Electrocution Attributed To Supernatural Forces In The Niger Delta Region Of Nigeria: A Report Of Three Cases

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ABSTRACT

Background: Accidental deaths from electrocution in this environment are sometimes related to charm and witchcraft caused by one's enemies. The aim of this article is to highlight the problems of beliefs and accidental electrocution.

Method: We report three cases of accidental electrocution which was believed to be associated with traditional beliefs of witchcraft and charm.

Results: Autopsy findings in two cases showed characteristic electric burns (the joule burn which is the area of entry) without obvious organ changes. The third case revealed no burn but investigation of the scene of incidence and other sources of information are consistent with a diagnosis of electrocution.

Conclusion: Post mortem examination can assist to dispel misconception and unnecessary belief on cause of death in our community.

KEYWORDS: Electrocution; Witchcraft; Charms.

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INTRODUCTION

Killings associated with superstition, witchcraft and charms are primitive practices in Nigeria¹ and other African countries². In like manner, most sudden deaths in the Niger delta region are believed to be caused by some one else especially one's real or perceived enemies using supernatural means especially when such deaths are preceded by quarrels and disputes.

Deaths from electrocution usually cause serious problems in homes, families and the neighborhood in this part of the country. These deaths are difficult to investigate as forensic pathology is still a rare specialty among doctors and medico-legal investigations are still in the infantile stage in Nigeria³ when compared to technologically advanced countries.

This is a report of three cases of electrocution in different parts of the Niger delta region in which the causes of death were ignorantly and erroneously blamed on innocent citizens.

CASE 1

An explosive quarrel over their late husband's property broke out between two wives of a

polygamous home on a rainy day. The senior wife threatened to deal decisively with her mate if she continues to disturb her over her husband's Attention was attracted in the properties. neighbourhood and attempts were made unsuccessfully to settle the quarrel. evening of that same day, the daughter of the second wife returned from school and went into the toilet which is attached to the boy's quarter of the family house to ease herself. She suddenly shouted for help and fell down and died instantly. The first wife was accused of charming her mate's daughter because of the threats she gave in the early hours of the day. She was arrested by the police after being thoroughly beaten by the neighbours. The body was conveyed to the University of Port Harcourt Teaching Hospital (UPTH) mortuary for autopsy by the police after serving the Pathologist with the coroner's form which serves as consent and authority by the government for the autopsy.

Autopsy showed the body of a very pale adult negroid female of about 20 years of age. There was no mark of violence on the body to suggest physical assault. There was no obvious pathology to suggest the cause or accelerate death in the internal organs. The only pathology found was a burn in the index finger of the left hand (Joules burns) (Fig. 1). On seeing this, the investigation was extended to the scene of accident (the toilet) where an exposed naked live wire was found. This was also confirmed by some neighbours who were previously shocked by this wire. The death was attributed to electrocution.

CASE 2

Two workers in an oil servicing company went for a trade union election, which was preceded by a bitter campaign. The elections were conducted and one party emerged winner. An eye witness account stated that the loser boasted, he will not live to see the winner function as the chairman of the workers union. Shortly after this, the chairman collapsed and died suddenly. The entire people around believed that, it was the handiwork of his political opponent. This situation escalated to such a height that, the police was invited to arrest the said suspect and the case investigated. Coroner's inquest form was issued to the pathologist in UPTH to conduct an autopsy on the body.

Autopsy showed the body of an adult pale negroid male in his duty overall. There was no mark of violence or foul play on the body as to suspect physical assault nor was there any pathology in the systems to cause or accelerate death. At the upper right shoulder and the medial surface of the right arm were Joules burns (Fig. 2), which is suggestive of electrocution. The authors were informed that the victim was a welder in that company who went to perform his duty in a carbin where he met his death. The investigation was extended to the cabin and a naked live wire was found hanging unprotected in the ceiling. Death was therefore attributed to electrocution.

CASE 3

A 42-year old woman had a land dispute with another person in their neighbourhood. There had been quarrels and invocation of traditional deities over the ownership of the said property by the two families. There was a naked live wire that fell from the fascia board of the roof of her house into a surrounding pool of water near the doorpost of the victim. Unknown to this woman, she passed through this pool of water attempting to enter her house. She fell down and died. The pool of water also shocked neighbours that attempted saving her and they raised alarm. The wire was disconnected from the source and the police was invited to convey the body of the victim to UPTH mortuary and a coroner inquest form was served for an autopsy to be performed o n t h e body.

Autopsy showed a very pale woman without pathology in the systems to cause or accelerate death nor was there any Joule burn on the body to suspect electrocution. There was also no mark of violence to suspect foul play. There was information about a naked live wire in the pool of water this woman was found by those who attempted rescuing her. This information led the investigation to the scene and the live wire was confirmed. These findings and the degree of pallor of the body suggested electrocution as the probable cause of death

DISCUSSION

The passage of electric current through the body may be without effect on the tissues and organs depending upon the conductivity of the material, intensity of the current, duration of contact and the surface area of the skin^{4,5}.

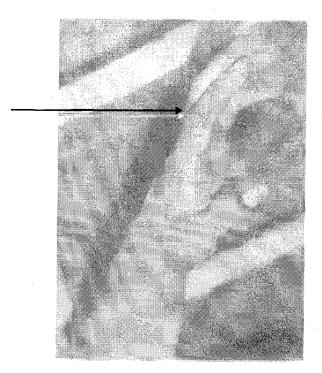


Fig. 1. Joules burn in the left index finger of the first case.

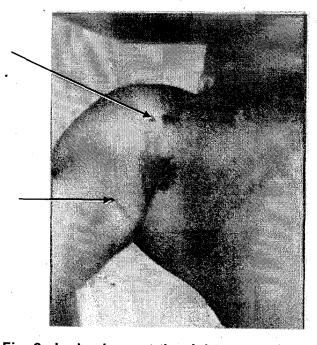


Fig. 2. Joules burn at the right upper shoulder and medial surface of the right arm of the second case.

Electric current may only cause surface burns in dry skin otherwise known as Joule's burns which is usually described as subcutaneous coagulation³. This pathology was found in the first and second cases. The area of burns is the point of contact with

the electric current and it is the point of entry of the current unto the body. The exit is usually the point in contact with the earth. Water is a good conductor of electricity. It is possible that the third case died from electrocution since a live naked wire was found in the pool of water she was found. Deaths from electrocution usually occur within seconds; with little or no damage to the tissues. Severe burns from high voltage current such as overhead high tension cables can cause death directly in addition to the flow of current. In all our three cases, death resulted from the discharge of current through the body rather than from burns. The pallor seen in all the cases was attributed to electrolysis of the blood cells with the passage of electric current in the body.

When current passes through the hand, the stronger flexor muscles of the arm go into spasm and cause a 'hold on effect' making the hand to stay longer at the point of contact. This may be responsible for the bending of the finger in our first victim. Most deaths from electrocution are likely to be due to cardiac arrythmias; usually ventricular fibrillation leading to cardiac arrest. The other pattern of death is respiratory arrest in which the current passing through the thorax causes the intercostal muscles and diaphragm to go into spasm or paralysis. In this case, respiratory movement might have been inhibited resulting in congestive or hypoxic death. This was most likely the pattern of death in the second case. This was not supported by

the reported autopsy findings in the second case.

In conclusion, some people of the Niger Delta region are ignorant of death by electrocution as majority are rural dwellers. The death is usually sudden, unexpected and mysterious without preceding foul play, and it is usually attributed to one's perceived or real enemies in the neighbourhood. The passage of the current through the body causes electrolysis of the red blood cells leading to anaemia, cardiac failure and paralysis of the diaphragm leading to respiratory failure. It is now clear that things are not always what they seem. The mode of death therefore is purely due to electricity and by no mean related to witchcraft or charm.

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