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Flowcharts • Tables • MCQs • One-Liners

Updated Edition
2025



ONE Touch

Forensic Medicine & Toxicology

For NEET PG/NEXT/FMGE/INI-CET



What's **New** in this Edition?

- Thoroughly revised and updated edition
- Enriched with latest updates up to **March 2025**
- Previous years' papers coverage (for the last 5 years) up to **Jan 2025 (FMGE Jan 2025, INI CET Nov 2024 and NEET PG 2024)**
- Complete subject is covered in the form of Tables, Figures, Flowcharts, One liners for last-minute revision in just 150 pages
- All Important Clinical Images/Illustrations covered

2nd
Edition



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J Magendran

ONE Touch

Forensic Medicine & Toxicology



For NEET PG/NEXT/FMGE/INI-CET

Second Edition

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Forensic Medicine & Toxicology

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Preface

‘Khaijeacye’ (Gyaanam Paramam Balam)

‘Knowledge is the Supreme Power’

Dear Students,

This motto has been the driving force behind my thirst for knowledge. I have been immensely blessed to be in the teaching industry which provides me an opportunity to stay in touch with students on a regular basis, and this close association always inspires me to learn more and more each day.

I want to begin by expressing my deep gratitude to all the students. Your questions and suggestions have been invaluable in shaping my teaching approach and my own growth as an educator.

The motivation behind this revision book arises from your consistent requests for a concise resource to swiftly review or fully grasp the concepts of Forensic Medicine. I have spent many months contemplating this idea, and I am thrilled to present you with a condensed and revised version of Forensic Medicine and Toxicology theory that I believe will greatly aid you in your pursuit of excellence. It's not a shortcut but the best tool for fast revision.

What's new in this edition?

- **Revised and updated:** The content has been thoroughly revised and updated as per the recent advancement.
- **Concise Theory (Just 142 pages):** The entire content has been condensed merely in 142 pages by employing flowchart approach and optimizing page space usage.
- **Important Clinical Images/Illustrations:** Essential clinical images have been provided throughout the book for ease of understanding the concept.
- **Mnemonics:** Text has been supplemented with many mnemonics for easy recall.
- **Previous Years Questions:** To aid in quick exam revision, Previous Years' Questions (PYQs) have been included from the last 5 years (NEET PG/FMGE/INI-CET) at the end of the book (up to Jan 2025).

The students who have already covered Forensic Medicine from any other source, this concise resource can serve as a rapid revision tool before their exams. This book will prove to be immensely helpful for such students. Memorizing this content alone will suffice for Forensic Medicine. Throughout the book, the content has been presented in the form of Flowcharts, Figures, Tables and various boxes for last-minute revision.

I have put forth my utmost efforts to make this book concise, productive, and error-free. However, if you happen to spot any mistakes, please bring them to my attention by emailing me at drmagi83@yahoo.co.in.

If you wish to connect with me directly, you can find me on Instagram using my handle - [drmagendranjfmt](https://www.instagram.com/drmagendranjfmt)

I extend my best wishes to all of you. Sending you lots of love and blessings!

J Magendran

From the Publisher's Desk

Dear Students,

Let us begin with a power-packed and inspiring quote:

Arise, awake, and stop not until the goal is achieved.

—Swami Vivekananda



Healthcare is undoubtedly one of the most noble and sacred professions. We are truly fortunate to be a part of this field, which stands as a beacon of selfless service to humanity. Healthcare professionals work tirelessly, transcending boundaries of caste, creed, religion, community, nationality, and preferences. Their service is a testament to the divine nature of this profession.

We extend our deepest gratitude to all healthcare professionals for their unwavering commitment, particularly during the pandemic. When the world retreated behind closed doors, these brave individuals stood on the frontlines, leaving no stone unturned in saving the lives of people.

At CBS Publishers, we take great pride in supporting the healthcare community by offering resources that empower future professionals. Ten years ago, we laid the foundation of the PGMEET segment with titles such as the **Conceptual Review Series**, **SARP Series**, **AIIMS MedEasy**, **NIMHANS**, **PGI Chandigarh**, **My PGMEET Notes**, **ROAMS**, **PRIMES**, **FMGE Solutions** and many more.

What makes our PGMEET books stand out is the updated, simple, clear, and easy-to-understand language, making study sessions feel less like a challenge and more like an enjoyable learning experience. A team of our esteemed medical educators brings their expertise to create these comprehensive yet compact books, ensuring that all the critical topics are covered.

A special feature of our books is the use of illustrations that simplify complex concepts, making them easier to grasp. We have also included previous years' questions, complete with detailed explanations, which are invaluable for exam preparation. Image-Based Questions (IBQs) further enhance the learning experience. The combination of concise theory and multiple choice questions makes these books the ultimate tool to ease exam-related worries.

FMGE Solutions is one of our best-selling titles, meticulously designed to meet the specific needs of FMGE aspirants. This comprehensive guide is an all-in-one resource for FMGE preparation, offering in-depth coverage of essential topics, detailed explanations, and a wide array of questions that reflect the latest exam patterns. Its reputation as a bestseller speaks of its effectiveness and reliability as a trusted resource for future medical professionals.

One Touch Series has been tailored specifically for aspirants of NEET PG, NEXT, FMGE, and INI-CET. Conceptualized with a focus on last-minute revision, the **One Touch Series** covers a complete range of preclinical, paraclinical, and clinical subjects. These concise, expertly curated books have been designed to help students efficiently review key concepts, ensuring they are well-prepared and confident as they approach their exams.

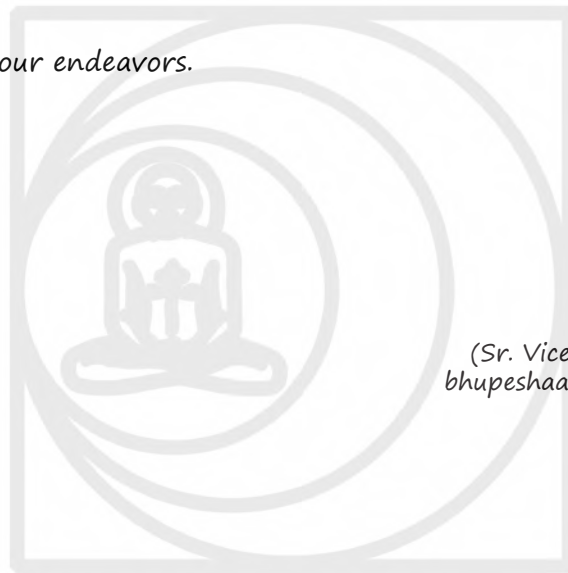
This year, we have introduced a new addition to the CBS Exam Book Series: **Ten into Ten** (Part A and B). According to market research, at present no book is available for practice and this new addition to our exam book series will fill this gap for sure. Although there are multiple apps from where students can

attempt test series online, not a single updated book is available in the market for offline practice, and this book now in your hand will fill this vacuum. The motto of this book is Practice: Practice: Practice as this book offers a decent amount of MCQs which will meet the evolving needs of students. **Ten into Ten** is a comprehensive question bank covering 19 medical subjects. It offers over 10,000 meticulously curated questions across 10 key subjects, crafted by 10 renowned medical scholars.

Following this, we will soon release the next part, **Nine into Nine**, further expanding our collection of practice material for the PGME Examination, with the latest and most effective study approaches.

At CBS, we are committed to revolutionize the medical education; and your support and encouragement can make our task easier. So, keep extending your support by sending feedback to us. We will be highly pleased to serve you and make you victorious in your career. You can share your feedback at feedback@cbspd.com

Wishing you all the best in your endeavors.



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Dedicated to Education

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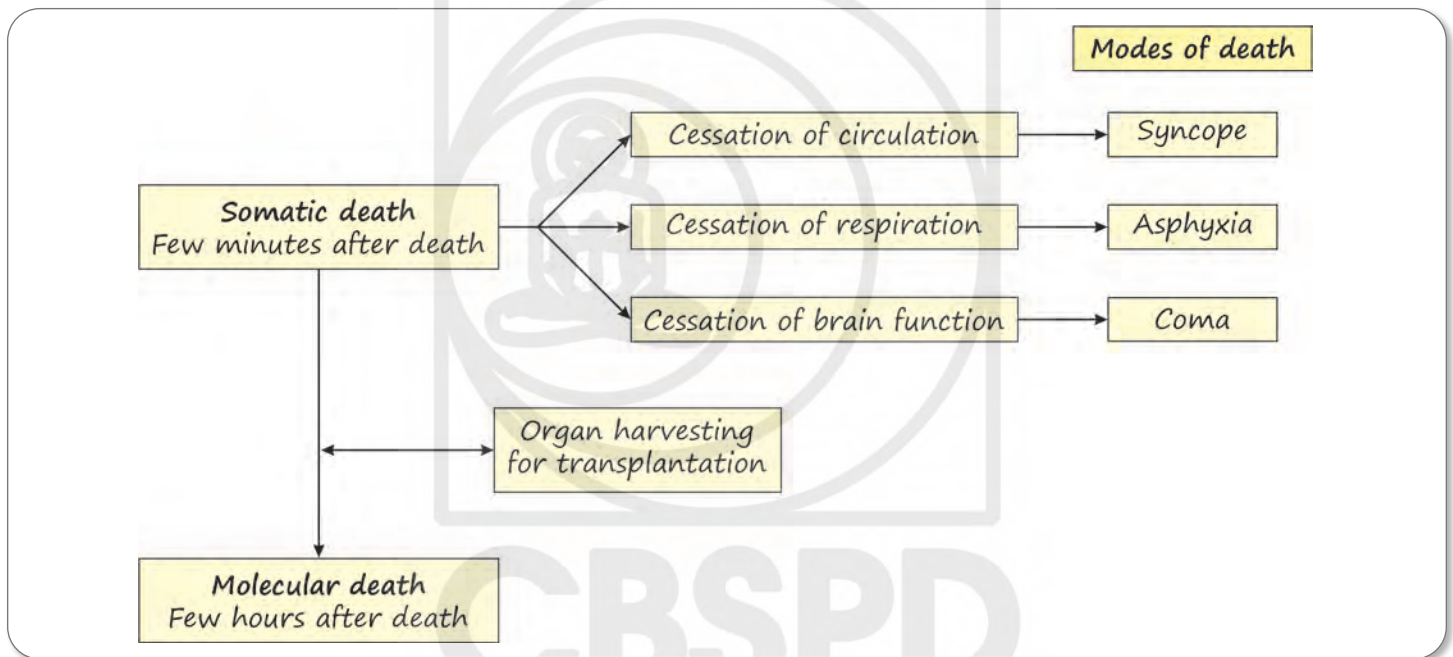
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THANATOLOGY

The study of death^o in all its aspects.

TAPHONOMY

The study of the decomposition processes of human remains.



APPARENT DEATH/SUSPENDED ANIMATION

(The person appears to be dead but he/she is not actually dead)

The signs of life are reduced to very minimum that they cannot be detected by routine clinical methods.

Conditions Causing Suspended Animation

Mnemonic

Suspended Animation IN NEW HD TV

In – Insanity/iatrogenic as in cardiopulmonary surgeries and anesthesia

N – Newborn^o (most common)

E – Electrocutation^o

W – Wasting diseases like cholera

H – Heat stroke/Hypothermia^o/Hanging

D – Drowning^o/Drugs like barbiturates

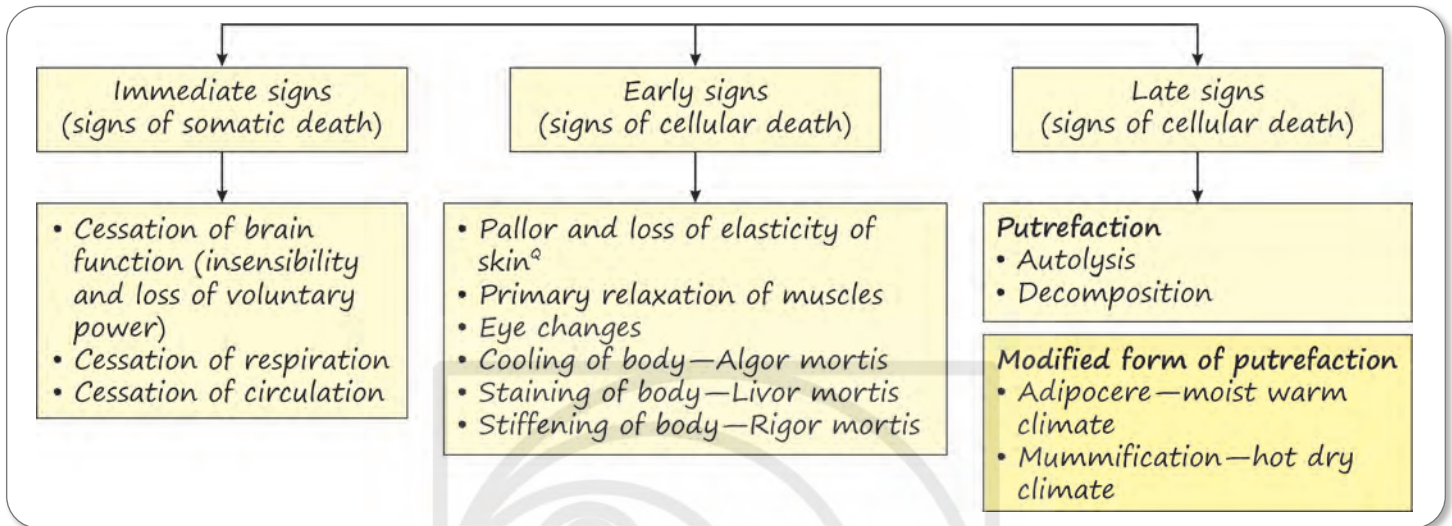
T – Typhoid

V – Voluntary (Yoga practitioners^o) (only voluntary cause)

Medicolegal Importance

If death is declared and certified in this case prematurely, the doctor can be punishable for premature declaration of death.

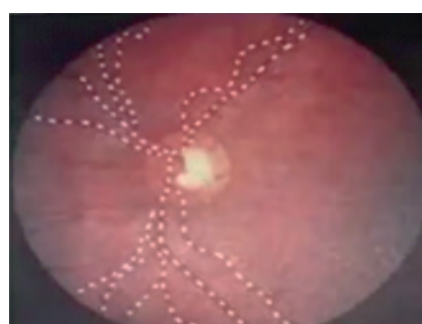
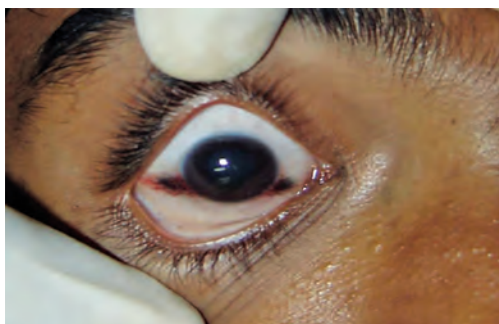
POSTMORTEM CHANGES



CHANGES IN THE EYES

- Corneal opacity (in 1 hour)
- Flaccidity of eyeball (Within half an hour after death, I.O.P decreases from 20 mm Hg to 0 mm Hg)
- Pupils Unreliable (initially dilated, later constricted due to rigor mortis)

<p>Retinal vessels:</p> <p>Kevorkian sign^a/cattle trucking/railway rucking sign^a</p> <p>Appearance: Fragmentation or segmentation of blood columns^a in retinal vessels</p> <p>Seen by ophthalmoscope^a</p> <p>TSD: Appears within seconds to minutes^a after death, persists till 1 hour. Earliest sign after death in eye^a</p>	<p>Sclera: Tache noir de la sclerotique</p> <p>If eyelids open</p> <p>↓</p> <p>Drying/desiccation, deposition of dust^a</p> <p>↓</p> <p>3–6 hours after death</p> <p>2 triangular opacities on both sides of iris (base on the limbus, apex at the outer canthus) first yellow^a, then brown and finally black</p>	<p>Vitreous humor:</p> <p>Best medium for time since death^a</p> <p>For TSD, potassium level from vitreous is the best indicator^a. (up to 4–5 days after death)</p>
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Tache noir de la sclerotique

Medicolegal Importance

- Helps in estimating the **time of death**.
- Indicates the **posture of the body** at the time of fixation and death.
- Color of lividity may indicate the **cause of death**—poisoning.

RIGOR MORTIS—POSTMORTEM STIFFENING OF MUSCLES

Synonyms

- Cadaveric rigidity
- Postmortem rigor
- Postmortem rigidity
- Postmortem stiffening

Mechanism: Due to depletion of ATP stores after death.

- Rigor mortis **begins in 1–2 hours^o** after the period of primary relaxation.

Rigor mortis is **generalized** → seen in both voluntary and involuntary muscles.

- Rigor mortis begins in 1–2 hours, progresses in 3–4 hours and completes in 6–12 hours.

First seen in: Involuntary muscles	First site of rigor mortis: Myocardium (1 hour)	First external site of rigor mortis: Eyelid
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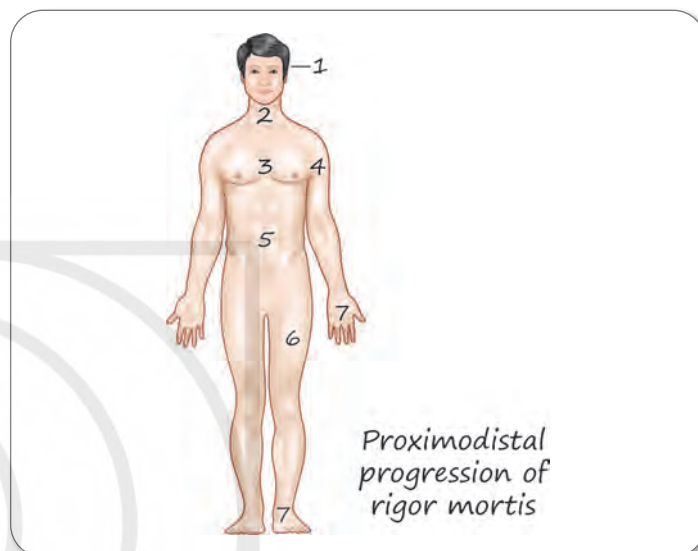
Order of appearance of Rigor Mortis: Nysten's Rule (1811)

Sequence of rigor appearance: Head to Toe^o

- Myocardium, eyelids, neck and lower jaw, then face, chest muscles, upper limb, abdomen, lower limb and lastly fingers and toes.
- Rigor mortis disappears in the **same order^o** of appearance in which it develops.

Rule of 12

- It takes roughly 12 hours to appear.
- Persists for another 12 hours.
- Disappears in another 12 hours.



Factors/Conditions Influencing Rigor Mortis Onset and Duration

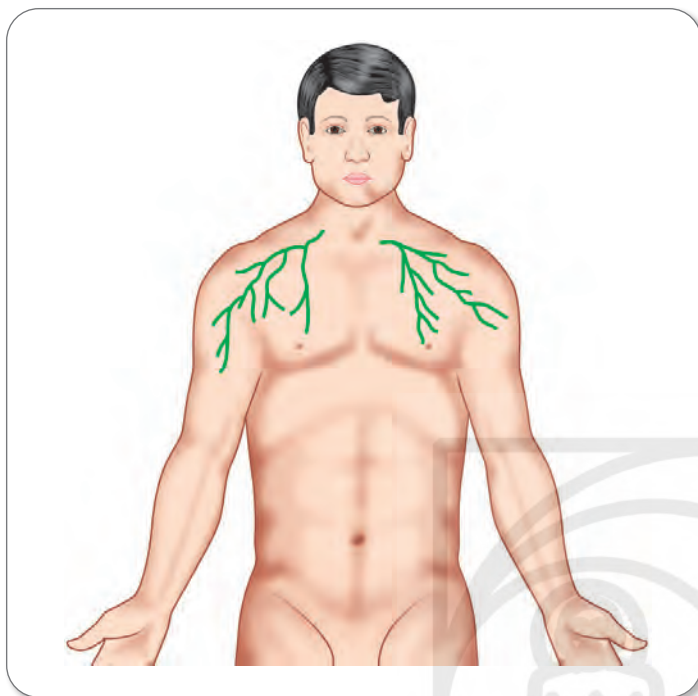
Rigor mortis does not occur in fetus <2-month-old.

Early onset (usually short duration)	Late onset (usually longer duration)
Muscle fatigue/convulsions and exhaustion before death ^o	Muscles that are healthy ^o and at rest before death
Racing, Strychnine, Tetanus	
Deaths from wasting diseases ^o	Asphyxia, hemorrhage, pneumonia
Cholera, TB	
Hot weather	Cold weather
OPC poisoning ^o , HCN,	CO poisoning

CONDITIONS SIMULATING (LOOKING LIKE) RIGOR MORTIS

Heat stiffening (burns)	<ul style="list-style-type: none"> • Heat exposure to body $>65^{\circ}\text{C}$, stiffness is produced. • Mechanism: Muscle protein coagulation^o due to heat. 	<ul style="list-style-type: none"> • Boxer's attitude • Pugilistic attitude • Defense attitude • Fencing attitude
	Attitude <ul style="list-style-type: none"> • The legs are flexed at the hips and knees, the arms are flexed at the elbows and held out in front of the body and the fingers are hooked like claws. 	

Contd...



Marbling

Mechanism

- In putrefaction, when bacteria spread through the blood vessels, hydrogen sulfide gas is formed.
- It results in the conversion of hemoglobin to sulfhemoglobin^Q
- It causes greenish staining of inner walls of the vessels^Q, a 'marbled' ('road map')^Q appearance of the skin.

2. Production of Gases/Effect of Gas Formation

- **Gases formed:** Ammonia, carbon dioxide, hydrogen sulfide, phosphorated hydrogen and methane.
- **Principal gas:** Hydrogen sulfide^Q

Effects	Timeline
Postmortem Skin Blisters Content: Gas Base: Pale	18–24 hours ^Q
Abdomen gets distended due to accumulation of gases in the intestines (Gas stiffening ^Q)	18–36 hours
Postmortem purge^Q: Diaphragm is pushed up compressing the lungs and heart; blood stained frothy fluid exudes from the mouth and nostrils	18–36 hours
Foamy liver/Honey comb liver Due to formation of air bubbles.	24–36 hours
Skin slippage Hair and nails become loose and may be taken out easily	2–3 days
Skin of hand and feet may come off in a 'glove and stocking' manner ^Q	3–5 days ^Q

3. Colliquative Putrefaction (Liquefaction) of Tissues—(5–10 Days after Death)^Q**Order of Putrefaction**

Earliest	Early	Late	Last
Larynx and trachea	Sister Lilly's Brittle Heart <ul style="list-style-type: none"> • Sister: Stomach, Intestine, Spleen • Lilly: Liver • Brittle: Brain • Heart 	<ul style="list-style-type: none"> • Prostrate • Uterus (nulliparous) • Skin • Tendon 	Bone and tooth

Casper's Dictum: Rate of putrefaction in different media

1 week of putrefaction in air = 2 weeks in water = 8 weeks in soil.

Air:Water:Earth = 1:2:8

In other words, at a given temperature one week of putrefaction in air is equivalent to 2 weeks in water and 8 weeks buried in soil.

(Fastest in air and slowest on earth)

Determination of the individuality of a person based on physical characteristics.

Parameters for identification of person

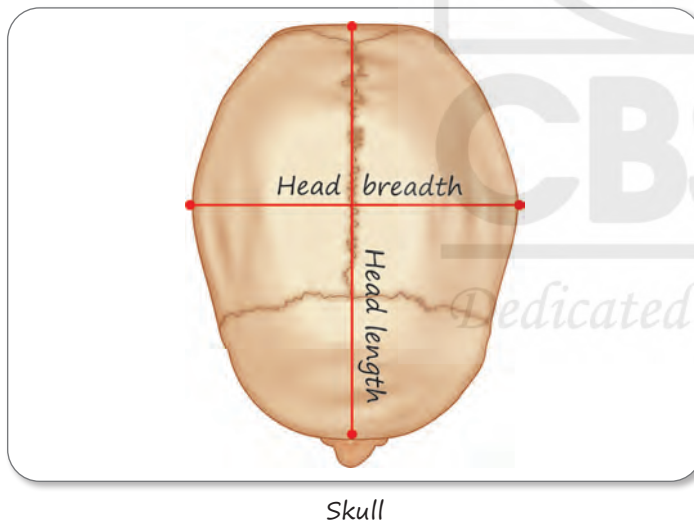
Incomplete/presumptive identification parameters	Definitive identification parameters
Race (best bone—skull)	Tattoo
Sex (best bone—pelvis)	Scar
Age	Fingerprinting – Most reliable method
Stature/height (best bone—femur)	DNA printing – Same in monozygotic twins.

Corpus delicti: It is the body of offence or the essence of crime.

Corpus delicti means facts of any criminal offence.

RACE DETERMINATION

Bones used: Skull (Best), long bones



Mnemonic

RACE RA (Race) CE (cephalic index)

Cephalic Index^o or cranial index:

$$\frac{\text{Maximum breadth of skull}}{\text{Maximum length of skull}} \times 100$$



Types	Values	Population
Dolicocephalic	70–74.9	Aryans, Africans
Mesaticephalic	75–79.9	Indians ^o , Europeans, Chinese
Brachycephalic	80–85	Mongolian

Race Determination from Teeth

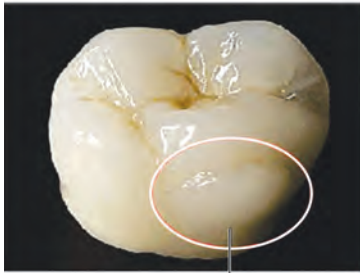
Mongoloid	Caucasoid	Negroid
<ul style="list-style-type: none"> Shovel-shaped upper central incisors (posterior surface of the incisors has a central depression centrally with marginal ridges). Enamel pearls (small nodules of enamel). Taurodontism (bull tooth). The pulp cavity of molars is wide and deep. The roots are fuse and bent. Congenital lack of upper 3rd molars. 	Carabelli's cusp (additional nodule on lingual surface of maxillary molar)	Large teeth with more cusps in their molars with two lingual cusps on mandibular; first premolars are common.



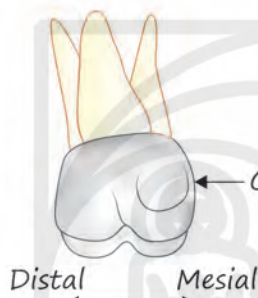
Shovel incisor



Enamel pearl



Carabelli cusp



Carabelli cusp

Taurodontism

**Mnemonic****MONGOLOID TEETH SET**

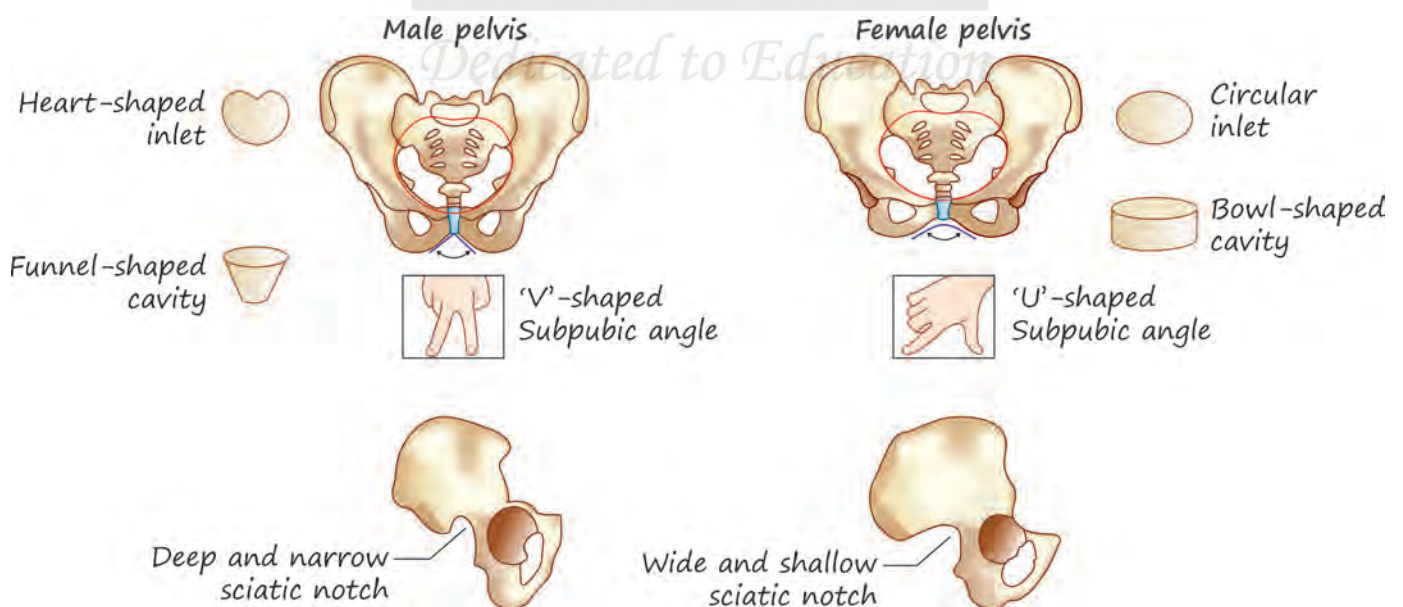
S: Shovel incisors

E: Enamel pearl

T: Taurodontism

SEX DETERMINATION**Concealed sex^Q**

- Individuals who hide their real sex by cross-dressing with a motive.
- Criminals may try to conceal their sex to avoid detection by the police, which can be identified by physical examination^Q.

Sex Determination from PelvisBest suited^Q for sex determination.The greater sciatic notch^Q is the single most important differentiating feature^Q even in fetal life.

DIAGNOSIS OF INSANITY

- Individual should be kept under observation for **10 days^Q**, which can be extended up to a maximum of **30 days** with the permission of magistrate.
- Certificate should be issued after a minimum of **3 examinations**.

Differences between True and Feigned Insanity

Trait	True insanity	Feigned insanity
Onset	Gradual ^Q	Sudden
Motive	Absent	Present
Signs and symptoms	Present and uniform whether the patient is being observed or not	Present only when he is observed ^Q
Facial expression	Peculiar vacant/worried look	Frequently changing, exaggerated and voluntary
Insomnia	Present ^Q	Cannot persist
Exertion	Can persist extreme hunger, fatigue and sleep for days	Cannot stand exertion ^Q
Habits	Dirty and filthy	Not dirty and filthy
Repeated examination	Does not mind	Resents for fear of detection ^Q

RESPONSIBILITIES OF AN INSANE PERSON

Civil Responsibilities

Management of property and affairs	If he is incapable of managing his property due to insanity, the court may appoint a manager or a guardian .
Consent	Consent given by an insane person is not a valid consent^Q . Contract: Any contract signed by an insane person is not valid . Contract signed by an insane person during the period of lucid interval is valid.
Marriage	If any of the couples is proved to be insane at the time of marriage, the marriage can be declared as ' Null and Void^Q '. If any one of the partners becomes insane after marriage , it can be a ground for divorce .
Witness in the Court of Law	An insane person is not competent to be a witness in the court of law, unless he is in the period of lucid interval.
Testamentary capacity	The mental ability of a person to make a valid will^Q . <ul style="list-style-type: none"> Holographic will: A will which is written by the testator in his/her own handwriting. The testator must be a major and of sound mind (compos mentis^Q). It should be certified by a doctor.

Criminal Responsibility

McNaughton Rule

- Right or wrong test^Q/Legal test^Q.
- In India, Criminal responsibility of insane person is dealt by section 22 BNS^Q.
- An accused person is **not criminally responsible** if it is proved that, at the time of committing the crime he was suffering from such a defect of reason or from disease of mind that he did not know the nature and quality of act that he was doing.

Mnemonic

Criminal responsibility rules

Insane CAN Defend

- I: Irresistible impulse test
- C: Curren's rule
- A: American Law Institute test
- N: McNaughton rule
- D: Durham rule

Criminal responsibility

- **Section 22 BNS^Q**: Act of a person of unsound mind – **Not responsible**.
- **Section 23 BNS^Q**: Act of a person by reason of intoxication caused against his will – **Not responsible**.
- **Section 24 BNS**: Offence done by an intoxicated person with a particular intent to commit it—**Responsible**.
- **Somnambulism^Q**: Sleep walking – Acts done during that phase – **Not responsible^Q**.

SYMPTOMS OF PSYCHIATRIC DISORDERS

Delirium

- Clouding of consciousness
- Impaired orientation
- Blunted critical faculties
- Irrelevant thought content
- Seen in high fever, drug intoxication and cerebral neoplasms.
- Such patients are not responsible for their criminal acts.

Delusion

- Disorder of thoughts^Q.

- **False belief^Q** in something which is not a fact.
- Delusion persists even after the falsity is clearly demonstrated.

Delusion of Grandeur^Q or Exaltation

- False belief that the person considers themselves to be powerful or wealthy that persists even when proven false.
- The person imagines himself to be very rich^Q, while in reality he may be a pauper.
- Usually seen in mania^Q.

Delusion of Persecution^Q

- The patient imagines that he/she is going to be poisoned by his/her relatives^Q (wife, sons or parents) or someone is going to rob his/her property.
- He/she may even commit suicide or kill his/her own family members or innocent persons in self-defense.

Delusion of Reference

He/she believes that he/she is being referred to by all agencies, media^Q and persons around him/her in all matters (usually of negative nature) concerning him.

Delusion of Influence/Control^Q

False belief that his thoughts, acts and emotions are influenced and controlled by external powers, like radio, hypnotism, or telepathy.

Hypochondriacal Delusion^Q

Persistent fear or belief of having a serious disease^Q (like cancer) based on the patient's unrealistic interpretations of physical signs and symptoms.

Delusion of Infidelity^Q/Jealousy (Othello Syndrome^Q)

Person believes that his spouse is unfaithful, even though that is not true in reality.

Nihilistic Delusion

- The patient does not believe in their existence or the existence of earthly matters.
- Commonly seen in depression.

Fregoli Syndrome

Fregoli syndrome^Q is a disorder in which a person holds a delusional belief that different people are in fact a single person who changes his/her appearance or is in disguise.

Legal Sections of Importance

BHARATIYA NYAYA SANHITA, 2023

Dear students, the various legal sections have been incorporated into the relevant sections of the chapters itself. The additional sections are discussed here.

2 (14)	Injury definition
--------	-------------------

Criminal Responsibility

Section 20 BNS ^a	Criminal responsibility of person <7 years = not liable
Section 21 BNS ^a	Criminal responsibility of person 7-12 years = Liability depends on the mental maturity
Section 22 BNS ^a	Criminal responsibility of insane person = not liable
Section 23 BNS	Criminal responsibility of involuntary drunkenness = not liable (Intoxicating substance is given without the knowledge of the person)
Section 24 BNS	Criminal responsibility of voluntary drunkenness = liable (Intoxicating substance is taken with intent)

Transmission of Fatal Infections

Section 271 BNS ^a	Negligent act likely to spread disease dangerous to life—Punishment
Section 272 BNS	Willful act likely to spread disease dangerous to life—Punishment

Offences on Human Body

Section 100 BNS	Definition of culpable homicide
Section 101 BNS	Definition of murder (culpable homicide amounting to murder)
Section 103 BNS	Punishment for Murder—death or imprisonment for life
Section 106 (1) BNS	Death caused by rash and negligent act –2 years.
Section 80 BNS	Dowry death—death of a female within 7 years of marriage.
Section 108 BNS	Abetment of suicide –10 years, also fine.
Section 114 BNS	Definition of hurt—bodily pain, disease or infirmity
Section 115 BNS	Punishment for voluntarily causing hurt –1 year, with fine.
Section 116 BNS	Grievous hurt—Definition
Section 117 BNS	Punishment—Voluntarily causing grievous hurt –7 years, also fine.
Section 118 (1) (1) BNS	Punishment for Voluntarily causing hurt with dangerous weapon.
Section 118 (1) (2) BNS	Punishment for Voluntarily causing grievous hurt with dangerous weapon.



LATEST QUESTION PAPERS

- NEET PG 2024 (SESSION 1) (MEMORY-BASED)
- NEET PG 2024 (SESSION 2) (MEMORY-BASED)
- NEET PG 2023 (MEMORY-BASED)
- NEET PG 2022 (MEMORY-BASED)
- NEET PG 2021 (MEMORY-BASED)
- INI-CET NOVEMBER 2024 (MEMORY-BASED)
- INI-CET MAY 2024 (MEMORY-BASED)
- INI-CET NOVEMBER 2023 (MEMORY-BASED)
- INI-CET MAY 2023 (MEMORY-BASED)
- INI-CET NOVEMBER 2022 (MEMORY-BASED)
- INI-CET MAY 2022 (MEMORY-BASED)
- INI-CET NOVEMBER 2021 (MEMORY-BASED)
- INI-CET JULY 2021 (MEMORY-BASED)
- FMGE JANUARY 2025 (MEMORY-BASED)
- FMGE JULY 2024 (MEMORY-BASED)
- FMGE JANUARY 2024 (MEMORY-BASED)
- FMGE JULY 2023 (MEMORY-BASED)
- FMGE JANUARY 2023 (MEMORY-BASED)
- FMGE JUNE 2022 (MEMORY-BASED)
- FMGE DECEMBER 2021 (MEMORY-BASED)
- FMGE JULY 2021 (MEMORY-BASED)

NEET PG 2024 (SESSION 1) (Memory-Based)

1. A man wearing a female dress and high heels and gets pleasure in doing so. He is not attracted to the same gender. This condition is:

a. Transvestic fetichism
b. Voyeurism
c. Sexual dysphoria
d. Gay orientation

Ans. a. Transvestic fetichism

2. Sequence of rigor mortis is:

a. Center to periphery
b. Head to foot
c. Foot to head
d. Simultaneously

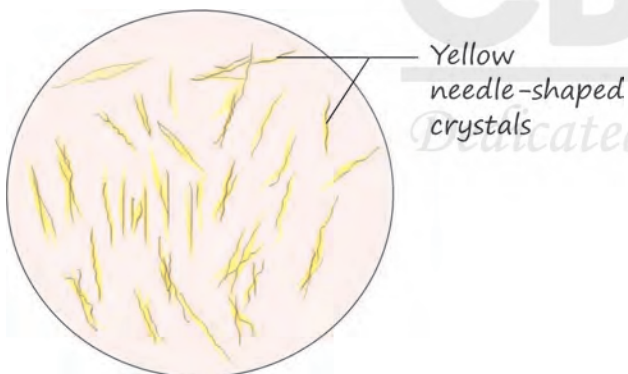
Ans. b. Head to foot

3. Recording of evidence of a female in sexual assault in court is done in:

a. Open court proceedings
b. Closed court proceedings
c. Hearing on different locations
d. Hearing in camera

Ans. b. Closed court proceedings

4. Examination of a suspicious stain shows the following finding. This test is:



a. Barberio test
b. Florence test
c. Teichmann test
d. Takayama test

Ans. a. Barberio test

5. Police brought a person from railway track with features of dry mouth, dilated pupil, dry skin, slurring of speech, altered sensorium. The poisoning is:

a. Morphine
b. Cannabis
c. Datura
d. Alcohol

Ans. c. Datura

6. A child was born after 8 months of death of father. Grandparents filed a case that the baby might not be their son and DNA came positive. What do you call the child as:

a. Suppositious child
b. Fabricated child
c. Posthumous child
d. Illegitimate child

Ans. c. Posthumous child

7. In a medicolegal examination of an 18-year-old male, who is accused of rape, he claims that he is 16-year-old. Which joint X-ray should be done?

a. Head and shoulder
b. Elbow and ankle
c. Knee and wrist
d. Elbow and hip

Ans. c. Knee and wrist

8. The dead body shows the following finding as in the image (representative image). What is this case?



a. Hanging
b. Throttling
c. Choking
d. Smothering

Ans. d. Smothering

9. 27 weeks of gestation with congenital anomalies, whose presence is not required for authorization of MTP:

- Obstetrician
- Lawyer
- Pediatrician
- Sonologist

Ans. b. Lawyer

10. A 14-year-old victim of sexual assault with 22 weeks of gestation has been brought for MTP. The true statement is:

- One doctor is involved
- MTP is done in 2nd trimester only when mother's life is in danger.
- MTP can be carried up to 24 weeks
- MTP cannot be >20 weeks

Ans. c. MTP can be carried up to 24 weeks

11. Which of the following chelating agents is NOT indicated in iron overdose?

- Desferrioxamine
- BAL
- Calcium Edetate
- DTPA

Ans. b. BAL

12. A person was brought by his brother, who is working in a factory, with a history of fatigue. Urine coproporphyrinogen levels were checked. Which of the following poisons is to be diagnosed?

- Arsenic
- Copper
- Lead
- Mercury

Ans. c. Lead

14. A person showed the following findings. The poisoning is due to:



Aldrich-Mees lines

- Arsenic
- Lead
- Mercury
- Copper

Ans. a. Arsenic

15. A 28 female G3P2L2 was taken for emergency LSCS. Patient developed PPH. Conservative methods failed. Emergency hysterectomy was done to save the life of the mother. True statement medicolegally is:

- Doctor is protected, as it is lifesaving procedure
- Consent to be taken from a patient on a table
- Consent of relatives to be taken
- Patient can sue the doctor

Ans. a. Doctor is protected, as it is lifesaving procedure

16. Women got pregnant and went for a checkup, USG scan was done, identified as twins, one twin was one month ahead of the other fetus. What is this condition called?

- Superfetation
- Superfecundation
- Fictitious child
- Posthumous child

Ans. a. Superfetation

NEET PG 2024 (SESSION 2) (Memory-Based)

13. A person met with road traffic accident and was brought dead to casualty. Doctor informs the police and sends the body to the mortuary. Who can order postmortem in this case?

- Investigating officer
- Public prosecutor
- Defense lawyer
- Forensic expert

Ans. a. Investigating officer

17. A 30-year-old female was brought to the hospital with tachycardia, hypertension, dilated pupil, agitation and diaphoresis. The most likely poisoning is due to:

- Cocaine
- Chlorpheniramine
- Heroin
- Morphine

Ans. a. Cocaine

ONE Touch

Forensic Medicine & Toxicology

For NEET PG/NEXT/FMGE/INI-CET

THEORY

Theory—A concise form of text covered in just 142 pages. Most important points to remember have been given for last-minute revision. Text of entire book has been presented in the form of Tables, Boxes, Flowcharts, and Illustrations for easy recalling.

Color of Livor Mortis

Conditions	Color of lividity
Normal	Blue/purplish
Carbon monoxide burns	Cherry red ^a
Cyanide	Bright red ^a /Brick red ^a
Hypothermia/refrigeration	Bright pink ^a
NaCl/nitrite/nitrate/ aniline/potassium chlorate/ phosphorus/bromates	Chocolate brown ^a

High-Yield Tables and Flowcharts—Highly important content has been represented in a Tabular and Flowchart format for easy recall of the concepts.

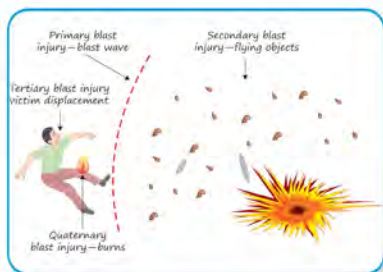
Mnemonic

Criminal responsibility rules

Insane CAN Defend

- I: Irresistible impulse test
- C: Curren's rule
- A: American Law Institute test
- N: McNaughton rule
- D: Durham rule

Mnemonic—Text has been supplemented with easy to recall Mnemonic boxes for quick memorization of the concepts.



Important Images and Illustrations—Important images and illustrations have been covered extensively

LATEST QUESTION PAPERS

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200+ Qs of Last 5 years' exam question papers up to Jan 2025 (FMGE Jan 2025, INI-CET Nov 2024 and NEET PG 2024) have been provided to develop an idea about the pattern of questions and also to know about the recently asked topics.

About the Author



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