Original Article

Weapon of Offence Used in Bodily Medico Legal Injuries in a Rural Area

1. Iftikhar Ahmad 2. Nighat Seema 3. Muhammad Humayun 4. Alvina Raja.

1. Asstt. Prof. of Forensic Medicine 2. Asstt. Prof. of Forensic Medicine AMC, Abbottabad 3. Assoc. Prof. Forensic Medicine, BMC, Bannu 4. Asstt. Prof. of Forensic Medicine, AMC, Abbottabad.

ABSTRACT

Objective: The primary objective was to study about different weapon of offence, used in inflicting bodily medico legal injuries in a rural area of Khyber Pakhtoonkhuwa.

Materials and Methods: the study is a record based research, 55 cases were selected, which were consecutively recorded from the previously registered MLC cases in a rural area, data of types of weapon used in offences along with preliminaries data was recorded from the record and analyzed.

Results: in 55 cases the weapon of offence used were blunt weapon, sharp heavy edged, sharp light edged, Fire arm and road traffic accidents' there were total 37 (67.3%) cases of blunt weapon, of which 31(64.6%) were of male and 6 (85.7%) of female, only 1 (2.1%) of male were injured with sharp heavy edged weapon, while non of female was hurted with such weapon, 3 (6.25%) of male and 1 (14.3%) of female were injured by sharp light edged weapon, total of 5.5% were hit by fire arm, and 18.2% cases were of RTA.

Conclusions: our study reflect the true picture of rural society where the female population suffered less as compared to male, due to their conservativeness, weapon was used 48 (87.3) times against male population and 7 (12.7) time against female which prove that it is true that, in the society of pathans in KPK province female and children are spared in the enmity disputes.

Keywords: Wound, Injury, Hurt, Assault, Battery, Weapon

INTRODUCTION

Before defining the term weapon, it is necessary to define certain other things, which will not only be made to understand themselves, but they will also help us to create some idea about the weapon which have compulsory role in their infliction .wound, means a solution or disruption of the anatomical continuity of any tissue of the body. Injury, is defined as any harm whatever illegally caused to any person in the body, mind, reputation or property, and injuries caused by application of physical violence or force to the body are known as mechanical injuries.1 Hurt; in law means, causing of pain, harm, disease, infirmity, injury or impairing, disabling or dismembering any organ of the body or part thereof without causing death, and they are classified on the bases of part of the body involved and manner of infliction.²

The wound, bodily injuries and hurt are caused by the application of force directly or indirectly along with other contributory factor e.g. the specific effect of the force, area over which the force act and the time taken over which the Kinetic energy is transferred.^{3,4}

The attempt to apply force or to offer threat to the body of another one is termed in law as **Assault** while the Battery is the term used when the force is actually applied to the body of another one e.g. punching some one or plucking of cloths1.¹

Weapon by definition is any instrument or object which when used is likely to cause injury, wound or hurt which may or may not lead to death, but if it causes the death or likely to cause the death of the victim than it is turned as dangerous weapon.⁵ The weapon of offence is one which is used when the offence is committed, in committing crimes different things or weapon are used, they may be punches, shoes, sticks, knives, needles, firearms, transporting machines, heat or chemicals or fire, electricity, radiations and even water. All these things can be said the weapon of daily utility, but they are termed weapon of offence when offence is committed by use of any of them. The common dangerous weapon of offence among blunt weapon are sticks, stones etc among sharp weapon are light weapons with sharp cutting edge e.g. knife and razors etc, and heavy weapons with sharp cutting edge e.g. hatchet, axe etc, among pointed weapons are daggers, ice picks etc, and firearms may be smooth bored

It is possible to infer the type of weapon used in the assault or crime from an examination of wound, injury pattern and findings in cloths. The hard blunt object can cause abrasions, contusions, lacerations and fractures either singly or in combinations depending on the surface of the object, severity of blow and the part of the body struck. The surface of the weapon of offence coming in contact with the body may some time bear the pattern and give a clue to the weapon used e.g. chain, hammer

etc. some time the injury caused by blunt force or object may resemble incised wound of sharp weapon, but careful examination with magnifying lens will reveal the true nature of laceration caused by blunt weapon, similarly the wound caused by sharp cutting weapon have clean cut edges and one caused by jagged edges of metal or glass will resemble this but on examination it will have irregular shape and bruised edges. The wound caused by heavy weapon with sharp edges will have chop wounds and the edges of it will show bruising and marked destruction of under lying tissue, the dimension of such wound will correspond with the cross section of penetrating blade of the weapon. The pointed weapons cause specific wounds called penetrating or perforating wounds the weapon give specific shape to it, and if the wound is caused by fall on sharp pointed object, the broken pieces of it may be detected by lens in the depth of wound.6-8 The fire arm wound also have there characteristic pattern by which the weapon can be identified weather it is smooth bored or rifled, so the injury pattern is playing important role in the identity of weapon of offence, self inflicted wounds and defense

It is the duty of the medical examiner to identify the weapon of offence, some time the weapon is brought by police along with victim or later during investigation, so he should ascertain, if the injuries could have been caused by the kind of weapon and in the manner as alleged by police or victim. The kind of weapon used can be judged from an examination of weapon for its appearance, weight, dimension and tip etc with special reference to the wound e.g. size, shape, margins, edges and direction etc. the weapon must also be examined for certain relevant things e.g. stains, the wound for broken pieces, cloths for tear or hole and blackening and its correspondence or correlations.

The medical officer, if is convinced that the injuries are such as could not have been caused by the kind of weapon and in the manner suggested by police or the victim, he should record it so as to avoid unnecessary cross examination at the time of evidence and to withstand justice. The weapon should be described and labeled in such a way that, it is identifiable during evidence and it should be covered with private seal, singed and the signature of the constable should be taken who receive it. 9,11

MATERIALS AND METHODS

A medico-legal center of a Tehsil Headquarter level of Oghi of district Mansehra was selected. It was a record research, the record of retrospectively recorded cases was taken, researched and record was formed in a Performa. The total time interval of the recorded cases in profarmas was 4 months from February to June 1991. The research was done on cases recorded consecutively, A questionnaire was developed to record the

preliminaries, findings and opinion about injuries and the weapon of offence, the previous record was taken and from a recorded point in time, the onward record was searched of the selected population sample of victims and data of the recoded informations were made from the medico legal register, such registers are always maintained at such centers for the memory of MLO and court or judicial matters. The collected data was subjected to analysis and the results were interpreted.

RESULTS

females. (Table-2)

From the record of the said MLC,s, 55 recorded cases were selected, 48 (87.3%) were males and 7 (12.7 %) females, the mean age of male was 36.92±14.003 and that of female was 43,29±10.111 while the frequency of males getting injured was at higher rate. (Table-1) Occupation of most of the victim was forming making 23 (47.9%) of males and manual male worker were 7 (12.7%), salaried class 7 (12.7%) in males and 0% in

Table-1: Gender and Mean±SD of age in years

Gender	Number	Percent	Mean ± SD
Male	48	87.3	36.92 ± 14.003
Female	7	12.7	43.29 ± 10.111
Total	55	100.0	37.73 ± 13.661

Table-2: Occupation of victims

able-2. Occupation of victims					
Male	Female	Total			
23 (47.9%)	0	23 (41.8%)			
7 (14.6%)	0	7 (12.7%)			
1 (2.1%)	0	1 (1.8%)			
1 (2.1%)	0	1 (1.8%)			
7 (14.6%)	0	7 (12.7%)			
5 (10.4%)	0	5 (9.1%)			
4 (8.3%)	7 (100%)	11 (20.0%)			
48	7	55			
	Male 23 (47.9%) 7 (14.6%) 1 (2.1%) 1 (2.1%) 7 (14.6%) 5 (10.4%) 4 (8.3%)	Male Female 23 (47.9%) 0 7 (14.6%) 0 1 (2.1%) 0 1 (2.1%) 0 7 (14.6%) 0 5 (10.4%) 0 4 (8.3%) 7 (100%)			

Table-3: Weapons used

Type of Weapon	Male No. (%)	Female No. (%)	Total No. (%)
Blunt	31 (64.6)	6 (85.7)	37 (67.3)
Sharp Edged Heavy	1 (2.1)	0	1 (1.8)
Sharp Edged Light	3 (6.2)	1 (14.3)	4 (7.3)
Firearm	3 (6.2)	0	3 (5.5)
RTA	10 (20.8)	0	10 (18.2)
Total	48	7	55

In case of males the blunt weapon was used in 31 (64.6%) cases while in case of females in 6 (85.7%) cases and total 37 (67.3%). The heavy sharp edged weapon was used in 1.8% cases and that was male,

while Sharp edged light weapon was used in 4 (7.3%) of all cases. The results of use of fire arm were 3 (5.5%) of all cases, the incidence of RTA was 10(18.2%). (Table-3)

DISCUSSION

In our study the total sample of population was 55 cases and as compared with other national level studies our results were matching, as the society sample under study is male dominated and females mostly remain apart from the daily involvement of life and are less exposed to disputes. The male victims were 87.3% while the female victims were 12.7%, this was compared to the study of an urban area of Lahore done in king Edward medical college in which male were 85.44% and female 14.56%. The mean age of males was 36.92 ± 14.003 while that of females was 43.29 ± 10.111 as compared with an other study at Lahore which had 62.91% of people of age 30 years, the occupation of most of them was forming and manual work., these results are reflecting the true situation of the society., and were compared to the study of Tajammal N, et al¹², their result showed that in her study the injuries were 26.76% due to Fire Arm, 17.85% due to Road Traffic Accidents and 10.80% due to sharp edged weapon. The weapon of offence used in our study were blunt 67.3%, sharp heavy edged 1.8%, sharp light edged 7.3%, Fire Arm 5.5% and Road Traffic accidents 18.2%.

CONCLUSION

In our study the common type of weapon of offence used was blunt and the female gender was affected less than males.

REFERENCES

- 1. Simpson K. Knight B. Forensic Medicine, London: Edward Arnnold Publisher Ltd; 1985.
- 2. Qisas and Dyat Ordinance 1991, amended 1997. Governament of Islamic Republic of Pakistan.
- Awan NR. Principles and practice of Forensic Medicine, 1st edition. Lahore Pakistan: Sublime Arts; 2004.
- 4. Mason JK. (editors) The Patholo of Violent Injury, 2nd edn. London: Edward Arnold; 1994.
- 5. Camps FE. (editor) In: Gradwohl's legal Medicine, 2nd (edition). Bristol UK: John wright& sons Ltd; 1968.
- 6. Di maio, D. and Di Maio, V.1989: Foresic Pathology. New York: Elsevier.
- 7. Shepherd JP, Shapland M, Pearce NX, Scully C. Pattern, severity and aetiology of injuries in victims of assault, Roy soc Med 1990b;83:75–8.
- 8. Camps FE. Recent advances in forensic pathology. London: J & A Churchill Ltd; 1969.

- 9. Knight B. The Post-Mortem Technician's Handbook: A Manual of Mortuary Practice. Oxford: Blackwell Scientific Publications; 1984.
- Walls HJ. Forensic Science: An introduction to scientific crime detection. (2nd Edition). London: Sweet & Maxwell;1974.
- 11. Boorman KE, Dodd BE, Lincoln PJ. Blood Group serology: Theory, Techniques, Practical applications, (5th edition). Edinburgh: Churchill Livingstone; 1977.
- 12. Tajammul N, Chaudhry TH, Hanif S, Bhatti MA. Profile of Medicolegal cases at Jinnah Hospital Lahore. Ann King Edward Med Coll 2005;11: 332–5.

Address for Corresponding Author:

Dr. Iftikhar Ahmad, Department of Forensic Medicine, Ayub Medical College, Abbottabad, Pakistan Cell: +92-300-5613983

Email: doctor_ia@yahoo.com