

A retrospective review of homicidal death in and around Silchar, Assam – Autopsy based study

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Abstract

The highest level of aggression found in all culture is the killing of an individual by another. Despite having the required law and also the enforcement of the same, there is rise in incidence of homicide worldwide and also change in pattern but motive remaining almost the same i.e. lust for money, property and women. The objective of the present study was to analyse the incidence of homicides in Silchar Medical College and Hospital, Silchar, Assam in relation to age, sex, religion, injury pattern, organ involved, weapon used, cause and mode of death between August 2014 to July 2015 and measures to reduce such incidence. Out of the total 705 autopsies done, 39 were alleged homicidal autopsies. Most of the victims were predominantly male 29 (74%) and belonged in the age group 20-30. Blunt weapons caused the majority of the injuries. Multiple assaults were seen on the body in most of the cases. Injuries caused in more than a single thrust indicated the presence of both mens rea as well as actus rea.

Key Words: Homicide, autopsy, injury, weapon.

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audio-visual apparatus through television transmission, modern motives and crime fiction stories without any inhibition and control over quality and variety of material in them.

MATERIALS AND METHODS

The present retrospective Study was carried out from 1st August 2014 to 31st July 2015 at Department of Forensic Medicine, Silchar Medical College and Hospital, Silchar, Assam. During the study period, 705 post mortem examinations was carried out, out of which 39 cases were opined to be homicidal in nature. The required data collected from the post-mortem reports and the relevant police documents with due consideration to the concealment of the identity of the victims and the actual addresses. Aim and objective of the study is to assess the prevalence of homicidal death in relation to various epidemiological factors and to determine the patterns of injuries sustained by the victims, particular body area(s) involved, type of weapon(s) used and the cause of death. Cases of death following Burn injury, drowning, poisoning, road traffic accidents and fall from height were excluded from this present study. The necessary clearance from the institutional ethical committee has been obtained.

INTRODUCTION

“Homicide” is defined as killing of one human being by the act of another and is considered as an expression of aggression in its most extreme form. IPC Sec. 299 lays down what is culpable homicide and sec. 300 lays down what is murder. The presence or absence of the mens rea / the actus rea categorises the culpable homicide either as amounting to murder (S.299 IPC) or not amounting to murder (S.304 IPC). Punishment of murder (S.302 IPC) is death or imprisonment for life and also fine. The various patterns of homicidal deaths include assault by sharp weapon, blunt weapon, firearm, strangulation, homicidal hanging, smothering, drowning, burns, poisoning etc. The crime is nowadays propagated through the most advanced

RESULTS AND OBSERVATIONS

Prevalance: Out of total 705 autopsies carried out during the period July 2014 to August 2015, 39 (5.53 %) were found to be homicidal in nature. Similar findings was obsered in study done by Sinha *et al* 5.9%, Akshat Vij *et al* 5.30% and Shivakumar *et al* 4.76%. But incidence is highest according to the study done by Murty *et al* 15.1% and Rekhi *et al* (53.6%) which may be due to increased prevalence of homicidal death in their respective places.

Table 1:

Total no. of autopsies	No. of homicidal death	Percentage
705	39	5.53%

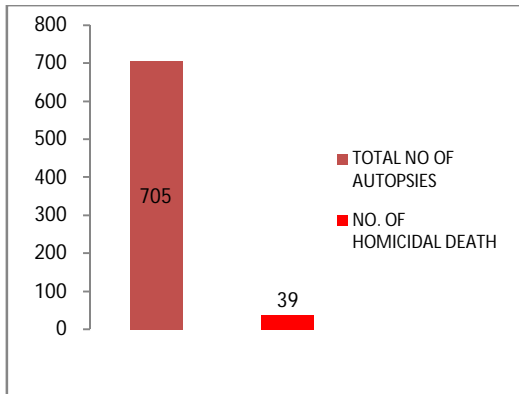


Figure 1:

Sex of victims: Out of 39 victims, 29 (74.36%) were males and 10 (25.64%) females. Similar rate is reported in by Ashok K. Rastogi *et al* 71.75%, Bassapa S. Huger *et al* 71.75% and Pranab Prajapati *et al* 78.31%. Reason being may be due to higher mobility and more socially activeness makes male more vulnerable to get involved in violent acts in the era of competitive world.

Table 2:

Sex	No. of cases	Percentage
Male	29	74.36
Female	10	25.64
Total	39	100

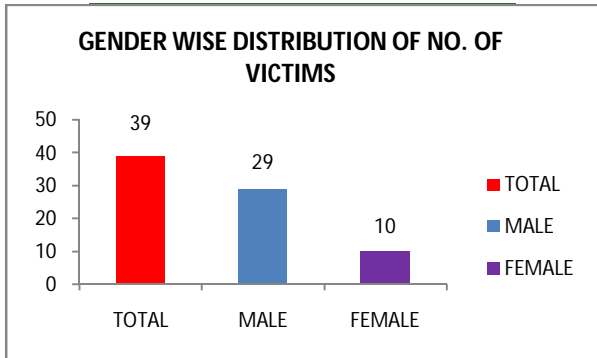


Figure 2:

Age Distribution: The commonest age group in the present study was 20-30 years with 13 (33.33%) cases followed by 10-20 years and 40-50 years with 7 (17.95%) cases each. There were 6 (15.38%) cases in the age group 40-50 years and 4 (10.26%) cases in the age group 50-60 years. Age group 60-70 years and 70-80 years were least involved with 1 (2.56%) cases each. which coincides with the study done by Dhiraj Buchade *et al*, Ashok k. Rastogi *et al*, Dikshit and Kumar *et al* and Shah Jainik P *et al*. The cause for highest incidents in this age group were unemployment, marital disputes, unsuccessful romantic disputes, infidelity, dowry related death, gang rivalry and arguments.

Table 3:

Age Group In Years	Total No. Of Cases	Percentage
0--10	0	0
>10--20	7	17.95
>20--30	13	33.33
>30--40	6	15.38
>40--50	7	17.95
>50--60	4	10.26
>60--70	1	2.56
>70--80	1	2.56
>80--90	0	0
Total	39	100

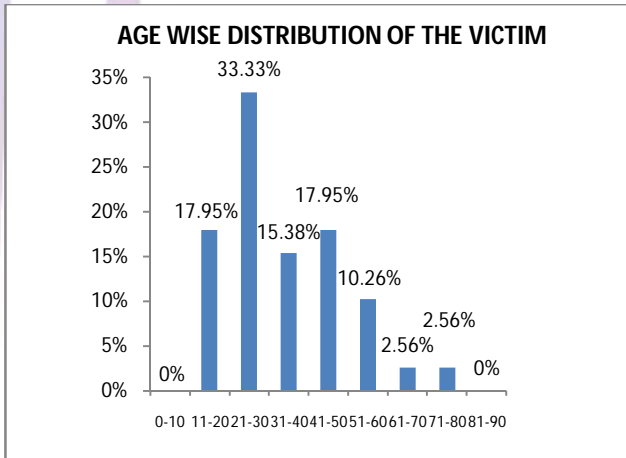


Figure 3:

Types of assault weapon used: Table no. 4 shows the types of weapon used for mens rea. In our study 58.97% of cases sustained blunt weapon injuries followed by 28.21% sharp weapon injuries and it coincide with the previous study by Gambhir *et al*, Dikshit *et al*, Pranab Prajapati *et al*, Dhiraj Buchade *et al*, Ashok k. Rastogi *et al*, reason behind it might be these objects are easily available everywhere. According to study done by Shivakumar *et al*, Ghangale *et al*, Shah Jainik P *et al*, Shetty *et al*, Agarwal and Bansal *et al* sharp weapon is more commonly used followed by blunt weapon. Firearm is most commonly used weapon in study done by Marri MZ *et al*, Sinha US *et al*.

Table 4:

Types of Weapon	No. of Cases	Percentage
Blunt	23	58.97
Sharp	11	28.21
Sharp+Blunt	1	2.56
Firearm	2	5.13
Firearm+Sharp	2	5.13

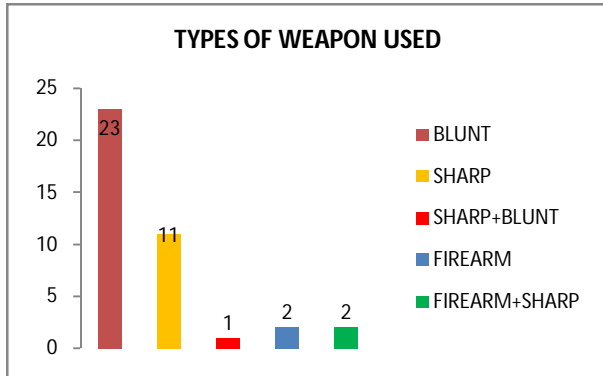


Figure 4:

Body area distribution: Head and face was maximally involved with 34 (87.18%) cases followed by neck with 18 (46.15%) cases, chest with 15 (38.46%) cases, upper limbs with 12 (30.77%) cases and abdomen with 11 (28.21%) cases. Lower limbs were least involved with 3 (7.69%) cases only. Similar findings were noted from studies done by Akshat Vij, Anand Menon *et al*, Dhiraj Buchade *et al*, Shah Jainik P. *et al*, Pranab Prajapati *et al*, Prashanth Mada *et al*. But in the study done by Marri Mz *et al* in Pakistan in 2006 chest area was found to be most commonly involved which may be due to increased incidence of firearm in Pakistan.

Table 5:

Body Area Involved	No. of Cases	Percentage
Head And Face	34	87.18
Neck	18	46.15
Upper Limb	12	30.77
Chest	15	38.46
Abdomen	11	28.21
Lower Limb	3	7.69

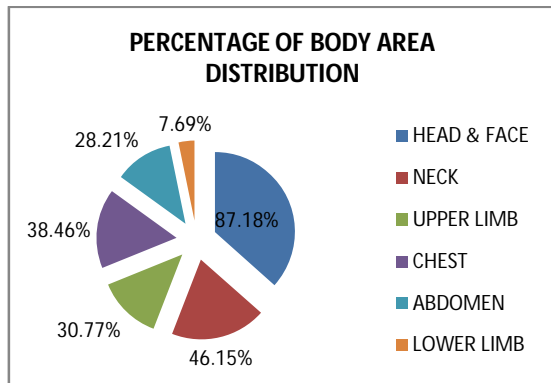


Figure 5:

Cause of death: In majority of the cases, i.e., in 43.58% cause of death was due to shock and haemorrhage followed by asphyxia in 35.90% of cases and our study have similar findings done previously by Dhiraj Buchade *et al*, Ashok K. Rastogi *et al*.

Table 6:

Cause of Death	No. of Cases	Percentage
Coma	12	10.26
Instantaneous	9	10.26
Asphyxia	7	35.90
Shock and haemorrhage	11	43.58
Total	39	100.00

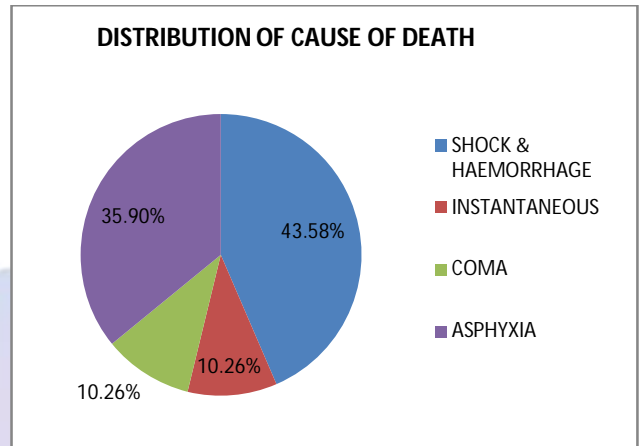


Figure 6:

Time since death: In our study 10.26% victim died on the spot. Majority of the victims 87.19% died within 24 hours of the incidence followed by 10.25% by 24-48 hours. According to the previous study by Avaneesh Gupta *et al*, Bassapa S. Huger *et al* majority of the victims died on the spot.

Table 7:

Survival period	No. of cases	Percentage
Spot death	4	10.26
Within 1 hour	11	28.21
1-2 Hours	7	17.95
2-6 Hours	5	12.82
6-12 Hours	5	12.82
12-24 Hours	2	5.13
24-36 Hours	3	7.69
36-48 Hours	1	2.56
more than 48 hours	1	2.56
Total	39	100.00

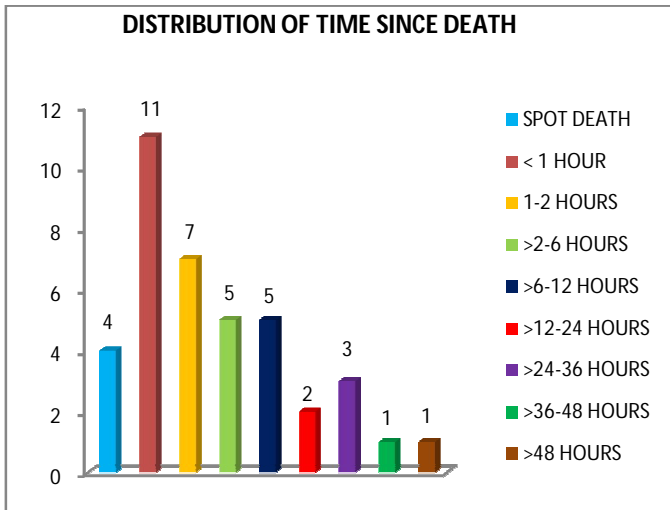


Figure 7:

SUMMARY AND CONCLUSION

1. Incidence rate of Homicidal death was 5.53%. Maximally affecting age group was 20-30 years with male predominance.
2. Fatal injury over head is observed in majority of the cases where blunt weapon is most commonly used.

3. Most of the cases showed multiple injuries indicating criminal intent of the assailants.
4. Most cases died within 24 hours after the incident.

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