

Original Article

“EPIDEMIOLOGY OF FIREARM WEAPONS INJURIES AT DISTRICT HEAD QUARTER TEACHING HOSPITAL, GUJRANWALA”

Muhammad Amjad Bhatti,¹ Shahid Hanif,² Kishwar Naheed,³ Saad Ajmad⁴ and Sadaf Zawar⁵

ABSTRACT

Objective: Firearm weapons injuries are an important component of the medico legal examination. The current study was planned to know the epidemiology of firearm weapons injuries, to update the junior Medicolegal Examiners about the appropriate recognition, interpretation and investigation of firearm weapons injuries.

Material and method: The present study comprised of fifty seven cases of firearm weapons injuries presented in Trauma Centre of D.H.Q/Teaching Hospital, Gujranwala, during the year 2012 including 50 Males (80.72 %) and 07 Females (12.28 %). Their medico legal record was reviewed retrospectively; Demographic profile, including age and sex distribution was recorded. Firearm weapons injuries were described according to distance, manner of infliction of injury and area of distribution.

Results: The age ranged from 1 to above 60 years. The maximum number 22 (38.6%) were of age between 21-30 years (Table 1) out of 57 cases, 50 (87.72%) were male and 07 (12.28%) were female (Table 2). Cases of far distance fire were 47 (82.46%), near distance fire were 6 (10.52%) and loose contact fire were 4 (7.02%) (Table 3). Regarding manner, 55 (96.49%) were homicidal and 2 (3.51%) were by friendly hand (Table 4). Urban cases were 45 (78.95%) and rural were 12 (21.05%) (Table 5).

Conclusion: Most of firearm weapons injury cases at District Head Quarter Teaching Hospital Gujranwala are of distant fire and are homicidal. Most cases are from urban areas.

Key words: Weapons, Injuries, Minor

INTRODUCTION

A firearm is a device to propel a projectile by the expansive force of gases generated as a result of combustion of powder in a closed space.¹ A firearm weapons injury is defined as a penetrating injury from a weapon that uses a powder charge, these are pistols, revolvers, handguns and shot guns.²

There has been an increase in the medicolegal cases due to firearm weapon, while blunt and sharp edged weapon injuries have decreased to a considerable extent.^{3,4} One major cause for this increase is easy availability of firearm weapon in our country. Easy handling causing grave damage by keeping oneself away from the enemy target has made the firearm weapons most favorable choice to the people involved in enmity, target killing and terrorism.^{5,6} Most intentional injuries occur in family disputes over land.⁷⁻⁹ The presence of a gun in a house is associated with a fivefold increase in the risk of suicide and three fold increased risk of homicide. Abuse of firearms^{10,11} and resulting injuries result in major cost of life and health. The resources spent for medicolegal cases¹² and law enforcement must be considered a major public health and safety concern.^{13, 14}

¹Associate Professor of Forensic Medicine and Toxicology, Gujranwala Medical College, Gujranwala.

²Professor of Forensic Medicine and Toxicology, AMDC, Lahore.

³Assistant Professor of Forensic Medicine and Toxicology, Gujranwala Medical College, Gujranwala.

⁴Saad Ajmad

⁵Sadaf Zawar

MATERIAL AND METHODS

This Study was conducted at trauma Centre, Department of Forensic Medicine, DHQ Teaching Hospital, Gujranwala. The study of firearm cases during the year 2012 was conducted. The cases were of all ages, sex, including minor and severe injuries. The data were evaluated from medicolegal certificates. The variables were age, sex, distance of fire, manner of infliction and area of distribution, urban / rural.

RESULTS

Table-1: Age wise distribution of Firearm cases presenting in DHQ Teaching Hospital Gujranwala (n=57).

Age Group	No	% age
0-10	03	5.26%
11-20	13	22.81%
21-30	22	38.60%
31-40	10	17.54%
41-50	05	8.77%
51-60	02	3.51%
61+	02	3.51%
Total	57	100%

Table-2: Gender wise distribution of firearm cases presenting in DHQ / Teaching Hospital Gujranwala (n=57)

Gender	No	% age
Male	50	87.72%
Female	07	12.28%
Total	57	100%

Table-3: Distance of fire (n=57)

Distance	No	% age
Far Distance	47	(82.46)%
Near Distance	06	(10.52)%
Loose Contact	04	(7.02)%
Total	57	100%

Table-4: Manner of infliction of injury (n=57)

Manner	Male		Female	
	No	% age	No	%age
Homicidal	48	84.21%	07	12.28%
Friendly hand	02	3.51%	-	
Suicidal	-	-	-	-
Total	50	87.72%	07	12.28%

Table-5: Urban / rural area distribution (n=57)

Area	No	% age
Urban	45	66.67%
Rural	12	21.05%
Total	57	87.72%

DISCUSSION

Firearm weapons (especially unlicensed) are easily available in the country. In this study, 87.72% victims of firearm injuries were males while 12.28% were females. This fact that the male victims are involved more commonly than female victims has been established in other studies as well¹⁵⁻¹⁷. This study depicts that the maximum number of victims belonged to 3rd decade of life (21-30 years). This age group individuals are physically strong, full of energy and adventure and challenge or provocation. The number of victims of firearm injuries in other decades of life is less.

Firearm injuries inflicted within arm's length in this study were 10 (near distance and loose contact), while the far distance (beyond arm's length) firearm cases was 47. Presence of burning effect, blackening and tattooing was the basis to decide that the injury was inflicted within arm's length. Absence of these findings was the criteria to decide that the injury was inflicted beyond arm's length. Firearm injuries beyond arm's length almost rule out the possibility of its being suicide, self inflicted. This study shows that most of the cases 45 (79%) belong to urban area while

12 (21%) belong to rural area. The emergency treatment in all the teaching hospitals is being provided by the Government. The emergency surgery has to be provided in many of such cases.

LIMITATION

The limitations of the present study were a limited number of firearm cases in this center. There is need to collect statistics from all medicolegal centers for complete evaluation of the problem. This will enable us to suggest measures to minimize the victims of firearm injuries in our society.

CONCLUSION

Most of firearm injury cases are of distant fire and are homicidal. Most cases are from urban areas. The preponderance of males as victims in such a high percentage inactive, energetic age group has added to this problem.

REFERENCES

1. 233, Parikh, s text book of Medical Jurisprudence, Forensic Medicine and Toxicology 7th Edition 2016.
2. <https://www.scientificamerican.com/article/people-kill-with-guns-more-than-any-other-weapon/> family, friends and gunshot in scientific American 309, 1, 98 (July 2013) doi:10.1038/scientific American 0713-98.
3. Boutwell J, Klare MT, Reed LW, editors. Lethal Commerce: The Global Trade in Small Arms and Light Weapons: a Collection of Essays from a Project of the American Academy of Arts and Sciences. Committee on International Security Studies, American Academy of Arts and Sciences; 1995..
4. Williams P. Transnational organised crime and national and international security: A global assessment. Society Under Siege: Crime Conflict and Illegal Weapons, Virginia Gamba (ed.) Johannesburg, Halfway House: Institute for Security Studies. 1997 Sep:70-81.
5. Meddings DR. Weapons injuries during and after periods of conflict: retrospective analysis. BMJ. 1997 Nov 29;315(7120):1417-20.
6. Kellermann AL, Lee RK, Mercy JA, Banton J. The epidemiologic basis for the prevention of firearm injuries. Annual review of public health. 1991 May;12(1):17-40.
7. Bhatti MA, Rana MA, Malik AR, Khalid AM. Firearm injuries: a study of 150 cases. Pak J Med Health Sci. 2012;6:438-0.
8. Sloan JH, Rivara FP, Reay DT, Ferris JA, Kellermann AL. Firearm regulations and rates of suicide: a comparison of two metropolitan areas. New England Journal of Medicine. 1990 Feb 8;322(6):369-73.
9. Michael M, Meddings DR, Ramez S, Gutiérrez-Fisac JL. Incidence of weapon injuries not related to interfactional combat in Afghanistan in 1996: prospective cohort study. Bmj. 1999 Aug 14;319(7207):415-7.
10. Kellermann AL, Rivara FP, Somes G, Reay DT, Francisco J, Banton JG, Prodzinski J, Fligner C, Hackman BB. Suicide in the home in relation to gun ownership. New England Journal of Medicine. 1992 Aug 13;327(7):467-72.
11. Wang H, Naghavi M, Allen C, Barber RM, Bhutta ZA, Carter A, Casey DC, Charlson FJ, Chen AZ, Coates MM, Coggeshall M. Global, regional, and national life expectancy, all-cause mortality, and cause-specific mortality for 249 causes of death, 1980–2015: a systematic analysis for the Global Burden of Disease Study 2015. The lancet. 2016 Oct 8;388(10053):1459-544..
12. GBD M. causes of death collaborators. Global, regional, and national age–sex specific all-cause and cause-specific mortality for 240 causes of death, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet. 2013;385(2013):117-71.
13. Mian AR, Majid A, Malik MM, Zaheer M, Goraya SU. Analysis of unnatural Death in Rawalpindi during 1997. Pak Armed Forces Med J Jun. 1999;49(1):68-70.
14. Monthly vital Statistics. August 1997, Vol. 31, No 6 Missouri Urban Firearm Deaths and Injuries, 1994.
15. Korai AG, Khan SA, Iqbal P. Spectrum of Firearm injuries in district Quetta. Thorax. 2015 Jul 1;140(45.3):45-3.

16. Karen E, Joseph L. James A, et al. surveillance for Fatal and Nonfatal firearm related injuries – United States, 1993-98.
17. Haneef S. Spectrum Of Firearm Autopsy Cases Brought To Autopsy Lab of Allama Iqbal Medical College Lahore. PJMHS. 2014;8(2):365-68.