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## A medico: Legal study of homicidal death in Varanasi District (Uttar Pradesh)

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### Abstract

**Introduction:** Homicide is the killing of one human being by another human being is the most serious crime in any civilization and leading cause of unnatural deaths. Previous enmity, Land dispute, money including dowry, love and extra marital affairs are the main motive behind these crimes executed with the help of Blunt weapons, sharp weapons, firearms, strangulation, homicidal hanging, smothering, drowning, burns, poisoning etc.

**Material and Methods:** Present study was carried out with the help of cases brought for Post-mortem examination in the mortuary of Department of Forensic Medicine, Institute of Medical Sciences (IMS), Banaras Hindu University (BHU), Varanasi, over a span of 1<sup>st</sup> October 2016 to 31<sup>st</sup> march 2018.

**Observation and Results:** Homicidal deaths were recorded in 200 cases with firearm injury is the most commonly observed.

**Discussion:** homicidal deaths by firearm injury among average built victims because of previous enmity was main pattern observed in this study. Shock was the common mode of death followed by coma.

**Keywords:** Homicidal death, motive, medico legal etc.

### Introduction

Homicide is defined as killing of one human being by another human being, due to highest level of aggression in all social groups. According to UN's Global Study on Homicide, it is the intentional act of taking another person's life, not including killings that occur within warfare and other such conflicts. Homicide is the gravest offence meriting maximum punishment described in Indian Penal Code. Two elements of crime, Mens-rea and Actus-reus should work together to commit murder. The main motives behind the homicidal deaths are revenge, money disputes, land disputes, love triangle, extra marital affairs and political gain. Assaults by Blunt weapons, sharp weapons, firearms, strangulation, homicidal hanging, smothering, drowning, burns, poisoning etc. are various patterns of homicidal deaths throughout the globe. Use of firearm for homicidal death is increasing day by day in developed and developing countries, because of easy availability of technically advanced firearms and increasing areas of terrorist groups. With increasing population and needs the incidence of homicide is also increasing in India. Thus the present study was carried out to assess the most group, types of weapon used, types of fatal injuries and motives involved in order to get a better perspective of the situation in the present paper we are dealing with medico legal factors affecting the pattern of homicidal death in Varanasi region [1-6].

### Material & Methods

Present study entitled "A socio - epidemiological study of homicidal death in Varanasi district in Uttar Pradesh" is carried out with the help of cases brought for Post-mortem examination in the mortuary of Department of Forensic Medicine, Institute of Medical Sciences (IMS), Banaras Hindu University (BHU), Varanasi, over a span of 1<sup>st</sup> October 2016 to 31<sup>st</sup> march 2018. During this period total 2976 postmortem were conducted in Department of Forensic Medicine, IMS, BHU, Varanasi, Out of which 200 cases were taken for this study which included homicidal death. Collection of data includes questionnaires relevant to homicidal death and interview sessions at the time of autopsy with the concerned investigating officer, parents of the victim, other family members and relatives of the victim, neighbor's and other persons accompanying the deceased. Data also collected from police inquest, post-mortem register and reports, hospital memos in hospitalized cases, death certificate if hospital death is there, suicide notes/other relevant reports etc. This study does not include suspected burn cases of dowry death and suspected poisoning cases because of procedural delay of viscera examination.

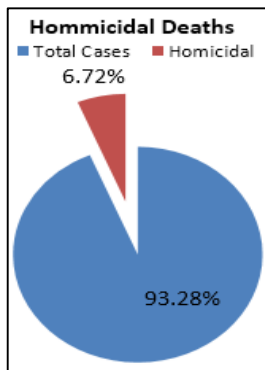
**Observations and results**

During the study period from 1<sup>st</sup> October 2016-31<sup>st</sup> March 2018, a total 200 homicidal death cases were recorded out of 2976 medico-legal postmortem examination conducted at the mortuary of Department of Forensic Medicine, Institute of Medical Sciences, and Banaras Hindu University.

**Table 1:** Showing incidence of homicidal death in medico-legal autopsies.

Duration	Total cases	Homicidal deaths	Percentage
1 <sup>st</sup> October 2016 - 31 <sup>st</sup> March 2018	2976	200	6.72%

Table 1 shows incidence of homicidal death were recorded in 200 cases (6.72%) out of 2976 medico legal cases, suggesting that the incidence of homicidal deaths were fairly low in Varanasi region.

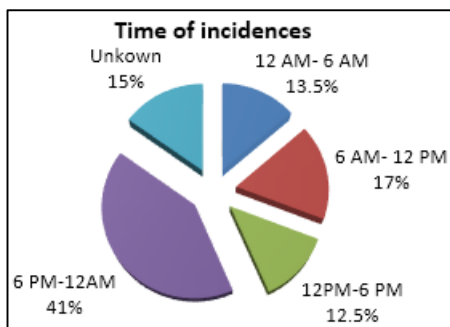


**Chart 1:** Distribution of homicidal deaths

**Table 2:** Showing time of incidence of homicide

S. No.	Time of Incidence	Total No	Percentage
1	12A.M.to 6.A.M.	27	13.5
2	6 A.M.to12.P.M.	34	17
3	12P.M.to 6P.M.	25	12.5
4	6P.M.to12.A.M.	82	41
5	Unknown	30	15
	Total	200	100

Table 2 shows the incidence of homicidal death during most probable time zone of deaths. The majority of 82 cases (41 %) were recorded between 6 p. m. to midnight. Thirty four homicidal deaths (17%) were recorded during 6 A.M. TO 12 PM Twenty seven cases (13.5%) were recorded between 12 A.M. to 6 A.M. In 30 cases time of actual incidence could not be found out. However, it may be emphasized that in late evening incidence of homicidal deaths were more as compared to other time zone of the day.

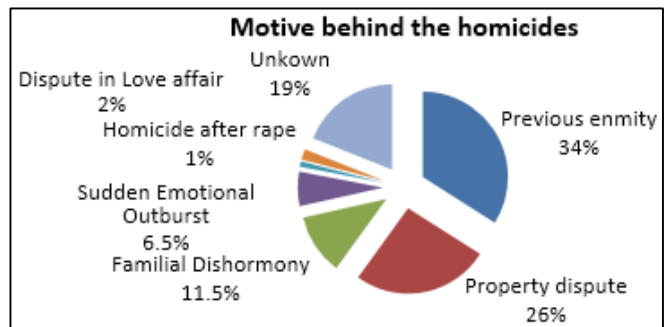


**Chart 2:** Distribution of homicidal deaths according to time of occurrence of crime

**Table 3:** showing incidence of motive behind the homicide.

S. No.	Motive	Total No	Percentage
1	Previous Enmity	68	34
2	Property Dispute	52	26
3	Familial Disharmony	23	11.5
4	Sudden Emotional outburst	13	6.5
5	Homicide after rape	2	1
6	Dispute in love affair	4	2
7	unknown	38	19
Total		200	100

**Table 3** shows the incidence of motive behind the homicide. Dispute for money involved 68 cases (34%) and was the major motive in our study. Next is the property disputes which claim the 52 death cases. In 38 cases motive behind the homicide is not clear.

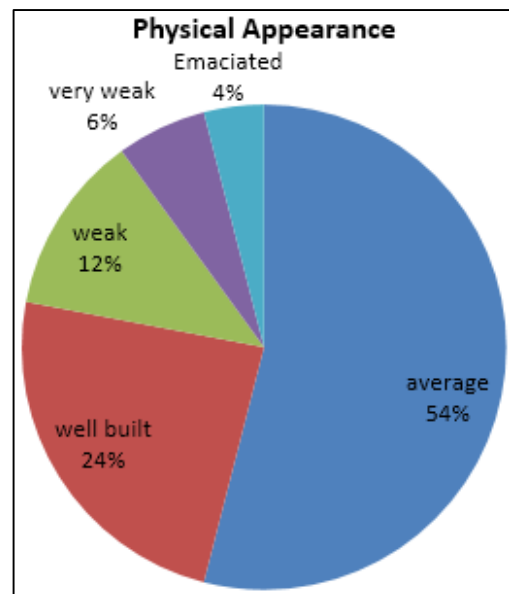


**Chart 3:** Shows motive behind the homicidal deaths

**Table 4:** physical appearance of victims

S. No.	Physical status	Total No	Percentage (%)
1	Average	108	54
2	Well built	48	24
3	Weak	24	12
4	Very weak	12	6
5	Emaciated	8	4
	Total	200	100

Table 4 Shows that majority 54% of victims were average built followed by 24% well built, weak 10%. 6% victims were very weak and 4% emaciated.

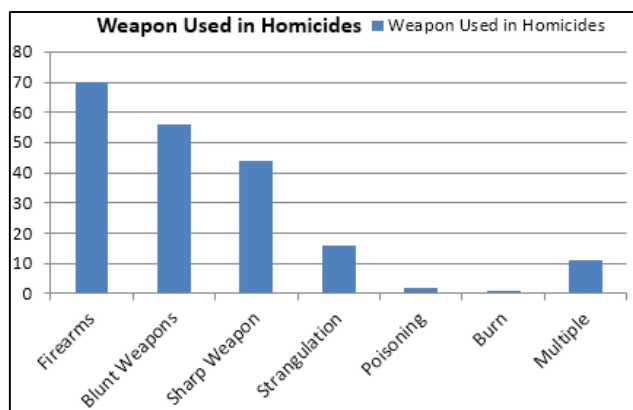


**Chart 4:** shows physical appearance of homicidal victims

**Table 5:** showing distribution of cases according to weapon used

S. No.	Cause	Total No.	Percentage
1	Firearm	70	35
2	Blunt weapon	56	28
3	Sharp weapon	44	22
4	Strangulation	16	8
5	poisoning	2	1
6	Burn	1	0.5
7	Multiple	11	5.5
	Total	200	100

Table 5 displayed distribution of type of fatal weapon used in homicidal death cases. Characteristically in our study fire arm were the most common weapon of homicide, a total of 70 cases (35 %) were done to death by fire arm. Next in frequency caused death were due to blunt weapon 56 cases (28 %), by sharp weapon 44 cases (22 %) and by ligature strangulation 16 cases (8%). Amongst females was the major mode of death.

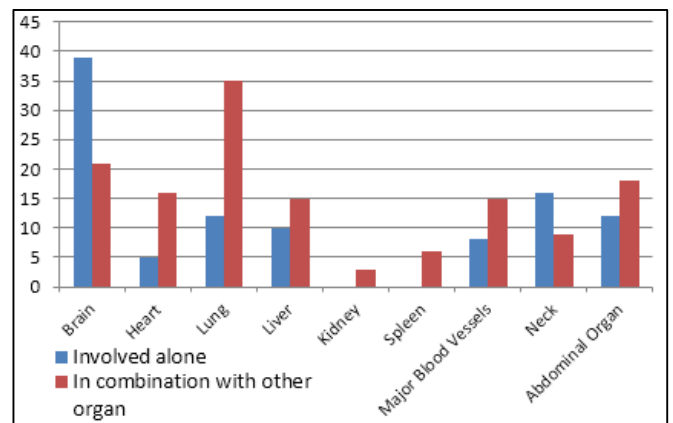


**Graph 1:** showing pattern of medium used in no. of homicidal deaths

**Table 7:** showing involvement of body organs in homicidal victims.

S. No.	Body organ	involved alone	In combination with other organ
1	Brain	39	21
2	Heart	5	16
3	Lungs	12	35
4	Liver	10	15
5	kidney	-	3
6	spleen	-	6
7	Major blood vessels	8	15
8	Neck	16	9
9	Abdominal organ	12	18

Table 7 displayed involvement of body organs of the homicidal Death cases. Head injury involving brain was the commonest organ of the body affected. In 39 cases brain was the only organ involved. Whereas in other 21 cases it was involved in combination with other organs. Neck was alone in 16 cases. Lungs were involved alone in 12 cases and that lungs were involved with combination with other organ in 35 cases. Heart alone was involved in 5 cases.



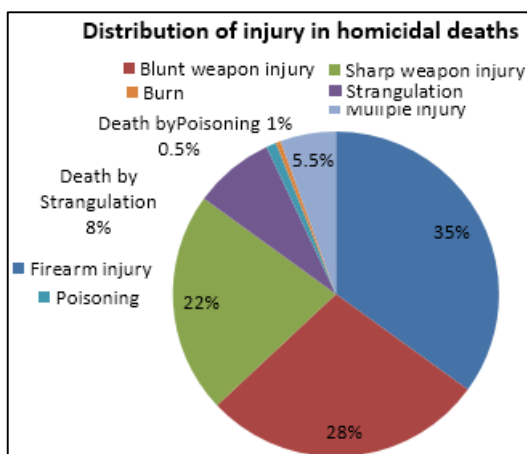
**Graph 2:** showing organs involved alone or in combination with other organs

**Table 6:** showing distribution of type of injury in homicidal victims

S. No.	Cause	Total No.	Percentage
1	Firearm injury	70	35
2	Blunt weapon injury	56	28
3	Sharp weapon injury	44	22
4	Death by Strangulation	16	8
5	Death by poisoning	2	1
6	Burn	1	0.5
7	Multiple	11	5.5
	Total	200	100

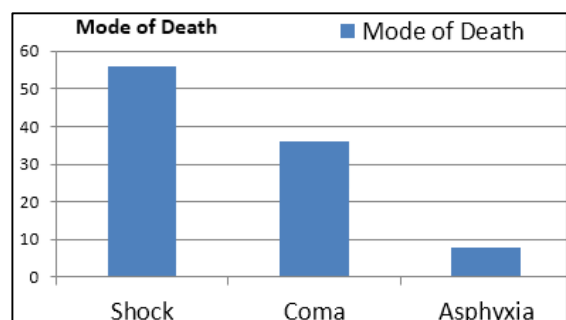
**Table 8:** showing the distribution of cases according to mode of death in homicides.

S. No.	Mode of death	Total no.	Percentage
1	shock	112	56
2	Coma	72	36
3	asphyxia	16	8
	Total	200	100

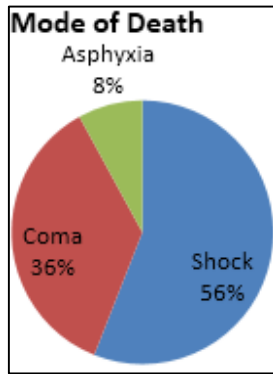


**Chart 5:** Showing percentage distribution of injury in homicidal deaths

Table 8 exhibited distribution of cases according to mode of death in homicide. Shock was the most common mode of death involving total of 112 cases (56%). Coma was the cause of death in 72 cases (36%), whereas asphyxia accounted for only 16 cases (8%).



**Graph 3:** Showing distribution of mode death



**Chart 6:** Showing percentage distribution of mode of homicidal deaths

## Discussion

In our study we have observed homicidal death cases during time period 1<sup>st</sup> October 2016 to March 2018 accounted for 200 i.e. 6.72% out of 2976 medico-legal autopsy (Table1). It is observed that the incidence of homicidal death is fairly low this is may be due to the fact that our study has excluded the disputed alleged dowry death cases and cases of accidental female burns. Earlier study conducted by Rajeev Kumar <sup>[7]</sup> on homicide during period 1.7.1999 to 30.11.2000 reported incidence of homicide was 23.1% in Varanasi region. Our finding are in consistent with the finding of Sachidananda Mohanty (2013) <sup>[8]</sup> who reported incidence of homicide cases 6.94% in their- Five year retrospective study of Homicide in southern India. A study conducted by BC Shivkumar, D. Vishwanath and Prem Chandra Srivastva <sup>[9]</sup> on trends of homicidal deaths at a tertiary care centre of Bangalore during the period of October 2004 to September 2006 reported 4.76% cases of alleged homicidal death.

In our series based on the probable time of death maximum number of homicidal death cases were recorded between 6 P.M. to Midnight i.e. 82 cases (41%) followed by 6 A.M. to 12 P.M. 34 cases (17%) (Table2). In as many as 30 cases probable time of death could not be adequately assessed. Increased incidence from 6 P.M. to midnight may probably due to the fact that late evening and night are more suitable time to commit an offence as offender can easily escape from detection and can flee after committing crime. Our findings are supported by Sheikh and Subramanyam (1995) <sup>[10]</sup>, observed that highest incidence was noted during the period 6 P.M. to midnight but contradicted by Sachidananda *et al* (2013) <sup>[8]</sup>, observed that majority of incidents had taken place at night (65.42%).

As far as motives behind homicidal deaths were concerned previous enmity was the leading motive involving 68 cases (34%). This was followed by property dispute in 52 cases (26%). In only 2 cases homicide was committed after rape. In 38 cases motive behind homicide could not delineated (Table3). Dikshit and Anil Kumar (1997) <sup>[11]</sup> reported that maximum victims were due to violent rage (34.67%) followed by other causes (dowry, communal riots etc.) 27.19%. The author's observations were contradictory to ours. Padmaraj, R.Y. and Tandon, R.N. (2010) <sup>[12]</sup>. A study at Ahmadabad reported domestic quarrel (41%) followed by dispute over money (16%) are the major factors for homicide. Gupta, A., Mukta, R., Mittal, A. K. and Dikshit, P.C. (2004) <sup>[13]</sup>. A study in Delhi shows violent rage or quarrel and provocation are major factor for homicidal deaths. Sachidananda *et al* (2013) <sup>[8]</sup> observed in his study that previous enmity (35.59%), familial disharmony (18.65%) and property dispute (14.23%)

are the major precipitating factors for homicide.

This study revealed that majority of victims (54%) were average built followed by 24% well built, 10% weak, 6% very weak and 4% emaciated (Table4).

In our findings firearms were used in maximum number of homicidal case i.e.70 cases (35%). This may be due to easy availability of technically advanced firearms. Homicide by blunt weapons accounted for 52 cases (26%). The other important causes of fatal injuries were sharp weapons 40 cases, strangulation in 24 cases and homicide due to multiple injuries were recorded in 11 cases (Table5). Firearm injury is the leading cause of homicidal death followed by blunt weapon injury which is followed by sharp weapon injury (Table6) This study is supported by studies conducted in Pakistan, Nigeria and Turkey, revealed firearms to be the most commonly used weapon followed by sharp cutting ones.

It was observed that shock was the most common mode of death in homicidal cases i.e. 112 cases (56%) followed by coma in 72 cases (36%) and asphyxia (8%) (Table7). Our findings are in agreement with those of sheikh and Subramanyam (1995) <sup>[10]</sup>. Murthy and Agnihotri (2000) <sup>[14]</sup> reported that shock was responsible for most of the cases of homicidal deaths. Similar finding noted by Sachidananda Mohanty <sup>[8]</sup> that hemorrhagic shock (44.7%) followed by craniocerebral injuries (34.58%) were the two most common cause of death. We observed that vital organs (brain, heart and lung) were involved alone in 50 cases followed by neck region in 16 cases, major blood vessels in 6 cases. Almost all body was involved in 5 cases; this was observed in death due to multiple blunt injuries. Our findings are corroborated by Sheikh and Subramanian (1995) <sup>[10]</sup> who reported a higher incidence of involvement of vital organs namely head, neck, lungs and heart. Studies in Pakistan revealed chest to be the commonest site of injury, explained by common use of firearms. (Marri, M.Z., Bashir, M.Z., Munawar, A.Z., Khalil, Z.H. and Khalil, I.R. (2006) <sup>[15]</sup>. Studies in south India revealed that majority (61.95%) of injuries at multiple sites followed by injury to head and neck (26.5%). (Sachidananda Mohanty *et al* (2013) <sup>[8]</sup>.

It was observed that large no of cases died before medical aid could be given, due to involvement of vital organs (brain heart and lungs) alone and in combination with other organs in large number of cases. Further due to the deployment of firearm aggressor had an eye on vital organs and neck region and tried to inflict severe injuries so as to ensure that the victim must have definitely died.

## Summary and Conclusion

Homicide (murder) means killing of one human being by another human being, is most serious crime in any society. Murder is defined in section 300 IPC and punishable under section 302 IPC. Homicide comes under cognizable offence, offence for which a police may arrest the offender without the warrant issued by court. Trends of homicide differ from country to country, region to region and from time to time. During the study period total numbers of medico-legal autopsies conducted were 2976 and out of these, homicidal deaths were 200 (6.72%). Maximum number of cases of homicide (41%) were committed between 6 PM to midnight followed by 6 AM to 12 AM Previous enmity is commonest motive (34%) behind homicide followed by property dispute (26%). In as many as 19% motive behind homicide is not clear. In males firearms are mostly involved next comes blunt weapon and sharp weapon. Firearms are the major weapon

used to end lives in as many as 35% of cases. Brain is involved alone in maximum number of cases and involvement of lungs in combination with other organs is also maximum. Commonest mode of death is shock (56%) followed by coma (36%).

### Limitations

1. Study was confined to a very small area, only Varanasi district.
2. The information about the victims was only based on the history provided by police, family members of the victims and the persons accompanying the dead body, inquest reports. There was no actual crime scene visited by authors.
3. This study does not include suspected burn cases of dowry death and suspected poisoning cases because of procedural delay of viscera examination.

### References

1. Gupta Avnesh *et al.* A study of Homicidal Deaths in Delhil, Medicine, Science and Law. 2004; 44(2):127-132.
2. Narayana Reddy KS. The Essentials of Forensic Medicine and Toxicology|| Medical Book Company, Hyderabad. 2007; 26:251-252.
3. International homicide count rate per 100,000 population, by country/ territory 2000-2012. Data for UNODC report titled Global study on homicide 2013."UNODC Homicide Statics, 2013.
4. Jhala RM. Homicide or murder, crime investigation and Medical Science, 1976; 92-102.
5. Parikh CK. Parikh's Text Book of Medical jurisprudence, Forensic Medicine and Toxicology for Classrooms and Courtrooms, CBC Publishers and Distributors, New Delhi. 1990; 6:2.1, 3.51, 4.23.
6. Pattern of Homicidal Deaths Dr. Basappa Hugar S, Dr. Girish Chandra YP, Dr. Harish S, Dr. Jayanth SH.
7. Study of the Pattern of homicidal deaths in Varanasi region of India, Rajeev Kumar.
8. Sachidananda Mohanty, Sujan Kumar Mohanty, Kiran Kumar Patnaik, 2013, 1-10. [http://file.scrip.org/Hml/3-2790007\\_29906.htm](http://file.scrip.org/Hml/3-2790007_29906.htm)
9. Shivakumar BC, Vishwanath D, Srivastava PC. Trends of homicidal deaths at a tertiary care centre, Bangalore. Journal of Indian Academy of Forensic Medicine, 2004, 120-125.
10. Sheikh I, Subramanian BV. Study of homicide in Surat with special reference to changing trends JFMT. 1995; 12:8-15.
11. Dikshit PC, Kumar A. Study of homicidal death in central Delhi JFMT. 1997; 14:44-46.
12. Padmaraj RY, Tandon RN. Pattern of homicides at mortuary of civil hospital Ahmedabad. Journal of Forensic Medicine and Toxicology. 2010; 27:51-55.
13. Gupta A, Mukta R, Mittal AK, Dikshit PC. A study of homicidal deaths in Delhi. Medicine, Science and the Law, 2004, 127-132.
14. Murthy OP, Agnihotri AK. Homicidal death in South Delhi JIAFM. 2000 22:9-11.