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**INCIDENCE AND PATTERN OF  
FABRICATED INJURIES**

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**Abstract**

Seven hundred and fifty seven medico-legal injury cases were studied to know the extent of fabricated injuries with reference to their nature. Medico-legal examination of the injury of cases was carried out taking the history of the case before and after the examination. Out of the total number of 159 grievous injuries 62 were fabricated grievous injuries in the form of cut fractures (38.99%). The purpose of the study was as how to decide about a fabricated injury and to avoid any controversy will declaring a cut fracture as grievous injury, and what should be the definition of the fracture.

**Keywords** : Injury, Fabricated, Grievous, Hurt

## Introduction

Fabricated injury is a major problem of forensic experts. Minimal of literature is available pertaining to the study of the fabricated injuries and specifically, no authentic criterion is laid down to label, which injury should be declared as fabricated. In view of this, the detailed study with vast scope to avoid controversies at the time of examination and subsequently in the court of law as mandatory.

Fabricated, fictitious, forged or invented wounds are those which may be

- produced by a person on his own body (self-inflicted),
- or occasionally, caused by another person with his consent (self-suffered).

Though these two types of injuries may involve the similar forensic aspects but they may have an entirely different profile. Such injuries may be produced for the following reasons: [1]

- Simulated offences
  - To charge an enemy with assault or attempted murder
  - To make a simple injuries appear serious
  - Fictitious sexual assault by women to bring a rape charge against enemy
  - Feigned robbery by policemen, servants and watchmen acting in collusion with robbers to show that they were defending the property
  - By the assailant, to pretend self-defence or to change the appearance of wounds which might connect him with the crime
- By prisoners, to bring a charge of beating or torture against officers
- By soldier recruits, to escape military service
- For insurance or workmen's compensation claims
- In psychiatrically ill patients
- Suicidal acts

Fracture of the bone is known grievous injury according to section 320(7) IPC. [2] And if we consider the medical dictionary meaning of the fracture - any break in continuity of a bone is a fracture [3]. But according to Modi, the dimension in respect of the depth of the cut in the bone must be mentioned [4]. Whereas, the definition given by Mukherji states that fracture will be considered as grievous injury, if the cut in the bone or break in the continuity of the bone extends deep up to the medullary cavity [5]. In view of the controversial definitions, it becomes essential for the forensic expert to decide, which one is to be taken into consideration or followed while declaring cut fractures as grievous.

### Material and Method

The study pertaining to fabricated injuries had been carried out in department of forensic medicine of medical college, Amritsar from Medico-Legal injury cases.

Seven hundred and fifty seven medico-legal injury cases with a total number of two thousand nine hundred and forty injuries were studied. Nature wise the number of injuries and percentage of fabricated injuries is given in Table 1.

Table 1: Showing the nature and incidence of injuries

Injury type	Total no. of injuries	No. Of Fabricated Injuries	Percentage
Simple Injury	2752	8	0.29
Grievous Injury	159	62	38.99
Dangerous Injury	29	1	3.44
Total	2940	71	2.41

Criteria for opining the injuries as fabricated were as below:

- Conflicts of time since injury.
- Conflicts in history
- Police verification
- Non- vital areas
- Suspected anesthetic marks.
- Confession by injured

When most of the above criteria were present in a particular case, then an opinion of possible fabrication of injury was formed.

### **Observation**

On the basis of the criterion laid down under material and method, it was observed that there were, in all 71 fabricated injuries [2.41%] to the total 2940 injuries as given in table 1.

Nature wise the type of fabricated injuries were as under

- Simple fabricated injuries

Out of total of 2752 simple injuries [as shown in table 1] simple fabricated injuries were 8 only [0.29%]. The detail of which were as follows

- Bruise – one injury caused by Marking Nut which became evident on taking the history regarding profession [washer man] and subsequent confession by the relatives of the patient. Injury was subjected to dermatologist opinion.
- Lacerated wound converted to incised wound - seven injuries are of that type in which margins were clean cut except near the angles based on the wounds showed that tissue septa's were bridging across the wound and as such in all the 7 cases sharp edged instrument was used (probably the scissors).

- Fabricated Grievous Injuries

Out of total of 159 Grievous injuries 62 were fabricated (38.99%). All were cut fractures of the bones. The details of which were given in table 2.

Table 2: Showing the incidence of parts involved and radiologist opinion

<b>Body parts involved/affected.</b>	<b>No. of cases</b>	<b>Radiologist opinion</b>
Shin of Tibia	41	1-3 mm deep cut in the bone.
Olecranon process of Ulna on back of forearm/elbow	17	1-3 mm deep cut in the bone.
Parietal and Frontal Skull bones	2	Outer table of skull bone shows a cut.
Proximal Phalanx of thumb	1	Cut in the Proximal Phalanx of thumb
Both Nasal bones at bridge of nose	1	Cut in the nasal bones of skull present

- Fabricated Dangerous Injury

Only fabricated dangerous injury was the result of fabricated cut on the skull.

### **Discussion**

In view of the observations of fabricated injuries, the main aspect of the paper is to avoid certain complications discussed below, both at the time of examination and subsequently in the court of law

- When a medico-legal expert comes to know that injury is self inflicted or self suffered whether one should declare such injury as fabricated or not immediately or should wait for query to be put by the police or legal authorities. In case it is declared as fabricated- the various possible consequences
- Whether the cuts in the bone opined by radiologist as 1-3 mm deep, should be declared as grievous

especially in cases of long bones and cuts in short/small bones without any discussion.

Definition of fracture – the medical dictionary meaning of the fracture – is the breaking of the part especially the bone or break or rupture in the bone or in continuity of a bone [3]. If we decide all our cases on the basis of this definition then every case reported in this paper as cut fracture is definitely grievous in nature as per radiologist's report who has invariably given the cut in the bone measuring 1-3 mm deep. If we have a glance at the reports given by the radiologist [table 2] perhaps it is in fulfillment to Patna High Court decision as reported by Modi [4]. So whether every cut in the bone of these dimensions is grievous hurt? Since one is not aware of the thickness of every bone at various points, it is very difficult to conclude whether it is a grievous hurt or not; in the light of definition of fracture, given by Mukherji [5]. However if we keep in view of definition the definition of fracture as written under section 320 of IPC and further clarified "that to amount a fracture, it is not necessary that the bone should be cut through and through and that the crack in the bone must extend from the outer to inner surface or there should be a displacement of any fragment of the bone". If there is a break by cutting or splintering of the bone or there is a rupture or fissure in the bone, it would amount to fracture within the section 320(7) IPC.

In view of this, it can be concluded that even if the extent of the cut is not mentioned, it will amount to grievous hurt. As such, even if, as a result of bone deep injury, there is a scratch on the bone, it will amount to grievous hurt contrary to Patna High Court revision [4].

Though the definition written under section 320 (7) of IPC [1] is still taken as a parameter for declaring a fracture as grievous hurt but the supreme court in its judgment, in one case, had clarified that until and unless such a cut in the bone do not extend deep up to the medullary cavity it will not constitute a grievous hurt within the definition of fracture under section 320(7) of Indian Penal Code as given by Mukherji [5].

If we examine the legal and rational aspect of the

definition of the fracture given by Supreme Court, there seems to be some justification in declaring such injuries as grievous in nature provided the injury has extended deep up to medullary cavity. Perhaps this has been observed in view of the section 320(8) of Indian Penal code [2] which clearly states that any hurt which endangers life or which causes the sufferer to be during the space of 20 days in severe bodily pain or unable to follow his ordinary pursuits.

### **Conclusions**

For better understanding of fabricated injuries, forensic practitioner should be armed by knowledge of their classification, mechanism of infliction and other characteristics that might affect opinion formation. To successfully differentiate injuries that are fabricated, a forensic practitioner should receive appropriate training, and accumulated experience may be necessary. A thorough history and further detailed physical examination will help in correlating the injuries and formation of final opinion and report. Forensic photography of the injuries and the environment especially clothes is an important aspect. Some definite criteria must be evolved to decide about fabricated injuries. Further, a rational definition of fracture for medico-legal purposes needs to be evolved without any discrepancy.

### **References**

1. Pollak S. Clinical forensic medicine and its main fields of activity from the foundation of the German Society of Legal Medicine until today. *Forensic Science International* 2004; 144(2-3):269-83
2. Tandon NP and Tandon R. (1982) *The Indian Penal code*. 15 th Ed. Law Publications, Allahabad. Pp 277-78.
3. Aroy LB, Burross W, Greenhill JP, Hewitt HM. (1957) *Dorlands illustrated Medical Dictionary*, 23 rd ed. W.B. Saunders Company, London. P 530.
4. Modi NJ. (1979) *Modi's text book of Medical Jurisprudence and Toxicology*, 20 th ed. N.M. Tripathi Private Ltd., Bombay. P 238.
5. Mukherji JB. (1981) *Forensic Medicine and*

Toxicology, 1 st Ed. Academic Publishers, Calcutta.  
Vol. I. P 236.

[Top](#), [Back](#), [Home](#)