

DEATH - IS IT DUE TO VIOLENCE OR DISEASE

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Abstract

Death though known for its immense striking power is not always a surprise. Yet suddenness is one of the major forms of its manifestation. From the medicolegal point of view, the principle objective in the investigation of medicolegal autopsies of sudden, unexpected deaths is the determination of manner and cause of death.

The relatives may allege that some person(s) are responsible for the death of the deceased for enmity, for monetary gain, for other reasons or sometimes falsely charged by the police after inquest. A death presumed to be natural may be unnatural one or vice-versa. Conclusion without a thorough autopsy and investigations is not always accurate in such circumstances.

Key words: Alleged assault, chest pain, brought dead, section 304 IPC.

Introduction

A person may be leading an apparently healthy life, although he had been suffering from disease, the existence of which is unknown to him¹. If such person dies suddenly and unexpectedly without any pre indications, then suspicion of foul play may arise². This is specially more important in cases, where the deceased was reportedly involved in some scuffle or quarrel with another shortly before death, or during the fit of excitement, stress or during the course of employment or such deaths which have not been witnessed.

The only way of clearing any such doubts is by conducting a thorough medico legal autopsy supported by other relevant investigations like, histopathology, toxicological analysis etc. By conducting autopsy examination deaths can be related to disease, work, stress, trauma or crime in question². The question of compensation, insurance etc will depend upon the correct assessment of these relationships^{3,4}. In such circumstances the medicolegal autopsy will assist legal authorities and satisfy the bereaved relatives by helping them to eliminate suspicion or foul play⁵, so that ends of justice may be properly served.

Case report

A 48 years old lady quarreled with her neighbor on that day around 2.30 p.m. and on the same day around 11.30 p.m. the deceased complained of chest pain and was brought dead to the Medical college Hospital. The relatives alleged the death was due to the alleged physical assault by her neighbor.

Medicolegal autopsy was conducted on the same day. The deceased was obese with body weight 98 kgs. On examination, there were no external or internal injuries on the body. All organs were within normal limits and did not show any gross pathology. Interesting findings were in the heart which weighed 410 grams. On dissection of the heart, the right ventricular wall thickness was 0.8 cms and left ventricular wall thickness was 2.2 cms. The left coronary artery wall was thickened and lumen showed blockage by 50%. The left anterior descending coronary artery was blocked completely and left circumflex branch showed blockage by 50%. It was sent for histopathological examination. Histopathological examination confirmed the

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above autopsy findings. Opinion as to the cause of death was concluded as due to acute coronary insufficiency – and the manner was sudden natural death.

Conclusion

In this case there was an allegation on the neighbor of the deceased that the death was due to assault. The alleged neighbor was charged by the police under section 304 IPC. Section 304 IPC states that “whoever commits culpable homicide not amounting to murder, if the act by which death is caused is done with or without the intention of causing death or causing such bodily injury as is likely to cause death shall be punished with imprisonment for life or for ten years with or without fine”⁶.

In such circumstances which give rise to suspicion, one has to look at the possibility of sudden natural death. By conducting thorough post mortem examination and relevant histopathological examination, the accused was saved from the clutches of the law, the mental stress due to legal proceedings and possible conviction. So an unbiased medico legal autopsy helps to serve the ends of the justice at the best.

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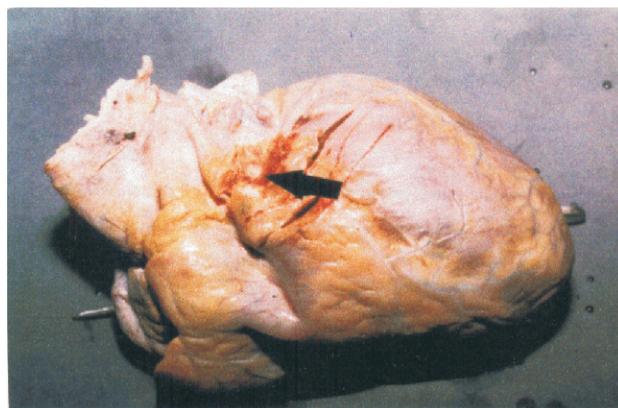


Fig. 1 : Gross appearance of occlusion of left anterior descending coronary artery

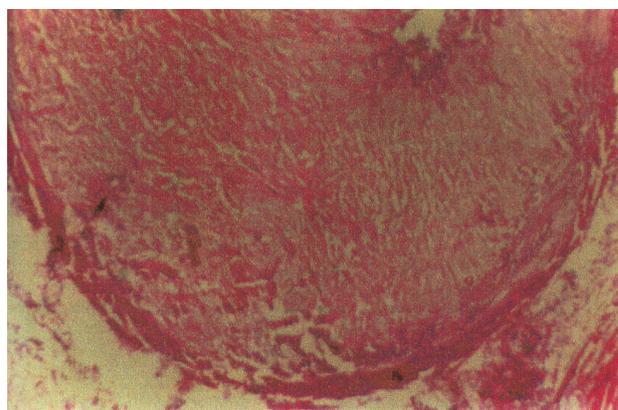


Fig.2 : Microscopic appearance of complete occlusion of left anterior descending coronary artery.