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Research Article

A DESCRIPTIVE CROSS-SECTIONAL RESEARCH ON HOMICIDAL DEATH PATTERN ON AUTOPSY IN THE SETTING OF PAKISTAN SPECIALLY CONCERNED WITH THE ILLEGAL FIRE-ARM POSSESSION AND THEIR FREOUENT USE CAUSING HOMICIDAL DEATHS

¹Dr. Samra Maryam, ²Dr. Alvina Faiz, ³Dr. Sana Liaqat ¹Demonstrator, Nawaz Sharif Medical College, Gujrat, Pakistan. ²WMO, Abdul Aleem Khan Dispensary, Lahore. Pakistan ³WMO THO Safdrabad, Pakistan

Abstract:

Background: To kill someone by another person is known as homicide. Our research was aimed at the identification of cause and pattern of death on the issue of homicide specifically on autopsy in Pakistan.

Material & Methods: Research is a descriptive cross-sections research that was carried out in the time of Jan, 2015 to Mar, 2017. 2025 cases of homicide (dead bodies) were studied in our research. We used a proforma for data collection in the Mayo Hospital, Lahore (Department of Forensic Medicine). Ethical permission was taken before the start of the research. The cause of death was studies with the help of internal and external examination, viscera analysis and histopathological assessment. Partially or advanced decomposed including skeletonized dead bodies observed with no external and internal injuries adequate to cause death & toxicological and histological reports that failed to reveal any ambiguous outcome were made a part of the research.

Results: We performed autopsies of (2025 dead bodies), all the dead bodies were homicidal cases. The male to female ratio was such as 1375 male (67.24%) and 670 females (32.76%) were made a part of the research. The commonly observed cause the injury caused by the fire-arm causing 1230 deaths (60.14%), second common most injury was the injury of blunt weapon 367 cases (17.94%).

Conclusion: Out set-up observed most of the cases of fire-arm causing homicide. Illegal possession of fire-arms is to monitored strictly and policies should be implemented to discourage any possession of arms.

Key Words: Autopsy; Homicide; Death; Violence; Firearms.

Corresponding author:

Dr. Samra Maryam,Demonstrator,
Nawaz Sharif Medical College,
Gujrat, Pakistan



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INTRODUCTION:

One person when kills another is known as homicide. Our Penal Code – 300 considers it as murder [1] as it is an unlawful killing. Sharp weapons assault is one of the pattern of homicide death including blunt weapon, strangulation, fire-arm, homicidal hanging, drowning, smothering, burns, and poisoning etc. [2]. All cultures of the world reflect killing of someone when in extreme and heightened aggression [3].

These cases are at increase because of the rapid population growth, poverty, urbanization, unemployment, illiteracy, frustration, prevalent economic, political and social environment, terrorism, insurgency, drug addiction, easily available weapon and gap between the society and differences among poor class and privileged class. Economic crisis in our society leads to crime as commonly observed in societies like ours [4, 5]. Violence is increasing in the shape of young age offenders causing a concern for the generations to come [6].

Our research was aimed to probe the incidence of homicide on autopsy in Pakistan.

MATERIAL AND METHODS:

To kill someone by another person is known as homicide. Our research was aimed at the identification of cause and pattern of death on the issue of homicide specifically on autopsy in Pakistan.

Research is a descriptive cross-sections research that was carried out in the time of Jan, 2015 to Mar, 2017. 2025 cases of homicide (dead bodies) were studied in our research. We used a proforma for data collection in the Mayo Hospital, Lahore (Department of Forensic Medicine). Ethical permission was taken before the start of the research. The cause of death was studies with the help of internal and external examination, viscera analysis and histopathological assessment. Partially or advanced decomposed including skeletonized dead bodies observed with no external and internal injuries adequate to cause death & toxicological and histological reports that failed to reveal any ambiguous outcome were made a part of the research. We performed autopsies of (2025 dead bodies of both male and female), all the dead bodies were homicidal cases. Numerous variables such as age and sex were analyzed through SPSS - 13.

RESULTS:

We performed autopsies of (2025 dead bodies), all the dead bodies were homicidal cases. The male to female ratio was such as 1375 male (67.24%) and 670 females (32.76%) were made a part of the research. The commonly observed cause the injury caused by the fire-arm causing 1230 deaths (60.14%), second common most injury was the injury of blunt weapon 367 cases (17.94%) as shown in Table – I & II respectively showing age wise data and district wise data.

Table 1: Homicidal Death: Age Wise Distribution (Number = 2045)

S No	Age (years)	Number	Percentage
1	Up to 20	140	6.84
2	21 – 30	635	30.84
3	31 – 40	750	31
4	41 – 50	255	11.45
5	51 – 60	135	5.6
6	Above 60	130	5.15

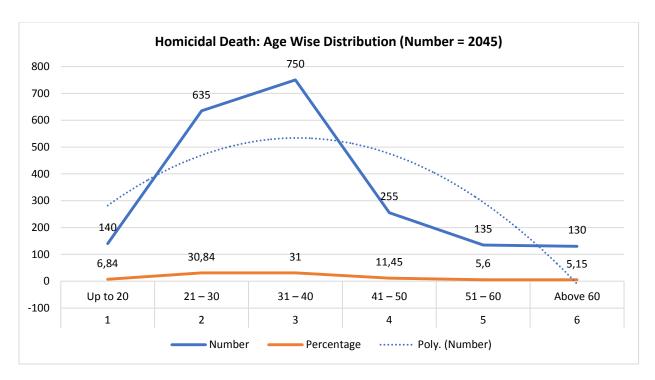


Table 2: Homicidal Cases District Wise Location (Number = 2045)

S No	District	Cases	Percentage
1	Rawalpindi	670	31.76
2	Abbottabad	600	30.33
3	Sialkot	450	22.02
4	Bannu	325	15.89

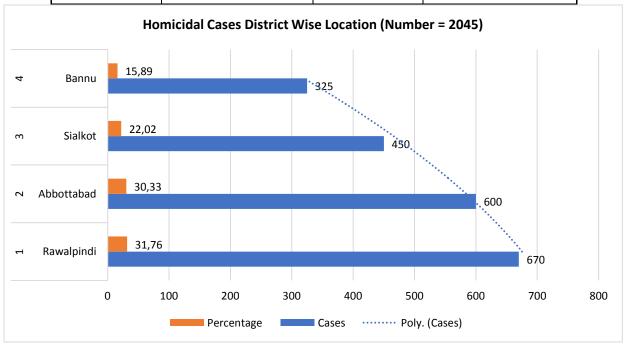
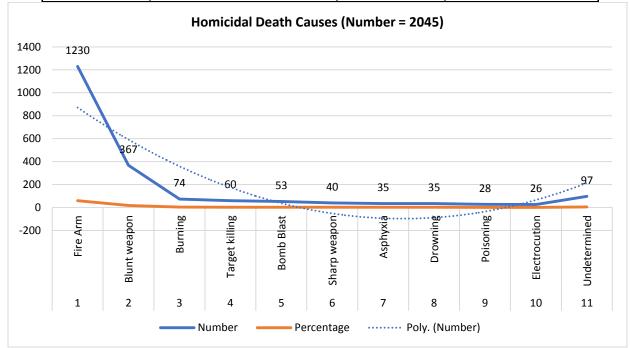


Table 3: Homicidal Death Causes (Number = 2045)

S No	Cause	Number	Percentage
1	Fire Arm	1230	60.14
2	Blunt weapon	367	17.94
3	Burning	74	3.61
4	Target killing	60	2.94
5	Bomb Blast	53	2.55
6	Sharp weapon	40	1.96
7	Asphyxia	35	1.72
8	Drowning	35	1.72
9	Poisoning	28	1.37
10	Electrocution	26	1.28
11	Undetermined	97	4.74



The causes of the injuries leading to deaths have been shown in Table – III.

DISCUSSION:

The research was completed in the time span of almost two years. The cases were observed in various cities such as Rawalpindi, Abbottabad, Sialkot and Bannu respectively as 31.76%, 30.33%, 22.02% and 15.89%.

The range of the age in the various homicide cases was observed as 21 - 30 years and 31 - 40 years respectively 30.84% and 31% having the issues of mobility and put themselves at violence in most of the time. Males were dominant in number as male victims were 67.24% in comparison to the female victims observed as 32.76%, this proportion is two third in comparison to the females. The reason behind this outcome is that women are less observed with

violence exposure ad also they are less mobile in comparison to males because of religious and cultural boundaries of our country.

Maximum cases were observed with the incidence of fire-arm which was the maximum proportion as we observed in our research (60.14%); these observations are linked with the research conducted by Khalil in Peshawar (2012). Similarly, Lahore and Faisalabad are also extremely risky cities for homicide [8, 9]. A research held at USA (New Mexico) also suggests about the preventions to reduce these homicidal deaths through restricting the use of fire-arms [10]. In a Georgian research the rate of homicide was observed as 48 percent and the commonly observed reason behind this incidence was

the use of fire-arms observed in the period of twenty years as (88%) [11, 12]. This research also forwarded the use of fire-arms but it was far less than our research as we compared, this may be because of better policy implementation about the fire-arm control [13].

There were 2.55% cases of bomb blast in our study. As the casualties in bomb blast are very high so every victim is not subjected to autopsy.14

Target killing cases were observed as 2.94% homicide cases sixty in number. We also observed the blunt trauma victims in our research as 367 cases with a proportion of 17.94%.

Sharp weapon use asphyxia and blunt trauma were observed as low which is also similar with the other research studies as we observed in our research [15]. United Kingdom was observed with an increased rate of deaths because of the sharp weapons and blunt trauma injuries resulting in the shape of death of an individual [16, 17]. The cases of asphyxia, sharp weapons and drowning were observed as 1.72%, 1.96% and 1.72% cases respectively.

We also noticed a homicidal electrocution trend which has been observed in our research in very meagre strength categorized as electrocution cases (1.28%) [18, 19].

We also observed a tendency of the poisoning in order to kill ad commit a homicidal act in our research as 1.37% cases. Cases of deaths because of burning were also studies on autopsy as 3.61% in this research.

We were not able to determine the death cause in 4.74% homicidal cases because of an advanced putrefaction that associated with the similar research studies held in Pakistan [20].

CONCLUSION:

There is a substantial increase in the death rate known as homicide deaths because of illegal possession of fire-arms. The possession of these arms needs strict supervision and control by the authorities specially in the careless and increased use. An improvised and better Law and order situation is the need of the hour in our country.

REFERENCES:

- Narayana Reddy KS. The Essentials of Forensic Medicine and Toxicology. 29th ed. Hyderabad, (india). Medical Book Company; 2010.
- 2. Parikh C.K. Parikh's Text Book of Medical jurisprudence, Forensic Medicine and

- Toxicology for Classrooms and Courtrooms. 6th ed. New Delhi (india); 1990.
- 3. Shivakumar BC, Vishwanath D, Srivastava PC. Trends of homicidal deaths at a tertiary care centre Bengaluru. J Indian Acad Forensic Med 2011; 33:120-4.
- 4. Hugar BS, Chandra GYP, Harish S, Jayanth SH. Pattern of homicidal deaths. J Indian Acad Forensic Med 2010; 32:194-8.
- 5. Santhosh CS, Vishwanathan KG, Satish Babu BS. Pattern of unnatural deaths A cross sectional study of autopsies at mortuary of KLES'S Hospital and MRC, Belgaum. J Indian Acad Forensic Med 2011; 33:18-20.
- Pradeep K. Mishra, Jayanthi Y, Sandeep S, Dubey BP. Pattern of injuries in homicidal deaths in Bhopal region. J Indian Acad Forensic Med 2012; 34:196-8.
- 7. Sisti D, Rocchi MB, Macciò A, Preti A. The epidemiology of homicide in Italy by season, day of the week and time of day. Med Sci Law 2012; 52:100-6.
- 8. Dhaval J Patel. Analysis of homicidal deaths in and around. Bastar Region of Chhattisgarh. J Indian Acad Forensic Med 2012: 34:139-42.
- Dhiraj B, Shailesh M. Pattern of injuries in homicidal cases in Greater Mumbai: a three year study. J Indian Acad Forensic Med 2011; 33:46-9.
- 10. Vij A, Menon A, Menezes RG, Kanchan T, Rastoqi P. A retrospective review of homicides in Mangalore, South India. J Forensic Leg Med 2010; 17:312-5.
- Marri MZ, Bashir MZ, Munawar AZ, Khalil ZH, Khalil IU. Analysis of homicidal deaths in Peshawar, Pakistan. J Ayub Med Coll Abbottabad 2006: 18:30 – 3.
- 12. Ali SMA, Khalil I. Pattern of homicidal deaths in Peshawar and effects of ban on local manufacturing of firearm. J Sheikh Zayed Med Coll 2012; 3:227 81.
- 13. Hussain Z, Shah MM, Afridi HK, Arif M. Homicidal deaths by firearm in Peshawar: an autopsy. J Ayub Med Coll abbottabad 2006; 18: 44 7.
- Humayun M, Khan D, Faseeuz-Zaman, Khan J, Khan O, Parveen Z, et al. Analysis of homicidal deaths in district DI Khan: an autopsy study. J Ayub Med Coll Abbottabad 2009; 21:155 – 7.
- 15. Bashir MZ, Saeed A, Khan D, Aslam M, Iqbal J, Ahmad M. Pattern of homicidal deaths in Faisalabad. J Ayub Med Coll Abbottabad 2004; 16:57 9.
- 16. Aziz K, Rana P, Malik SA. Homicide in Lahore. Pak Postgrad Med J 1999; 10:10 3.

- 17. Kazerouni NN, Shah N, Lathrop S, Landen M. Non-firearm-related homicide, New Mexico, 2001-2003. Inj Prev 2009; 15:317 21.
- 18. Heninger M, Hanzlick R. Nonnatural deaths of adolescents and teenagers: Fulton County, Georgia, 1985 2004. Am J Forensic Med Pathol 2008; 29:208 13.
- 19. Hannam AG. Trends in converted firearm in England & Wales as identified by the National Firearm Forensic Intelligence Database (NFFID) between September 2003 and September 2008. J Forensic Sci 2010; 55: 757 66.
- 20. Chapman J, Milroy CM. Firearm deaths in Yorkshire and Humberside. Forensic Sci Int 1992; 57: 181–9.