HIDDEN WEAPON (BLADE OF A KNIFE) IN A CASE OF HOMICIDAL STAB WOUND-A CASE REPORT

Dr. V.K. Dhruv, Medical Officer,
Dr. U. Gonnade, Demonstrator,
Dr. S.P. Garg, Asstt. Professor,
Department of Forensic Medicine & Toxicology, Pt. J.N.M. Medical College, Raipur (C.G.)

ABSTRACT

A case of Homicidal stab wound to the chest was autopsied at Department of Forensic Medicine & Toxicology, Pt. J.N.M. Medical College, Raipur (C.G.). The blade of a knife (on exploration of the track of the stab wound), was found in situ within the chest cavity, with tip of knife being thrust in one of the thoracic vertebral body. The handle of the weapon was missing. The metallic blade was not visible from outside. Right lung and heart have sustained injuries along the track of the wound. The tip of the weapon has cut and was present in situ in 0.5 cms depth of the vertebral body. Beside stab wound only two contusions on back and one abrasion on forehead were present on the body.

Key Words: Homicide, Stab wound, Knife

INTRODUCTION

Dead body of an average built male was brought for autopsy with the history that the deceased had abused father of one of the two assailants and the assailants had allegedly attacked him with some sharp weapon and a wooden log. The victim died on the spot.

Full blown rigor mortis had already set in when the autopsy was undertaken and hypostasis too was fixed on back. The half T-shirt and underneath baniyan worn by the deceased had 2.7 cm long sharp cut effect corresponding to underlying stab wound on back of right chest wall, the sharp cut showed downward extension effect of 1.3 cm & 1 cm length over T-shirt and baniyan respectively. The margins of sharp cut and the adjacent areas of the T-shirt and baniyan were smudged with blood, which at places showed clotting effect also. Brownish dust was sticking over shirt and full pant worn by the deceased more on back. The clothing were in situ and except for described already, were found intact.

A reddish impact abrasion of 3x1.5 cm size was present over forehead on left side. Two red contusions were present on back of right side chest in transverse plane. The upper one was 17 cm below tip of shoulder & 10 cm right to midline and 10x8 cm in size, while lower one was at the level of 11th thoracic vertebra and was just right to midline and 7x5 cm in size. Underneath the subcutaneous tissues and muscles were reddishely ecchymosed however the rib cage was found intact.

Single obliquely transverse stab wound was present on back of right side of chest wall nearly 3 cm below the upper contusion already described but medial to it (6 cm right to midline) situated in the 9th inter costal space. The wound was 2.8 cm x 1 cm. size. The wound was situated at the height of 4’6" from feet while height of deceased was 5’8". Lower end was broad and was extended downwards for 0.5 cm which showed serration effect. The other end was narrow. On introduction of probe, the wound is directed posterior to anterior, right to left and slightly below upwards and is 12cm deep. Blood was coming out of the wound. On introduction of probe, some metallic object was found to be present in side (along the track). On opening the chest cavity from the front, a metallic knife blade was found insitu in the right thoracic cavity with the tip placed at 9th thoracic vertebral body level. The weapon after cutting inter costal muscles and right pleura has cut the base of right lung. and then had given a cut to the vertebral body of 9th thoracic vertebra of 1 cm length with 0.5 cm depth.

Tissues of posterior mediastinum from 9th
throracic vertebra to posterior aspect of heart were showing red ecchymosis with extensive hematoma and were cut. The pericardium was cut on posterior aspect, corresponding with through and through 1x0.2 cm cut on the posterior aspect of right atrioventricular junction and area just below it in obliquely vertical direction. Whole of the track of wound was extensively echymosed. Partially clotted blood was present in chambers of heart and pericardial cavity. Right and left thoracic cavities contained partially clotted blood of one and half litre amount respectively. The rest of the visceral organs were pale and healthy.

The weapon recovered insitu from right thoracic cavity was a 17.4 cm long metallic knife blade. One of the edges is sharp up to 13 cm length from tip, then it became blunt. The width of blade at 1 cm, 5cm, 8cm. and 14 cm away from tip was 1 cm, 2.6 cm, 2.7cm and 2.8 cm respectively. 5.5 cm length of the blunt edge of the knife was serrated (saw like). Hence maximum width is 2.8 cm. Whole of the article is soaked with blood.

The weapon and clothings were sealed and handed over to Police Constable concerned after the autopsy.

The autopsy surgeon opined the death to be due to shock and haemorrhage as a result of stab injury to the chest and homicidal in nature.

DISCUSSION

The recovery of weapon of assault in side the body is rarely reported in literature. None parts of the weapon of assault i.e. knife was visible from out side in the present case. How ever, it was on exploration of right thoracic cavity that it was discovered. The stab wound present on skin showed serration effect on lower margin near extended end, which corroborated with serrated margin of the weapon. It is proposed in the present case that when the weapon was thrust in side the chest cavity, it went on cutting and piercing the structures of thoracic cavity including lung and then made sharp cut to the 9th thoracic vertebral body and then was deflected anteriorly on to the posterior aspect of heart. While attempt was made to withdraw the weapon the handle of it was detached, may be due to getting stuck in one of the internal structures or imperfect fitting of handle with blade. A part of the blade might have been projecting out side, which when the deceased felled down on the ground in supine position arguably tilted on right side, got thrust in side, in the process might have extended one of the edges of the stab wound over the skin as described. The weapon could not deviate/ displaced upwards / downwards as it was limited by ribs. The assailant then fled away from scene of crime with handle of the weapon. The pattern of hypostasis corroborated the supine position of the body for considerable period. The two contusions on back were caused by hard, relatively heavy and blunt object with more than 5cm width and more than 7 cm length. Except for another abrasion over forehead, no other injuries were present over the body surface. The characteristics of the single stab wound and other injuries made the opinion regarding the nature of death to be quite easy i.e. homicidal. Ordinarily presence of injuries to be caused by two distinctly different types of weapons suggests involvement of more than one assailant which was later confirmed by history and circumstantial evidences.

Reference