

Manner of Deaths at a Selected Medical College Morgue House in the Year 2008

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Abstract

A retrospective study was carried out with 480 cases of autopsy at Sir Salimullah Medical College morgue house in the year 2008. Data were collected from the documented records. Of those victims 330 cases were males (68.75%) and 150 were females (31.25%); 180 cases (37.50%) were between 21-30 years and 148 cases (30.83%) were below 20 years of age. Among these 480 victims, 160 cases (33.33%) died due to asphyxia, 140 cases (29.16%) died due to hemorrhage and shock, 36 cases (7.50%) died due to head injury and 40 cases (8.33%) died due to cardio-respiratory failure; in 50 cases (10.41%) the opinion was kept pending. The highest manner of death was homicidal (114 cases, 23.75%), followed by suicidal (98 cases, 20.40%), accidental (95 cases, 19.80%) and poisoning (83 cases, 17.30%). As the occurrence of unnatural deaths are increasing day by day in our country, urgency to execute, to strengthen and to reform law need immediate attention.

(*Bangladesh Med. coll J 2010; 15 (2): 63-66*)

Introduction:

The manner of death is the fashion in which the cause of death come into being. If death occurs from disease alone the manner of death is natural. If death results from an injury or is hastened as a result of injury in an individual rendered vulnerable by preexisting natural disease, the manner of death is unnatural which could be suicidal, homicidal, accidental or of undetermined origin depending on the circumstances of death.¹

"Autos" means "Self" and "Opis" means "View"; literally

autopsy means to see for oneself. Medicolegal autopsy or postmortem examination is a special type of scientific examination of dead body carried out under the state for the protection of its citizens and to assist the identification and prosecution of the guilty.² Medicolegal autopsy is done to find out the cause of death whether natural or unnatural, to find out the manner of death whether accidental, suicidal, or homicidal.³ When the medical examiner is faced with a violent or unusual death, there are several questions he must answer. He must identify the victim in cases where the identity is not known. After that he must determine, to the best of his ability, the time, cause, and manner of death. Each of these can be difficult and the manner of death can often be very tricky.⁴ Our study focused upon the manner of death of autopsy cases held in the mortuary of Sir Salimullah Medical College in the year 2008. We chose manner of death because homicidal rate in a community are often a good indicator of the prevalence of other type of crime, particularly assaults with deadly weapon; suicidal rate indicates the socio-economical and mental health status of the community and accidental rate focus on the traffic control system of the country. We also focused on the sociodemographic characteristics and cause of death of the victims.

Materials and Methods:

A retrospective study was conducted with 480 autopsy cases of Sir Salimullah Medical College (SSMC) morgue house from January to December 2008. Data were collected from the record of the post mortem examination. Data were analyzed manually. Descriptive statistics on socio-demographic distribution of victims, cause of death and modes of death are given in tables.

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Results:

Table 1: Socio-demographic distribution of the victims (n = 480)

A. Age distribution	No.	Percentage
Upto 20 years	148	30.83
21-30 years	180	37.50
31-40 years	83	17.29
41-50 years	30	06.25
Above 50 years	39	08.13
B. Sex distribution		
Male	330	68.75
Female	150	31.25
C. Religion		
Muslim	403	83.95
Hindu	10	02.10
Unknown	67	13.95

Out of 480 victims, majority of the cases (180 cases, 37.50%) were within the age group of 21-30 years. Nearest age groups were upto 20 years and 31-40 years in which there were 148 (30.83%) and 83 (17.29%) victims respectively. Only 30 cases (6.25%) were in age group of 41- 50 years. It was also found that 330 cases (68.75%) were male and 150 cases (31.25%) were female. Moreover, major portion of the victims 403 cases (83.95%) were Muslims.

Table 2: Distribution of Manner of Death (n = 480)

Mode of Death	No.	Percentage
Homicidal Cases	114	23.75
Accidental Cases	95	19.80
Suicidal Cases	98	20.40
Natural Cases	12	02.40
Poisoning Cases	83	17.30
Other Cases	78	16.25

Most common manner of death is homicide. Out of 480 victims, 114 (23.75%) victims died due to homicide. Other manner of death include suicidal (98 cases, 20.40%), accidental (95 cases, 19.80%), poisoning (83 cases, 17.30%) and others (78 cases, 16.25%).

Table 3: Distribution of cause of death (n=480)

Cause of Death	No.	Percentage
Asphyxia	160	33.33
Hemorrhage and shock	140	29.16
Head injury	36	7.50
Cardio-respiratory failure	40	08.33
Opinion pending and no opinion	50	10.41
Still birth and IUD	15	03.12
Natural diseases	12	02.50
Others	27	05.65

Most of the victims (160 cases, 33.33%) died due to asphyxia. Among the other causes, haemorrhage and shock 29.16%, head injury 15.78%, cardio-respiratory failure 08.33%, opinion pending 10.41% and still birth and IUD were 03.12%.

Discussion:

Our study showed that out of 480 victims, majority of the cases (180 cases, 37.50%) were within the age group of 21-30 years. Nearest age groups were up to 20 years and 31-40 years in which there were 148 (30.83%) and 83 (17.29%) victims respectively. Only 30 cases (06.25%) were in age group of 41- 50 years. It was found that 330 cases (68.75%) were male and 150 cases (31.25%) were female.

In religious aspect, as the greater portions of our population are Muslims, there is also Muslim predominance in our study. Out of 480 cases 403 victims were Muslim (83.95%), 10 victims were Hindu (02.10%) and 67 victims (13.95%) were of unknown and other religions.

There are three manners of death: suicidal, homicidal and accidental. An example would be a heroin addict found dead in an alleyway. Did he accidentally shoot up too much product? Did he decide to end his existence by giving himself a large dose? Did his dealer, fearing that the user might be a snitch, give him a more pure sample than he is used to taking? In this situation the manner of death could be accidental, suicidal, or homicidal, respectively. The problem is that at autopsy these would all look the same and therefore the medical examiner

might not be able to determine by whose hand and for what purpose the death took place. That requires good investigative work. Another interesting thing about the manner of death is that it can be delayed for a very long time. If an individual is shot, paralyzed, and ends up hospitalized and on a respirator for a number of years. He then gets pneumonia and dies. A death from pneumonia is considered a natural death but had the victim not been shot and paralyzed he would not have been on a ventilator and on bed rest, two situations that promote the development of pneumonia. In other words, if there happened to be no gunshot he would not have died of pneumonia. When he does die his manner of death would be listed as homicidal and not natural. This can lead to a police investigation, and an arrest and trial of the shooter for murder. The key here is that the cascade of events that led to his death began with the gunshot wound. This is what makes the death homicidal.⁴

In our study, the most common manner of death was homicide. Out of 480 victims, 114 (23.75%) victims died due to homicide, in 98 cases (20.40%) manner of deaths were suicide, 95 cases (19.80%) deaths were accidental, poisoning (83 cases, 17.30%) and others (78 cases, 16.25%). In France, A retrospective study was carried out on 132 fatalities due to gunshot wounds secondary to long firearms. One group of suicide (n= 72) and one group of homicide (n= 60) were statistically compared regarding age and sex of the victim, number of shots, range of fire, direction of the projectile(s), anatomical distribution of entrance sites, weapon and ammunition types and the nature of eventual associated traumatic lesions. The frequency of suicide was higher when the victim's age increased. Females constituted about 43% of the homicide victims and about 8% of the suicide victims.⁵ In our study no such comparison between the manner of deaths with age and sex was done.

In our study, cause of death of 160 cases (33.33%) was due to asphyxia as a result of hanging. In India, hanging and poisoning constituted the two major modes of suicide.³

There has been a global increase in homicide and it causes over 5,00,000 deaths per year world wide. The commonest mode of homicide includes- firearm injury. Haemorrhage and shock are the commonest causes of deaths in homicide.⁶ This study focused that, out of 480 cases, 140 cases (29.16%) died due to haemorrhage and shock. Other cases include head injury-36 cases (7.50%), cardio-respiratory failure 40 cases (8.33%), opinion kept pending and no opinion in 50 cases (10.41%). In a study in India, it was observed that out of 959 homicidal

cases sharp force injury was the major type- 305 cases (31.80%), followed by blunt force injury -243 cases (25.33%), firearm injury -208 cases (21.23%) and violent asphyxial death- 198 cases (20.64%).⁶ In another study in Assam, out of 108 cases 95 (81.5%) deaths were from encounters and in 13 cases (12%) the motive could not be determined.⁷ In respect of poisoning cases, a retrospective study of death cases in Dhaka Medical College of due to poisoning showed that out of 102 cases 24 cases (23.5%) were homicidal poisoning.⁸ In another multi-centered baseline survey 1.4% was homicidal poisoning.⁹

Conclusion:

Our study focused that the common manner of death was homicidal, followed by suicidal and accidental. To prevent the homicidal deaths, steps should be taken to gear up the law enforcement personals. To prevent suicides status of mental health and social well being should not be ignored and socio-economical development is needed. To improve the mental health status, family bonding & counseling may take an important role. There should be proper employment facility for the youth. To decrease the rate of road traffic accidents, steps should be taken from all sections of the society and government to educate the people about traffic rules and to improve the traffic control system.

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