

One-way traffic investigation of a case: a bane in Indian scenarioSenthil Kumaran¹, Vinod A Chaudhari², Kusa K Shaha³, Nisreen A Rahman⁴Senior Resident¹, Assistant Professor², Associate Professor³, Junior Resident⁴, Department of Forensic Medicine & Toxicology, JIPMER, Puducherry

ABSTRACT

In this article, we report an unusual case of natural death due to infective endocarditis, which created suspicion as there is an alleged history of physical aggression by her husband a month back. A 19-year-old female succumbed to death after one month of admission to a hospital. The victim had been on treatment in hospital for infective endocarditis. Forensic autopsy revealed no significant injury. There were signs of infective endocarditis, corresponding to the data available from the clinical history. The cause of death was established as infective endocarditis. We discuss the cause and manner of death and contributing factors of the medico-legal aspects of the death.

Key words: Section 498(A) IPC; Infective endocarditis; cruelty; autopsy; injury**Corresponding author address**Dr.Senthil Kumaran M,Senior Resident, Department of Forensic Medicine and Toxicology, JIPMER, Puducherry, INDIA. **M:**8940355577**e-Mail:**drsenthilkumaran84@gmail.com**Conflict of interest: No****Case report is Original: YES/NO****Whether case report publishes any where? YES/NO**

INTRODUCTION

United Nations defines 'violence against women' as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".¹ The proportion of IPC crimes committed against women towards total IPC crimes has increased during last 5 years from 9.2% in the year 2009 to 11.2% during the year 2013. Section 498(A) IPC deals with husband or relative of husband of a woman subjecting her to cruelty. National Crime Records Bureau reported a total of 1,18,866 cases was reported in the country during the year 2013 showing an increase of 11.6% over 2012.²

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Infective endocarditis (IE) is a continuously evolving disease with a persistently high morbidity and mortality (20% to 25%)³ despite several advances in its recognition and treatment modalities. The estimated incidence of infective endocarditis in the Western population is 1.7 - 6.2 cases per 100,000 patients, but such estimates are not available from India.⁴ Infective endocarditis in India occurs in relatively young patients with underlying rheumatic and congenital heart diseases.

The death following trauma often arouses a massive public interest. This in turn poses forensic difficulty in stating the cause and manner of death. Thorough history of the deceased and complete post-mortem examination plays a significant role in medico-legal investigation of such cases. An apparently direct violence related death can end up as a natural death at the end of the post-mortem examination.

There should be a structured protocol for a complete evaluation to provide holistic support in suspected cases, particularly in women presenting with physical injuries to general hospitals. We report a case of a woman who died of natural cause but created suspicion as she got admitted to the hospital with a prior history of assault by her husband.

CASE REPORT

A 19-year-old female married for one year came to the emergency department of our tertiary care hospital with alleged history of assault by her husband one week back. Then she developed general weakness and headache which was followed by high-grade fever and altered sensorium for past two days. She received initial treatment from the local hospital and subsequently referred to our hospital for further management. At the time of admission on examination, she was found to be unconscious, pale, febrile and toxæmic with a pulse rate of 112 beats/minute and a blood pressure of 100/60 mm Hg in the supine position. Non-Contrast CT (NCCT) scan of the brain showed multiple infarcts with cerebral oedema. On next day ventriculo-peritoneal shunt was done to relieve CSF pressure. Echocardiogram showed mitral regurgitation with no vegetation in mitral valve and aortic valve. Her haemoglobin level was 7.7 gm%, random blood glucose 90 mg/dl, WBC count 11500 cells/mm³. The biochemical investigations were within normal range. A provisional diagnosis of Infective endocarditis was made, and a broad-spectrum antibiotic therapy was commenced along with analgesics, antacids and IV fluids. Her condition worsened rapidly and expired after one month of her admission.

The autopsy was conducted the next day. She was of average build with body length of 146 cm, and her body weight was 45 kg. There was diffuse maculo-papular rash all over the body. There were no injuries externally or internally. On internal examination of her brain were of average weight and dura mater congested with yellowish white discoloration with yellowish coloured pus seen in the ventricles. Heart weighed 250 gms, on cut section- mitral valve is of 9 cm diameter with irregular whitish yellow vegetations and calcification on the atrial side (Figure 1). Lung shows features of lobar pneumonia. The liver, spleen, kidneys and adrenals

were also congested. The rest of the examination was unremarkable. Heart, brain, kidney, lung, liver were sent for histopathological examination. The histological features were compatible with infective endocarditis.

Figure 1: Vegetation seen on mitral valve atrial side



DISCUSSION

An injury may fall into one of the five different categories in its relationship to a disease: (1) direct; (2) temporarily aggravating; (3) accelerating; (4) precipitating symptoms of a latent pre-existent process; and (5) bringing the patient's attention to a previously unrecognized condition.⁵

Most of the cases in India are decided by history alone and in medico-legal cases also the role of doctors was restricted. General conception of investigating officers about forensic experts are limited to autopsy alone, as most of them are not interested to discuss the case or providing proper history to the autopsy surgeon.

In this instance, the deceased had been assaulted by her husband a week back, and she died in hospital after one month of treatment and the body was sent to the mortuary mentioning the following sections.

Section 174(3) CrPC- Police to enquire and report suicide by a woman within seven years of her marriage.⁶

Section 498(A) IPC- Whoever, being the husband or the relative of the husband of a woman, subjects such woman to cruelty shall be punished with imprisonment for a term which may extend to three years and shall also be liable to fine. ⁷

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A total of 2,95,896 cases of crime against women (under various sections of IPC) were reported in the country during the year 2013 as compared to 2,03,804 in the year 2009, thus showing an increase of 9.2% in the year 2009 to 11.2% during the year 2013.²

The cases of cruelty by husband or his relatives, (Sec. 498-A IPC) is non-bailable (have to appear in court for bail), non-compoundable (complaint can't be withdrawn) and cognizable (register and investigate the complaint), which made grant of bail to the accused a rarity in courts. Torture committed on women in the country have increased by 11.6% (1,18,866 cases) during 2013 over the previous year 2012 (1,06,527 cases), and the conviction rate is about 2% only.²

Expressing annoyance over rampant misuse of Section 498A, a bench of Justices C K Prasad and P C Ghose on July 2014, directed the state governments to instruct police "not to automatically arrest when there is a case registered under Section 498A of IPC but to satisfy them about the necessity for arrest provided under Section 41 of criminal procedure code".

Justice Prasad said there had been an exceptional increase in dowry harassment cases in India in the last few years. "The rate of charge-sheeting in cases under Section 498A is as high as 93.6% while the conviction rate is only 15%, which is lowest across all heads. As many as 3,72,706 cases are pending trial of which on current estimate, nearly 3,17,000 are likely to result in acquittal," the bench said illustrating the misuse of Section 498A as a tool to harass husband and his relatives.

Though the Conviction Rate for the offences under Sec 498A in Trial Courts is 20%, the final conviction rate declined to an average of 3.2%. The report invariably blames Judiciary with no mention of the chances of corruption in lower courts resulting in higher rate of convictions. It says, "The mismatch between the conviction rate in trial courts and appellate courts raises a serious question about justice delivery system and the legal safeguards for women victims."⁸

The manner in which police carry out the investigation is critical to the functioning of the judicial system. The primary objective of the investigation officer is to have the eagerness to bring out the truth thoroughly. The court fully relies on the evidences and witnesses to decide the case. It is also their responsibility to see to it that innocent persons are not implicated fallaciously. But many a time, investigations are being done automatically and the Investigating Officer(I.O) hardly makes spot visits and collect evidences provided by the parties. Failure of the investigation agency to bring out the truth denies the delivery of justice. It only reveals the patriarchal mindset of the investigation agency where the dowry deaths are not seen as murders and they are not given due important as in the case of other murders listed under IPC.⁹

In this case as discussed above there was a series of complaint made by relatives of the deceased husband relating to dowry and assault one week back prior to admission to hospital.

And subsequently the husband was arrested and was booked under sections 498 (A) & 174(3) IPC. She was under treatment for one month in the hospital for infective endocarditis. And when she succumbed to her ailment the relatives want to correlate the assault with her demise, and the police readily obliged to their version of the story. Subsequently arrested that person and sent the deceased body for autopsy. Investigating officers were swift in doing this but neither in her treatment period have consulted doctors about the seriousness of an injury or requested for injury certificate. After the death they want to carry out post mortem as an automatic process since the victim died within seven years of marriage. This routine mindset of people in investigating the process has increased the burden of judiciary system and causing unnecessary psychological stress to the persons involved in the case.

CONCLUSION

Most of the autopsies are carried out in India routinely without considering the need for it. This is due to lack of commitment, shrewdness, lack of investigation skills, inadequate knowledge of the law, inconsiderateness to the seriousness of the offence, corruption, and failure to build the case to know the reason.

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