hospital.

The most important category among the hostile patients is that of attention seeker. This alluding category is rather difficult to tackle because they are bent upon to be irreconcilable. They just do not want to take up advice or try to know the working of the system. All that they seek is attention from others to fulfil they own ambition knowing full well that it is their self-creation without a sound basis. Psychological research has suggested several ways of coping with difficult people in one’s life, e.g. hostile co-workers or bosses, complainers, super-agreeable, know-it-all experts, pessimists, and stalkers. A tertiary care-based teaching hospital is a massive setup. There are dozens of units and sections with specialized functions. Hundreds of employees of all cadres are working there. Above all, doctors of many specialties are catering to the patients. The miracle is that these personnel work in perfect cohesion like oiled cog in a wheel. The most difficult hostile patient is considered to be the one who seeks attention without real cause – the-so-called fantasy behaviour. His/her analogy can be given as Munchausen’s syndrome. He/she is supposed to be difficult to manage because his problems stem from nowhere and eludes solution. This is further compounded in case of wealthy patients.
Medico moral torture: A philosophical approach to an undefined option

Each State shall ensure that all acts of torture as defined in Article 1 are offences under its criminal law. The same shall apply in regard to acts, which constitute participation in, complicity in, movement to, or an attempt to commit torture" [1,2].

Human torture is designed and abhorred at times even by the practitioners of torture. Yet torture is continuing inescapable and is used as an instrument of terror and mind breaker. No limit is set, no-holds-barred is the rule. Deaths take place directly linked to torture. It ultimately aroused the international conscience and the United Nations - the conscience keeper of all nations - resolutely put its foot down, and enacted laws for member countries, which banned torture under all circumstances. That was in 1948, neon-lighted by the UN Convention Against Torture and Inhuman and Degrading Treatment of a fellow human being by another. Till then as many as 40 conventions have been held by the world bodies. Dismayingly, nothing worked. All that it did was to stiffen the resolve of nations who buried the institutionalized system under layers and layers of secrecy and hence that malodor or unmercierred shriek should not come out of it.

No sane mind could hold propagation of torture valid. However, there must be a limit to the extent of torture perpetuated on the victim. If a victim dies directly as a result of untold and unacknowledged injuries it signifies "beastly torture." If a victim is rendered crippled it is "barbaric torture." Yet if a victim survives with manageable mental and physical sequelae it shows the "humaneness" of the torturer. Let it be understood that torture is inexcusable. There may be degrees of torture practiced within the narrow confines of this system. Some countries claim that it is not torture, but mild coercion understandably for the larger good of the humanity. However, whatever the degree may be, torture must be condemned and fought with tooth and nail.

In between the two extremes, one having torture-free zone and the other torture-infested zone, there could be an intermediate zone the centerpiece of it to be occupied by the medico moral torture (MMT). The practitioner of MMT has enough morality and kindness ingrained within that he inflicts subsided torture. His moral sensibilities aligned to medical perceptions allow him to practice torture in as yet undefined but individually perceived "blebs" upon, which emanation he understands that torture "must go this far, and no more." The interrogator must realize that the detainee is a human being deserving ethical treatment under detention. He could interrogate without breaking the personality of the individual, coerce him without causing his self-esteem, humiliate him without detaining his right to free and fearless imagination. Extreme violence stiflers the resistance to the utmost, less violence in actuality shadowed by the fear of greater pending violence relaxes too many subtle sphincters to the damage of the most potent desire.

The poignant questions: What is the limit and how to identify such torture? Can medico moral torturers be created by the system from without its own resource material, and hopefully would they be the last outposts signifying the elimination/elimination of torture world-wide?

Further research is being undertaken by the authors on such issues in detail subscribing to the theory that if an evil is not conquered by an evil, let it either by subtle manipulation of its own pedigree.

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IT IS TIME THE STERNUM GETS A NEW NAME

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ABSTRACT

Names of objects change over a period of time. New words come up to keep in line with innovations and technology. Neologism requires that the new word entrant should be concise, phonetically strong and resemble the function to which the word may be used. Internet language is the latest invention in which the word has been so abbreviated that at times the user is frightened that its continuous usage would finally obliterate the real word. To counter that threat old-timers adopt duality in action, i.e., they would use internet language while using internet portfolio and would revert to the old language while scripting text. However, in certain cases it is better to discard the old robe in favor of new when the coined word would instill more confidence and is in harmony to the function it is required to perform. In this way the word is remembered accurately and used with finesse. Presented in this paper is the strong defense for change of the word “sternum” to “saber” and reason why this change is desired.

KEY WORDS: Sternum, Saber, Manubrium, Xiphisternum.

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JUSTIFICATION FOR THE CHANGE OF NAME

On extended thinking followed by reasoning, it is apparent that sternum [1(a)] is a misnomer unconnected with morphological behavior bonded with strict security responsibility. After enjoying name and unsolicited fame for millennia it is time the sternum may get a new name- saber [1(b)].

The authors as proponents render full justification to the substitution of name "sternum" to "saber". An intellectual coup needs to take place.
GROSSLY DIFFERENTIATING FEATURES IN SUICIDAL AND HOMICIDAL CUT-THROAT INJURIES - REPORT OF TWO CASES

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ABSTRACT
These incidences occurred within the time duration of two months. One case was of suicidal attempt by a blade. The other homicidal case involved incised wound on neck by a sharp knife. There were few differentiating points in the targeted are which made this study interesting. These two cases amply illustrate that study of incised wound pattern over neck could demonstrate the nature of wound i.e. homicidal versus suicidal. On the academic side these photographs could be used as a supplement for spot diagnosis in MBBS and MD examination in Forensic Medicine.

Keywords: Cut-Thorat Injury, Suicidal Injury, Homicidal Injury, Bizarre Cut Throat, Incised Wound

INTRODUCTION
The forensic literature is replete with multiple variations of cut throat injury involving homicide and suicidal attempt using offending weapons like knife (Joshi et al., 2013; Shrabana et al., 2012), sickle (Shetty et al., 2009) razor (Rautji et al., 2004; Shrabana et al., 2012), table saw (Hejna, 2013) and sword (Shrabana et al., 2012). A bizarre case had been reported in which a mentally challenged individual cut his neck with scissor (Cox). The authors came across two cases who reported to the emergency section of JNMC, AMU, Aligarh, recently in which one injury was reported to be suicidal (Case No 1) whereas the other was homicidal (Case No. 2).

CASES
Case No. 1
The victim 28 years old male was brought to the casualty about fortnight back with fresh, bleeding incised wound over the neck. On examination it was found that the incision extended from left lateral of the neck to the right lateral side. The wound indicated a determined sweeping motion of the blade which was recovered from the site. Hesitation cut can be appreciated in small measure over left side of the neck. The bleeding was minimal. The jugular vein, carotid arteries and trachea were spared. No foreign body was found over or in the wound. The patient made an uneventful recovery later.

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Aggression and Violence in Perspective of Hypoglycaemia: A Review Analysis

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Abstract
Violence is instinctive to human nature. The human mind is slow to react to peaceful mechanism to conflict
solution but instantly jump to quick redress using violence and aggression as the vehicle. Additionally,
there are some inborn errors in genetic, hormonal and nutritional component that may compel the individual
to resort to violent means, sometimes provocatively and at other times without adequate stimulus. In the
current paper nutritional element emphasizing on hypoglycaemia is reviewed. This particular component is
selected because it has medico legal connotation and the trial court have given conflicting opinion on
occasions ignoring biochemical basis and preferring on circumstantial ones. Automatism leads to
hypoglycaemia which leads to violence which itself is triable and perhaps a mitigator to sentencing.
Key words: hostility, aggression, violence, hypoglycaemia, tyrosine, under nutrition

Introduction
Aggression, violence and assault are commonly used words with easily self-defining concept. It is
also easy to understand the product and outcome of violence in a reasonable and graded format. It
may be equated to religion, philosophical,
sociological, political and biological connotations,
and the reader or observer may well rest on the
chair because the age-old riddle of why aggression
has taken place have been partially solved under
these shades of explanation. Solving this task may
Medico Legal Advice to the Distressed Fetus – Now A Child

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Apropos the case report entitled ‘Fetal gunshot of the chest: An unprecedented surgical encounter’ the under mentioned authors would like to append the medico legal component to this unusual episode.

Figure: X-ray chest PA and right lateral view revealing radio opaque shadow (entrenched bullet) (Source: IJCRE, 2011; 2(8): 1-4)
Munchausen Syndrome in a New Perspective - a Case Report

Mohd Asrarul Haque, Mojahid Anwar, Faiz Ahmad, Munawwar Husain, Jawed A Usmani

ABSTRACT

A 17 year old, adolescent male was treated at Jawahar Lal Nehru Medical College, Aligarh, for reason of drug ingestion. It was discovered that he took 35 tablets of alprazolam 0.25mg. Past history revealed that he had demonstrated such behaviour on several other occasions (4-5 times). This case merited attention simply for the reason that there is a variance between motive-induced self-harm and pure desire to commit suicide. This case qualifies to be called "Munchausen Syndrome" as the events unfolded in the paper.

Keywords: Munchausen Syndrome, Alprazolam, Self-Harm, Compassion Seeking Behaviour, Parasuicide

INTRODUCTION

The present case report is a factual entity of self-harm and not that of parasuicide. The finer distinction can be made on the basis of manner of committing suicide and in the former case the desire to achieve the end whether it may be perceived to be illegal or against the norms of the society as perceived by others.

Self-harm (SH) is defined as the "intentional, directly injuring of body tissue most often done without suicidal intentions". Behaviours associated with substance abuse and eating disorders are usually not considered self-harm because the resulting tissue damage is ordinarily an unintentional side effect. However, the boundaries are not always clear-cut and in some cases behaviours that usually fall outside the boundaries of self-harm may indeed represent self-harm if performed with explicit intent to cause tissue damage.

Munchausen syndrome is a mixture of two elements; one, there is always an element bordering on self-harm of various degrees and two, the urge to gain out of the demonstrable harm. Literature has described Munchausen syndrome to be a psychiatric factitious disorder wherein those affected feign disease, illness, or psychological trauma to draw attention or sympathy to themselves. In some extreme cases, people suffering from Munchausen's syndrome are highly knowledgeable about the practice of medicine.

CASE REPORT

Mr. X, a 17 years old adolescent male, precocious and a student of local senior secondary school was brought to the Jawahar Lal Nehru Medical College and hospital, AMU, Aligarh, in February 2008, late in the evening. The past and immediate history of the patient was offered by the mother and it seems striking that the mother was disconcerting and not as consolable as the situation demanded.

Present history

For the last many days that Mr. X was visibly perturbed and adamant in behaviour. The family members tried to console the boy but to no avail. The mother revealed an unusual streak of behaviour in the boy in the sense that the boy was not very close to any of the family members. On the contrary he used to derive satisfaction in the company of others, notably professionals. His stubbornness had no basis in the