

**Original Article****The Incidence of Weapon used in Medicolegal Cases of Urban Area of Abbottabad****1. Nighat Seema 2. Iftikhar Ahmad 3. Muhammad Saleem 4. Saleem Afzal**

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**ABSTRACT**

**Objectives:** the objective of this study was to compare the use of weapon of offence in medico legal cases in urban area with the use of weapon in rural area in such cases.

**Study Design:** Comparative study.

**Place and Duration of Study:** A medico legal centre of an urban area of Shaheed Benazir Hospital Abbottabad was selected. The record of recorded cases was taken, researched and record was formed on Performa's, the total time interval of the recorded cases in Performa's was of two months (February to March 2011).

**Materials and Methods:** It is also a record based research retrospectively like the study of rural area, 55 cases recorded in a MLC centre of urban area of Abbottabad were recorded from the previously registered cases consecutively on designed Performa, Data of weapon used along with preliminary data was recorded of these registered cases and analysed.

**Results:** Among the 55 cases the weapon of offence used was Blunt, Sharp, Pointed, Fire Arm, RTA and others means thermal or chemical etc. The blunt weapon was used 33 ( 60% )cases, Sharp edged light weapon was used in 3 ( 5.5% ) cases, pointed weapon was used in 2 ( 3.6% ) cases, Fire Arm in 8 ( 14.5% ) cases, RTA cases were 8 ( 14.5% ) and others in 1 ( 1.8% ) cases.

**Conclusions:** The study represents the true picture of the province and society, being a comparative study it shows that there is not much difference in the society as a whole, in urban study no female was victimized among these 55 cases, the perpetrator used weapon only against male victims, which again shows less involvement of female population in daily disputes like rural area, the incidence of using Blunt weapon was higher, and the cases suffering from FAI and RTA were equal.

**Keywords:** FAI, RTA, MLC,

**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.<sup>1</sup> 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.<sup>1</sup> 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.<sup>2</sup>

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.<sup>3,4</sup>

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 cloths.<sup>1</sup>

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 then it is termed as dangerous weapon.<sup>5</sup> 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 punch, shoe, stick, knife, needle, firearm, transporting machine, heat or chemical or fire, electricity, radiation 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 stick, stone etc among sharp weapon are light weapons with sharp cutting edge e.g. knife and razor etc, and heavy weapons with sharp cutting edge e.g. hatchet, axe etc, among pointed weapons are dagger, ice pick etc, and firearms may be smooth or rifled bore.

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 combination 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 caused by 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 and bruised edges. The wound caused by heavy weapon with sharp edges will cause chop wounds and the edges 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 magnifying lens in the depth of wound.<sup>6-8</sup> 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 like in self inflicted wounds and defence wounds.

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. stain from victim or perpetrator, The wound for broken pieces of weapon in it, Cloths for tear or hole and blackening and its correspondence or correlations with injury and shape of weapon.

The medical officer, if 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 labelled in such a way that, it is identifiable during evidence, Should be covered with cloth and sealed, singed, The signature of the constable should also be taken who receive it.<sup>9,11</sup>

The use of weapon also has relation with demography, customs, religion and circumstances. Different people use different weapons, it also varies in different areas, different customs, and in different circumstances e.g. Bansdola or fire Arm in war situations.<sup>12-13,19</sup>

## MATERIALS AND METHODS

A medico legal centre of an urban area of shaheed Benazir hospital Abbottabad was selected. The record of recorded cases was taken, researched and record was formed on Performa's, the total time interval of the recorded cases in Performa's was of two months (February to March 2011). The research was done on cases recorded consecutively; a questionnaire was formed in the Performa to record preliminaries and opinion about the type of weapon of offence, researched and data of the recoded information were made from the MLC register. Such register were available for the memory of MLO and judicial matters. The collected data was subjected to analysis; results were interpreted and compared with our previous study about the use of weapon of offence in cases of a rural population sample of victims.

## RESULTS

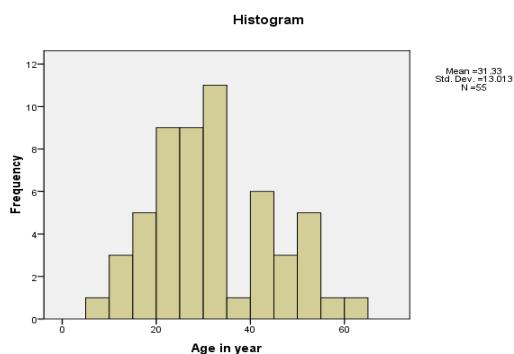
From the previously recorded MLC, cases of an urban area, 55 cases were selected, 100% were males and no female victim was there, the mean age of male was  $31.33 \pm 13.013$ , the occupation of most of the victims was in group of other type making 20 (36.4%), salaried were 14 (25.5%), businessman 11 (20%), manual workers were 6 (10.9%), professionals were 3(5.5%) and the least sufferer was class of formers making 1(1.8%).

The victims of other class had their mean age as  $27.50 \pm 15.969$ , the mean of age of salaried was  $33.71 \pm 11.405$  and those of business man were  $36.45 \pm 9.533$ .

The use of blunt weapon of offence was most common, making its use in 33(60%) cases the age of most of them was between 15 and 35 years, the use of fire arm and road traffic accident were same making 8(14.5%) and their age range was between 25 and 45 years, the sharp weapon was used in 3 (5.5%) cases their age group was 26–35 years and pointed weapon in 2 (3.6%) cases.

**Table No.1: Type of Weapons used**

Weapons	Frequency	Percent	Mean $\pm$ SD
Blunt	33	60.0	$31.61 \pm 14.029$
Sharp Edged Light	3	5.5	$31.00 \pm 2.646$
Pointed	2	3.6	$27.00 \pm 21.213$
Firearm	8	14.5	$31.62 \pm 8.943$
RTA	8	14.5	$29.38 \pm 14.947$
Others	1	1.8	$45.00 \pm 0$
Total	55	100.0	$31.33 \pm 13.013$

**Figure No.1: Age in Years****Table No.2: Occupation**

Occupation	Frequency	Percent
Farmer	1	1.8
Manual Worker	6	10.9
Professional	3	5.5
Salaried	14	25.5
Business	11	20.0
Others	20	36.4
Total	55	100.0

**Table No.3: Types of Weapon used \* Age Group Cross tabulation**

Types of Weapon used	Age Group (Years)					Total
	5-15	16-25	26-35	36-45	>45	
Blunt	3	10	10	4	6	33
Sharp Edged Light	0	0	3	0	0	3
Pointed	1	0	0	1	0	2
Firearm	0	2	4	2	0	8
RTA	1	2	3	0	2	8
Others	0	0	0	1	0	1
Total	5	14	20	8	8	55

**Table No.4: Types of Weapon used \* Occupation Cross tabulation**

Types of Weapon used	Occupation						Total
	F	MW	P	S	B	O	
Blunt	0	5	3	9	3	13	33
Sharp Edged Light	1	0	0	2	0	0	3
Pointed	0	0	0	0	1	1	2
Firearm	0	1	0	1	4	2	8
RTA	0	0	0	2	2	4	8
Others	0	0	0	0	1	0	1
Total	1	6	3	14	11	20	55

F= Former, MW=Manual Worker, P=Professional, S=Salaried, B=Business, O=Other

The mean age of victims against whom blunt weapon was used by perpetrators was  $31.61 \pm 14.029$ , mean age of victims of sharp weapon was  $31.00 \pm 2.646$ , and mean

of age of victims of pointed weapon was  $27.00 \pm 21.213$ , that of victims of fire arm was  $31.62 \pm 8.943$

## DISCUSSION

This is a comparative study to our previous study about the use of weapon of offence in medico legal cases in a rural area of province of KPK, and was also compared with a national level study of urban area done in King Edward medical college Lahore. The results of our study were representing the true picture of society which is male dominated, in this study there were no female victim while in the study of rural area a small group of female which was 12.7% were victimized by the use of weapon, The victims of this study were 100% male, that of rural area 87.3% and of urban study of Lahore 85.44%.<sup>12</sup>

The mean age of victims of this study was  $31.33 \pm 13.013$ , while in that of rural area study mean age was  $37.73 \pm 13.661$ .<sup>14</sup> The mean age of rural study, on whom blunt weapon was used  $31.61 \pm 14.029$ , the sharp weapon was used in the group of mean age  $31.00 \pm 2.646$  years, pointed weapon was used on group of mean age  $27.00 \pm 21.213$  and the mean of age of victims of FA was  $31.62 \pm 8.943$ .<sup>14</sup> In this urban study the age group involved mostly was between 25 and 35 years and in rural area 62% were of age 30 years.

The occupation of victims in this study mostly was in other group e.g. students, making 20 (36.4%), salaried 14 (25.5%), business 11 (20.0%) and the least involved were former about 1.8%, while in rural study the formers were 23 (47.9%), salaried and manual worker 7 (14.6%), business man 5 (10.4%) and least has occupation as vocational.<sup>14</sup> This also shows the true difference in both areas working fields.

The weapons of offence used in this urban study of our is as, the blunt weapon was used in 33 (60.0%) cases, sharp in 3 (5.5%), pointed in 2 (3.6%), FA and road traffic accidents had 8 (14.5%) victims and others victims were 1.8%. The rural study had victims of blunt weapon about 31 (64.6%), sharp weapon 4 (8.3%), FA 3 (6.2%), RTA 10 (20.8%).<sup>14</sup> In comparison to our urban study the urban study of Tajammal N, *et al*<sup>12</sup> and Sultana K *et al*<sup>17,18</sup>, shows use of Fain 26.76% victims, 17.85% victims were due to RTA, and 10.80% victims were due to use of sharp weapon.

## CONCLUSION

In both of our studies the true picture of the province is presented and compared with the national scenario, The true difference between urban and rural attitude toward the use of weapon has been reflected, Due to the less involvement of female in life matters and less exposure to routine disputes, less time weapon has been used against them. The type of weapon mostly used was blunt, and the age group mostly involved in crime is

between 20 and 40 years and dangerous weapons were used by the perpetrators of age between 25 and 35 years.

## REFERENCES

1. Simpson K, Knight B. *Forensic Medicine*, London: Edward Arnhold Publisher Ltd; 1985.
2. Qisas and Dyat Ordinance 1991, amended 1997. Government of Islamic Republic of Pakistan.
3. Awan NR. *Principles and practice of Forensic Medicine*, 1<sup>st</sup> ed. Lahore Pakistan: Sublime Arts; 2004.
4. Mason JK, editor. *The Pathology of Violent Injury*, 2<sup>nd</sup> ed. London: Edward Arnold; 1994.
5. Camps FE, editor. In: *Gradwohl's legal Medicine*, 2<sup>nd</sup> ed. Bristol UK: John wright & sons Ltd; 1968.
6. Di Maio D, Di Maio, V. *Forensic Pathology*. New York: Elsevier; 1989.
7. Shepherd JP, Shapland M, Pearce NX, Scully C. Pattern, severity and aetiology of injuries in victims of assault, *Roy soc Med* 1990;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.
10. Walls HJ. *Forensic Science: An introduction to scientific crime detection*, 2<sup>nd</sup> ed. London: Sweet & Maxwell; 1974.
11. Boorman KE, Dodd BE, Lincoln PJ. *Blood Group serology: Theory, Techniques, Practical applications*, 5<sup>th</sup> ed. 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.
13. Rao NG. *Text book of Forinsic Medicine*, 2<sup>nd</sup> ed. Japanese Brothers; 2010.p.
14. Ahmad I, Seema N, Humayun M, Raja Alvina. Weapon of offence used in bodily medicolegal injuries in a rural area. *Med Forrum* 2011; 22(5): 51–3.
15. Blood Group serology: Theory, Techniques, Practical applications, Kathleen e. Boorman, Barbara E. Dodd, P J Lincoln, 5<sup>th</sup> ed. Edinburg: Churchill Livingstone; 1977.
16. Krogman WM editors. *The Human skeleton in Forensic Medicine*. Springfield: Charles C. Thomas Publisher; 1962.
17. Sultana K, Anwer MA, Faizuddin. Trend of Medicolegal cases and their Postmortem Examination at Accident and Emergency Department of Jinnah Postgraduate Medical Centre, Karachi. *Ann Abbasi Shaheed Hosp Karachi Med Dent Coll* 1999;4:143–5.
18. Sultana K, Faizuddin, Ahsan R. Pattern of injuries during the last eight years (1991 - 1998) cases reported to Medicolegal Section JPMC, Karachi. *Ann Abbasi Shaheed Hosp Karachi Med Dent Coll* 1999;4:155–6.
19. Seema N, Ahmad I, Mughal S, Khan D, Khan O. Frequency and types of bodily medico-legal injuries in a rural area. *J Ayub Med Coll Abbottabad* 2010;22(2):93–5.

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