Analysis of Homicidal Deaths among Medicolegal Autopsies Conducted at a Tertiary care Hospital in Karnataka: A Prospective Study

Bandenawaz[1], Viswakanth B[2]

[1]Associate Professor, Department of Forensic Medicine and Toxicology, Navodaya Medical College Hospital and Research Centre, Karnataka, [2]Associate Professor, Department of Forensic Medicine and Toxicology, Kanachur Institute of Medical Sciences, Mangalore, Karnataka

Abstract

A Prospective study was conducted in the Department of Forensic Medicine and Toxicology, JJM Medical College and Cigateri General Hospital, Davangere Karnataka, from 2010 to 2014 with regard to demographic, injury and mortality profiles among Medicolegal autopsies conducted in homicidal deaths and the same are presented in this paper. Results showed that male victims of the age group 31-40 years were more in number, with personal revenge being the usual motive of the perpetuators. Most of the deaths were due to combination of both blunt and sharp weapons with hemorrhagic shock as the most common cause of death.

Keywords: *Homicidal Deaths, Injuries, Blunt force, Sharp Force, Medicolegal, Autopsy.*

Introduction

Homicide in general means killing of one human being as a result of conduct of the other.[1] Several Indian authors have classified homicides into lawful (Excusable, justifiable) and unlawful homicides (Murder, Culpable homicide not amounting to murder) for the ease of understanding albeit no such terminologies exist in any Indian codes of law. [2, 3] In this paper, the authors represent only Homicidal deaths amounting to Murder as per section 300 of the Indian Penal Code.

While homicides by death penalty do not involve the forensic pathologist, all other justifiable, excusable and unlawful homicides do include the role for a forensic pathologist in fixing the responsibility.

Murder is a heinous crime committed against a person be it due to any motive. It is indeed a major threat to the society due to its increase at an alarming rate all over the world including India. Such deaths demand a cautiously exercised post mortem examination and analysis of circumstances surrounding them. No part of the world is free from crime, and the city of Davangere is no such exception. Hence a selectively prospective study was undertaken to analyze the profiles of such homicidal deaths and observations thus made may show the impact of them on the society. The magnitude, if keenly observed by law enforcement agencies, can have a better understanding and can strategize a solution.

Material and Method

The study material consisted of 2260 medicolegal autopsies conducted in the department of forensic medicine and toxicology, JJM Medical College and Cigateri General Hospital, Davangere Karnataka, during a period of 4 years (from June 2010 to June 2014). Of these, 112 cases were homicidal deaths amounting to murder, which were studied selectively, descriptively and prospectively after obtaining clearance from the institutional ethical clearance committee.

Data for the study comprised of inquest reports, documented interviews from relatives, friends, and neighbors of the victims. A detailed proforma

Corresponding Author:
Dr. Viswakanth B
Associate Professor, Dept of Forensic Medicine & Toxicology, Kanachur Institute of Medical Sciences University Road, Deralakatte, Mangalore, Karnataka 575018, Mobile No : +919744525554
Email id : drviswakanth@gmail.com

for recording history, particulars such as age, sex, educational status and occupation, motive, and weapons/ force and cause of death was prepared. The information thus collected, was analyzed using appropriate statistical tools (namely Microsoft Excel 2007 and IBM SPSS V.20).

Results

During the study period, 2260 cases were brought for Medicolegal postmortem examination, of which 112 (5%) cases were homicidal deaths amounting to murder.

Year wise analysis between mid-2010 to mid-2014 revealed skewed pattern of numbers not falling truly in ascending or descending order with highest number of homicidal deaths amounting to murder in the year 2013, where we encountered 27 cases (24%) [Table 1]. Maximum number of victims (46%) belonged to the age group ranging between 31-40 years [Table 2]. Observing sex wise death distribution, majority of the victims were found to be males (72%) [Table 3]. Enquiry made into the possible motive behind these deaths revealed that most victims succumbed due to interpersonal enmity and revenge (56%) [Table 4]. Majority of the Perpetuators involved had attained schooling up to primary level, considering their educational status (51%). When we considered occupational status, majority of the perpetuators were employed (72%). Considering the type of weapon or force or method used, maximum number of deaths were found to have been caused by a combination of both sharp and blunt force violence (37%) [Table 5]. Most common cause of death was found to be due to hemorrhagic shock (59%) [Table 6].

TABLE 1: YEARS

S.No	Years	Number of cases	Percentage (%)
1	2010	22	20
2	2011	26	23
3	2012	24	21
4	2013	27	24
5	2014	13	11
	Total	112	100

TABLE 2: AGE WISE DISTRIBUTION (Victims)

S.No	AGE (Years)	Number of cases	Percentage (%)
1	Up to 20	04	4
2	21-30	39	35
3	31-40	51	46
4	41-50	12	11
5	51-60	03	3
6	> 60	03	3
	Total	112	100

TABLE 3: SEX WISE DISTRIBUTION (Victims)

S.No	SEX	Number of Cases	PERCENTAGE
1	Male	81	72
2	Female	31	28
	Total	112	100

TABLE 4: MOTIVES OF HOMICIDE

S.No	Motive	Number of cases	Percentage
1	Enmity & Revenge	63	56%
2	Family dispute	26	23%
3	Love affair	09	8%
4	Robbery	03	3%
5	Dowry	01	1%
6	Unknown	10	9%
	Total	112	100

TABLE 5: WEAPONS / FORCE/ METHOD USED

S.No	Weapon/Force/Method	Number of cases	Percentage (%)
1	Sharp force only	33	29
2	Blunt force only	21	19
3	Sharp force and blunt force	41	37
4	Firearm	02	2
5	Burns	01	1
6	Ligature strangulation	03	3
7	Smothering	01	1
8	Throttling	03	3
9	Drowning	01	1
10	Intentional Neglect	04	4
11	Poisoning	02	2
	Total	112	100

TABLE 6: CAUSES OF DEATH

S.No	Cause of Death	Number of Cases	Percentage (%)
1	Hemorrhagic Shock	66	59
2	Head injury	34	30
3	Mechanical asphyxia	09	8
4	Burns	01	1
5	Poisoning	02	2
	Total	112	100

Discussion

In the present study the total number of homicidal deaths amounting to murder were 112 over a period of 4 years and it is almost similar to the observations made by Jhaveri et al and Kalpesh et al, however their study duration periods varied between One year and Two years respectively.[4, 5] This could only indicate that murder rates are comparatively lesser when taken year wise compared to their region of study. On the other side, when we compared our findings with those made by Shivakumar et al and Parmar et al [6, 7] it is differing grossly in numbers under similar study duration period and region. While our study showed that bulk of the victims were belonging to 31-40 years age group, it did not correlate with observations made by any of the authors cited in the discussion section except with that of a study made by Rastogi et al. [8] Majority of the victims in our study were males and this finding has correlated with the observations made by all authors cited above in this section.[4-8] Further, the most common motive was Enmity and revenge which correlated with some authors cited above who included this parameter in their study. [6-7] Most of the perpetuators in our study were illiterates which correlated with the authors cited above who once again included this parameter in their study. [6-7] The Most common weapon or force used by the perpetuators here was a combination of both sharp and blunt force weapons, and the cause of death was Haemorrhagic shock which

also correlated with all authors cited above.[4-8]

Conclusion

There seems to be a slight decrease in murder-related deaths every year, but it goes without mentioning that the numbers are showing a skewered pattern in this study. Moreover the decrease is only by digits every year which we do not consider significant. The sudden drop noticed in the last year of this study (2014) is only due to the fact that it was conducted up to mid-2014, hence it will not be appropriate to call it 'significant drop' in reality. Unlike other conclusions related to homicidal deaths, we personally feel that murder related death rate is either static or slightly rising, despite living in a sophisticated era of education.

It would be hard to point out where the fault lies, and it is pointless to suggest law enforcement agencies to take even more strict measures than what it is today in Metropolitan cities. We, the authors are of the conclusion that this menace can be overcome only if every individual makes effort on his own to educate himself, learn civic sense and strictly observes the laws of the land. ['Eye for an eye only makes the whole world blind' – M.K Gandhi]

Source of Support: None

Conflict of Interest: None

Ethical Committee Clearance: Obtained from JJM Medical college Ethical Committee.

References

1. Parikh C.K. Parikh's Text Book of Medical jurisprudence, Forensic Medicine and Toxicology for Classrooms and Courtrooms. 7th ed. CBS Publishers (P) Ltd.; 2014:259-60.
2. Narayana Reddy K. S. The Essentials of Forensic Medicine and Toxicology. 33rd ed. Jaypee brothers Medical Publishers (P) Ltd.; 2010:290-91.
3. Mukherjee J.B. Mukherjee's Forensic Medicine and Toxicology. 4th ed. Academic Publishers (P) Ltd.; 2011:286-87.
4. Jhaveri S, Raloti S, Patel R, Brahbhatt J, Kaushik V. Profile of Homicidal Deaths: A Three Year Study At Surat Municipal Institute of Medical Education and Research, Surat During 2011 -2013. Natl J Community Med 2014; 5(4): 406-9.
5. Kalpesh Z, Chandresh T, Paresh C. Profile of Homicidal Death Cases at Government Medical College & New Civil Hospital, Surat. Int J Med Science Public Health. 2014;3(7): 885-88.
6. Shivakumar BC, Vishwanath D, Srivastava PC, Trends of Homicidal Deaths at a Tertiary Care Centre Bengaluru. J Ind Acad Forensic Med. 2011; 33(2):120-24.
7. Parmar DJ, Bhagora LR, Parmar RD, Suvera KM. Recent trends of homicidal deaths in Bhavnagar region retrospective study. IAIM, 2015; 2(8):45-54.
8. Rastogi A.K, Bajrang K.S, Dadu S.K et al.Trends of Homicidal Deaths in Indore (M.P.) Region One Year Retrospective Study, J Ind Acad Forensic Med; 2013;35(4):343-45.