Case Report

Death on Track- Murder Mutilation: A Case Report

MadhuSudhan S[1], Aadamali Nadaf[2], Gajanan H Nayak[3], BG Shalawadi[4], Ravindra Kumar CN[5]

Abstract:
"Mutilation-murder" is an extremely rare crime and is defined as "those homicides where the offender tries to dismember the victim". We present a case of defensive type of murder mutilation in which assailants after committing a homicide placed a body over railway track. The postmortem injuries by train caused difficulty in identifying original nature of injuries due to mutilation of injured part. In such cases a visit to the scene of occurrence helps in ascertaining the nature and manner of injuries.

Keywords: Mutilation,murder-mutilation, railway injuries, cranio-facial trauma

Introduction:

Mutilation[1] (the act of removing or destroying a conspicuous or essential part or organ) of a corpse has always been viewed by society to be a more dreadful crime than the homicide itself. "Mutilation-murder" is an extremely rare crime and is defined as "those homicides where the offender try to dismember the victim" [2]. Puschel and Koops [3] have suggested four different kinds of homicidal mutilation:

Defensive: where the motive is to assist in hiding or moving the body, or getting rid of evidence, or making identification of the victim more difficult.

Aggressive: where the killing and mutilation is brought about by the same aggressive strong emotions.

Offensive: where the dismemberment is in fact the real purpose of the murder all along (lust and nacro sadistic murders).

Necromantic: mutilation carried out on a dead body with a purpose of using some body part(s) as a trophy, symbol or fetish.

Here we present a case of defensive type of murder mutilation.

[1]Postgraduate Student, [2]Assistant Professor, [3]Associate Professor, [4]Professor & Head,[5]Postgraduate Student, Department of Forensic Medicine & Toxicology, Karnataka Institute of Medical Sciences, Hubballi- 580021
Correspondance:DrMadhuSudhan S
Mobile No: +91 9902269303.
Email: madhushankar49@gmail.com

Case report:

The dead body of a 32 year old male was brought to Department of Forensic Medicine, Karnataka Institute of Medical Sciences, Hubballi by the railway police with a history of run-over by the train; the police suspected head had been cut off using a sharp weapon. Initially the case was brought as a railway accident; after postmortem examination the case turned out to be a homicide and case was registered under sections302 & 201 of Indian Penal Code (IPC). Autopsy was conducted on the same day. Clothes over the body were stained with blood, black oil, grease, mud and torn at places. Removal of clothes revealed the body of moderately built and nourished male. The length from tip of middle finger of outstretched left upper limb to middle of sternal notch was 83cm. Rigor mortis was present all over the body and faint postmortem staining was present over the front of the body. Blood stains were present over neck, front of chest and limbs at places. Black oil and grease stains were present over body at places. Head, portion of neck above the level of thyroid cartilage (Figure 1), right upper limb below the level of elbow and portion of lower two thirds of right thigh were missing. The right leg was brought separately along with the body (Figure 2). Postmortem peeling of skin was

present over left forearm, left hand, back of chest, back of abdomen and buttocks at places. Postmortem ant bite marks were present over front of chest and abdomen at places. On further examination following external injuries were found:-

1. Neck was crushed and separated at the upper border of thyroid cartilage, exposing lacerated larynx, muscles, vessels, nerves and fractured and crushed 5^{th} cervical vertebrae. The edges of crush injury showed abraded collar over sides and back of neck and front portion of margin of this injury was clean cut measuring 13cm in length (Figure 3). Portion of upper part of neck and head were missing. The cross section of injury shows extravasation of blood in anterior one third and posterior two third of same injury was pale and postmortem in nature (Figure4).
2. Abraded contusion measuring 6cm x 3cm present over front of neck, 0.5 cm below external injury No 1.
3. Two scratch abrasions 0.5cm apart each measuring 0.5cm in length were present over the right side of neck and were situated 3cm below injury No.1 and 5cm to the right of midline of neck.
4. Right upper limb was crushed and separated at the level of elbow, distal portion was missing and ends of crush injury were pale, abraded exposing lacerated muscles, vessels and fractured bones.
5. Abraded laceration measuring 5 cm x 4cm of bone depth present over front of left side of upper part of chest; underlying 3rd rib was fractured and postmortem in nature.
6. Right lower limb was crushed and separated at the level of upper part of thigh exposing lacerated muscles, vessels and fractured bone; portion of thigh structures were missing. The distal portion of limb, which was brought separately along with the body shows postmortem gnawing by animals exposing the underlying leg bones.
7. Multiple postmortem scratch and grazed abrasions measuring from 0.2 cm x 0.5cm to 3 cm x 7cm were present over back of both the shoulders, back of chest and abdomen and back of left thigh (Figure5).

Further dissection of neck showed diffuse extravasation of blood underneath the skin of front of neck, sides of neck and in strap muscles (Figure 6). Right lower cornu of thyroid cartilage was fractured with extravasation of blood in and around the fractured site (Figure 7). Thyroid cartilage was separated into two parts at its middle (postmortem in nature).

The neck structures posterior to thyroid cartilage were pale and postmortem in nature. Sternum at its upper one third, clavicles, left $1^{st}$to 7^{th} and right $1^{st}$to 11^{th} ribs were fractured and postmortem in nature. Internal organs were pale and surface of heart, lungs and liver showed multiple petechial haemorrhages. There was blood and blood clots in the trachea, bronchi up to bronchioles *(*Figure 8). Stomach contained 200ml of partially digested meal which smelled of alcohol. Blood could not be collected as it was drained and dried out, but viscera were preserved and were sent for chemical analysis.

Since the railway injuries mentioned above were postmortem in nature, we planned to visit of scene of occurrence immediately after postmortem examination. At the scene of occurrence it was observed that blood stains from the railway track could be traced to a nearby ground about 212 feet away from the track and pool of blood and drag marks were noted on the ground (Figure 9).

In view of the antemortem injuries found over anterior aspect of neck and presence of blood and clots up to deep respiratory tract and also from the observations made at scene of crime the provisional opinion as to the cause of death was given as 'death due to injuries sustained to the neck'. However the type of injury could not be made out due to mutilation and masking by postmortem injuries inflicted by running over by the train. The final opinion as to the cause of death was reserved pending the examination

of missing portions of the body and FSL reports. It was suggested to the investigating officer to search for and furnish missing portions of the body and that the case should be investigated as a homicide.

The police could not trace the missing parts of the body; even after a thorough search. The police brought an iron rod for examination; it was 54.5cm in length and had a circumference of 6cm (Figure 10). The chemical analysis revealed presence of alcohol in viscera.

After careful perusal of all facts including examination of weapon, the final opinion was given as death due to asphyxia as a result of aspiration of blood and blood clots in respiratory tract consequent upon injuries sustained to neck. However possibilities of cranio-facial injuries can't be ruled out.

Fig 1. Missing Head and portion of neck

Fig 2.Missing Right forearm, hand & portion of right thigh. Separately brought Right leg

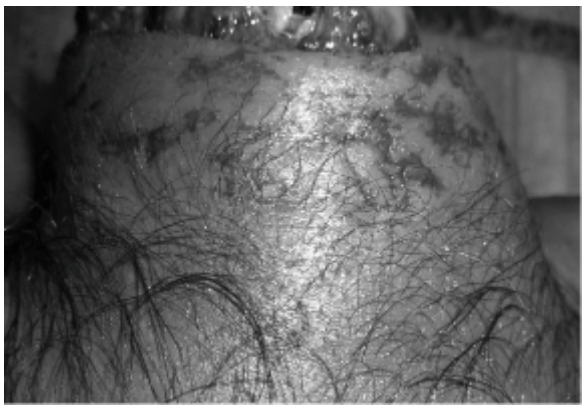

Fig 3.Clean-cut margin of anterior portion of neck with abraded contusion and scratch abrasions.

Fig 4.Cross section of neck showing extravasation of blood in anterior 1/3rd and posterior 2/3rd pale.

Fig 5.Multiple scratch and grazed abrasions over back of chest and abdomen

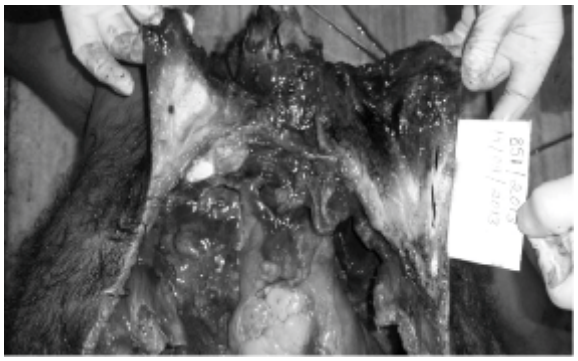

Fig 6.Extravasation of blood in subcutaneous tissue and strap muscles.

Discussion:

In the current case there was a confusion regarding the type of injury found on the neck, as there was a clean cut margin of crush injury in the anterior aspect but the posterior part of the same injury was postmortem in nature. After a thorough discussion we came to the following conclusions:

1. Death from a cut-throat depends on the nature and extent of local damage to the neck. Severe hemorrhage from the jugular veins, or less often the carotid arteries, may lead to death from exsanguinations. If the larynx or trachea is opened, then relatively minor haemorrhage from local vessels may cause blockage of the airways by blood and clot[4]. Clean-cut margin in our case could be due to cut-throat by a sharp weapon, which has caused bleeding into respiratory tract as evidenced by the presence of blood and clots in the respiratory tract. However the police even after thorough investigation couldn't find the sharp weapon used by the assailants. The postmortem nature of posterior part of the same injury could be due to postmortem running over by the train.

Fig 7.Fracture of right lower cornu of thyroid cartilage

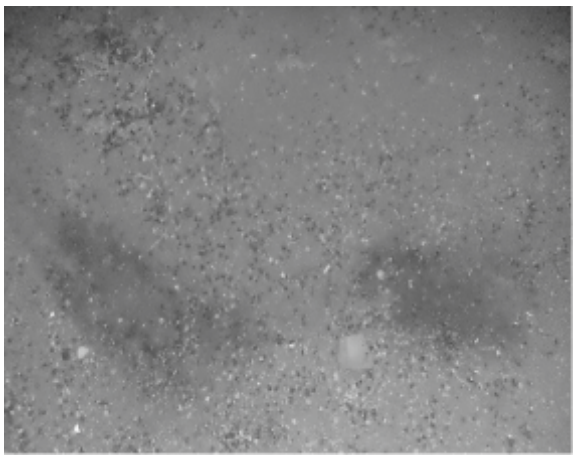

Fig 9.Scene of occurrence- blood noted on the ground, 212 feet away from the railway track.

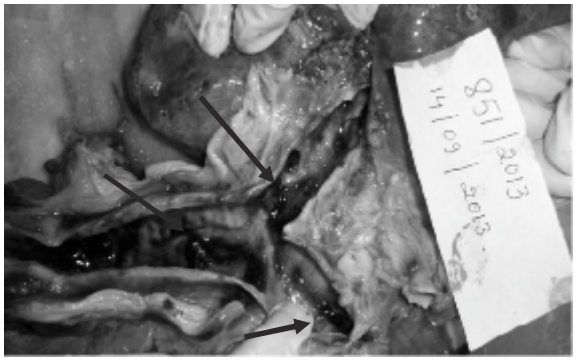

Fig 8.Blood and blood clots in trachea, deeper bronchi and bronchioles.

Fig10. Iron rod (weapon sent for examination).

2. Presence of antemortem abraded contusion over the neck could be due to blunt trauma using iron rod produced by the police and subsequent running over by the train which has caused further seepage of blood due to the previous injury over anterior aspect of the neck. Clean-cut margin could be due to stretching and

tearing of loose skin of anterior aspect of neck due to postmortem running over by train. We could not find any literature reference for clean cut margin due to run-over by train.

3. Facial injuries are life-threatening, because they can cause severe bleeding or interference with the airway[5]. Many cases of aspiration of blood into respiratory tract due to cranio-facial trauma have been reported. Sharma L, Sirohiwal B L, Paliwal P K, reported the case of a 30-year-old male victim suffered cranio-facial trauma in a criminal assault. Autopsy revealed an undiagnosed oral cavity bleeder which led to blood aspiration in the respiratory tract; choking was the eventual cause of death[6].The presence of blood and clots in trachea and deeper bronchi in our case could be due to cranio-facial injuries. However those parts were missing, hence presence of injuries could not be confirmed.

Presence of blood and clots in the trachea, bronchi up to bronchiolesin our case caused asphyxia; death was due to blunt trauma sustained by the neck. To conceal the injury, the body was dragged by the assailant and placed on the track, which caused multiple postmortem scratches and grazed abrasions over back of the body. Many cases of such murder and mutilation by train run-over have been reported. An important case was that of James Patrick Bulger, a 2-year-old boy from England, who was abducted, tortured and murdered by two 10-year-old boys. His mutilated body was found on a railway line two days after his murder. The two accused boys were found guilty making them the youngest convicted murderers in modern English history. The case has prompted widespread debate on the issue of how to handle young offenders when they are sentenced or released from custody[7].

In a study conducted by Rahul Gupta &Vijay Arora, nine cases of mutilation-homicide were identified. With the help of police investigation, primary and secondary crime scenes were documented in three cases of local inhabitant of the area (two were killed outdoor and one was killed indoor); whereas in all other cases the corpse were retrieved from secondary crime scene (i.e. the mud/ rocky- bank of rivulets along the national and state highways) used only to dispose of and get rid of the corpse[8]. This study was conducted in northern part of Himachal Pradesh which is snow land, with smaller population and rich in water bodies like river. Hence secondary place of occurrence were bank of rivulets in 6 out of 9 cases. But our location is crowded with high population and number of water bodies is low. Hence in our case, the assailant has adapted alternative way of disposal of dead body i.e. on railway track which causes extensive mutilation.

Conclusion:

Whenever there is an inconsistency between postmortem findings and the history, one should visit the scene of occurrence to ascertain the type and manner of injuries.

The railway injuries cause gross mutilation of the body and are likely to mask the antemortem injuries making their interpretation difficult. Hence one should be aware of murder-mutilation when bodies are brought from a railway track.

Due to easy accessibility to railway track, the dead bodies are likely to be disposed of without difficulty; such cases are likely to be of murder mutilation.

References:

1. Thomas CL. Taber's Cyclopedic Medical Dictionary. 16th ed. USA: FA Davis Company. 1989:1163.
2. W Kazumi, T Masayuki. Profiling Offenders in Mutilation--Murder Cases. Reports of the National Research Institute of Police Science. March 1999;39(2):1-19.
3. Pu¨schel K, Koops E, Zerstu¨ckelung und Verstu¨mmelung. Arch Kriminol 1987; 180:28–40 and 1987; 180:88–100.
4. Saukko P, Knight B. KNIGHT'S Forensic Pathology. 3rd ed. Chapter 7, Self-inflicted injury; p. 236-237.

5. Facial Trauma. <<a href='http://en.wikipedia.org/wiki/Facial_trauma. Last modified on 6 July 2014 at 15:42, assessed 09.11.2014.
6. Sharma L, Sirohiwal B L, Paliwal P K. Patient Drowns in own blood – A case report of a preventable death. Anil Aggrawal's Internet Journal of Forensic Medicine and Toxicology. (Serial online), 2013; Vol. 14, No. 2 (July- December 2013).
7. Murder of James Bulger. Wikepedia. The free encyclopedia. Available from http://en.wikipedia.org/wiki/Murder_of_James_Bulger. accessed on 09.11.2014.
8. Gupta R, Arora V. Profile of Mutilation-Murder in Northern Medico-legal Jurisdiction of Himachal Pradesh, India. J Indian Acad Forensic Med. April-June 2013; 35(2):151-155.