Medico Legal Diagnosis & Pattern of Injuries with Sharp Weapons
*Dr. D. S. Bhullar, **Dr. K.K. Aggarwal
*Assistant Professor,
** Additional Professor
Department of Forensic Medicine & Toxicology,
Government Medical College, Patiala (Punjab)

Abstract
Out of one hundred cases examined in GGS Medical College Faridkot during the period from July 2006 to September 2007 who sustained injuries with sharp weapons, majority (58%) were in the age group of 21-40 years, males (92%) with simple injuries (80%) and with light sharp weapons. Upper limbs were the parts of body with injuries in majority (47%) of cases followed by head (17%) and mixed type (14%). Nature of injury was homicidal in 60% cases followed by 34% cases with fabricated or strongly suspected fabricated injuries. This is a retrospective study to document pattern of injuries with medico-legal diagnosis to ascertain the type of injuries in the disbursement of justice.

Key Words: Indian Penal Code, Dangerous weapon, Grievous hurt, Expert witness, Indian Evidence Act, Fabricated injury, Defence wounds.

Introduction:
Under Sections 324 & 326 of Indian Penal Code, 1860 instruments for cutting causing sharp injuries on human body have been described as dangerous weapons and the punishments for causing grievous hurt with these weapons is more than resulting in simple hurt or grievous hurt without using dangerous weapons on human body.(1) From the medico legal point of view, every injury recorded by the doctor who has examined the injured, is important and needs to be medico legally diagnosed in the right perspective in the disbursement of justice as a doctor is an “expert witness” in a court of law as per section 45 of Indian Evidence Act, 1872 (2) The detailed and accurate record of the injuries and other relevant particulars of the injured noted during medico legal examination, form the basis of medico legal diagnosis and epidemiological observations in the criminal justice system.

Observations:
Important observations in the study of the 100 cases examined in the causality department of GGS Medical College Faridkot with injuries sustained from sharp weapons were:

1. Age wise distribution of cases:
   a. 0-20 years: 12%
   b. 21-40 years: 58%
   c. 41-60 years: 28%
   d. Above 60 years: 2%
Maximum incidence of cases was in the younger age group of 21-40 years followed by middle aged generation and minimum incidence in the extremes of life.

2. Sex wise distribution of cases:
   a. Male: 92%
   b. Females: 6%
   c. Male Child: 2%
The incidence was more than 15 times in males than to females.

3. Type of weapon:
   a. Light sharp: 92%
   b. Heavy sharp: 7%
   c. Pointed weapon: 1%
In majority of cases the type of weapon used was light sharp.

4. Nature of Injuries:
   a. Simple: 80%
   b. Grievous: 10%
   c. Simple & grievous: 7%
   d. Dangerous: 3%
The incidence of simple injuries was eight times compared to grievous injuries.

5. Type of injuries
   a. Homicidal: 60%
   b. Fabricated: 34% (or strongly suspected to be fabricated)
   c. Dangerous: 6%
The number of cases with fabricated or strongly suspected fabricated injuries was much higher than expected being self suffered or self inflicted to support a false charge of assault with weapons described as dangerous under Sections 324 & 326 of IPC and to enhance the gravity of false charge.

6. Distribution on body parts:
   a. Upper limbs: 47%
   b. Head: 17%
   c. Face & Neck: 6%
   d. Chest: 2%
   e. Back: 5%
   f. Chest & back: 1%
   g. Lower Limb: 8%
   h. Mixed parts: 14%
Peripheral non vital parts of the body including upper & lower limbs and back were involved in majority (60%) of cases followed by injuries on the body parts with vital organs underneath in more than 20% cases.

Discussion:
In all Government hospitals a medical officer or a casually medical officer may be asked to examine an injured person. The details of this examination must be entered in an Accident Register which is a confidential record and if required by a court of law has to be produced in the Court. [3] Offences of a widely differing nature may be inflicted with widely different instruments in infinity of ways, and demand a consideration of certain general principals before the examination of each in detail. The character of an injury caused by some mechanical force are dependent on the nature and shape of the weapon, the amount of energy in the weapon or instrument when it strikes the body, whether it is inflicted upon a moving or a fixed body and the nature of the tissue involved.

Sharp cutting instruments result in incised wounds i.e. a clean cut through the tissues, usually skin and subcutaneous tissues, including blood vessels. Blood escapes freely through the wound to the surface and the incised wounds have length rather than depth and tend to gape.

The pattern of injury is of great importance in determining whether the wound is self-inflicted or not. Self-inflicted wounds show obvious deliberation and although they are occasionally inflicted in an attempt to achieve publicity, their pattern will be similar to that seen in deliberate attempts at self-destruction.

Non-fatal self-inflicted incised wounds are not uncommon in cases where suicide has been achieved by some other means. Cutting one’s throat is a form of suicide more common in men than women. Most commonly the preliminary non-fatal injuries consist of a number of superficial incisions across the front of the wrist but they may appear elsewhere on the body. The characteristic features are that the cut area is bared, the wounds are usually tentative in nature, multiple and parallel, or in parallel groups. Another feature of self-inflicted incised wounds is that the clothing is removed from the part of the body which is injured and no damage is done to features. Defence wounds are not uncommon upon victims of assaults with sharp penetrating or cutting instruments. They arise when the victim attempts to defend and are common on the palmer surfaces of hands when there has been an attempt to grab the weapon or upon the arms when the victim has attempted to ward off the weapon[4] Incised wounds are usually suicidal, then homicidal and only occasionally accidental. Self-inflicted incised wounds are superficial, multiple, grouped together, parallel to each other, placed on the approachable parts of the body, more commonly on the anterior aspects of the forearms. Inner aspects of thigh and lateral aspects of upper arms and the wounds are directed towards centre of the body. Homicidal incised wounds may be on any part of the body, including the unapproachable parts. More than one severe wound at more than one site is common. Accidental wounds may be present anywhere on the body and may be of any severity. There is no mark of resistance on the body or no sign of struggle at the place. [5] Many doctors are ignorant of the legal outcome of their medico legal reports. Ignorance of law excuses no man, not all men know the law, but because it is an excuse every man can plead, and no one can refute him. The law may be an ass, but more often it makes an ass of those who try to circumvent it. [6] In assault cases, apart from detail of injuries sometimes description of pattern of tears in apparel is a valuable tool to ascertain the weapon of offence an examination of apparels is very valuable clue to ascertain the weapon of offence. [7] Cut throat is not a very common method preferred for committing suicide. Homicidal cut throat is more commonly seen in our country. The common methods used for committing suicide in our country are hanging, poisoning, burns, jumping from height, drowning, firearms, stabbing etc. Suicidal incised wounds are found most commonly in the neck and are usually associated with hesitation cut wounds. [8] Modern criminal investigation is teamwork of several experts working in close collaboration with law enforcing agencies with common objectives to arrive at the truth. The role of forensic expert is to help in the administration of justice. The qualities needed in forensic expert is qualification, training & experience to identify the problem with professional knowledge, observe accurately and interpret the results properly so as to form a scientific conclusion and to furnish opinion on his findings.[9] The increasing criminal behaviour of the injured, the easy access to courts, as well as easy availability of legal assistance has brought new dimensions to the medico legal work and the legal expectations from a medical man, therefore, have also changed in equal proportions.[10] Medical officers are to be trained for how to write a “certificate” or “report”, so that all the supporting facts to conclude the opinion are mentioned properly and with possible scientific deviation and limitation without giving undue weightage to the observes facts.[11]
Conclusions:
1. A forensic medicine specialist being an expert witness should be able to diagnose the medico legal injuries in their right perspective to help the investigating authorities and the courts of law for their logical conclusions.
2. Apart from playing the role of an expert witness, he must also maintain the comprehensive data pertaining to the injured and the injuries for epidemiological records to assist in the surveys pertaining to the crimes on humanity for behavioural treatment of the criminals and the assault victims.
3. Injuries caused by or sustained from sharp edged weapons may be suicidal, homicidal, self-suffered, self-sustained or accidental but certain medico legal parameters definitely help to diagnose the nature or mode of these injuries.

References:
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2. Indian Evidence Act, 1872.
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