

Trauma or Throttling? – A Case Report

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Abstract

Deaths resulted due to constriction of neck may broadly result by many ways like, strangulation with ligature material or manually (throttling), hanging, bansdola etc. But the manner may be different in these conditions. Sometimes it becomes difficult for a forensic expert to clearly state whether the condition is homicidal, suicidal or accidental in nature. The problem of ascertaining the manner becomes further elusive in case of injuries present over the body. One such case is being discussed here where the alleged, a coolie (manual labour) who died while he was asleep at night due to asphyxia. The injuries present over the body were considered before ascertaining the manner of death.

Key words: asphyxia; manual strangulation; manner of death;

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Introduction:

Asphyxia is a common mode of murder. Violent asphyxial deaths are of very common occurrence and constitute a large group among medico-legal autopsies. The autopsy surgeons frequently come across cases of suicides, homicides, accidents in the form of hanging, drowning, strangulation, suffocation, smothering, autoerotic asphyxia and traumatic asphyxia. Hanging & drowning are commonly encountered as suicidal cases while strangulation deaths including throttling are usually homicidal in nature. It is essential to differentiate between different types of asphyxia deaths, especially between hanging and strangulation by ligature. The injuries present over the body many a times help the forensic expert to arrive at a conclusion regarding manner of death. In addition to the cause of

death, the post-mortem can help the investigators to arrive at a conclusion about manner of death.

Case report:

The 35years old male, working as a coolie had habit of drinking excessive alcohol. He used to sleep on the roadside open spaces at his will during night time after consumption of alcohol. One day while sleeping at an open space belonging to a neighbour, he woke up in the midnight and asked for water to drink and again slept after drinking water. The victim did not wake up the next morning and was died during the asleep. The neighbours noticed few injuries over the body and attributed them to the after effects of drunkenness. The case was booked as unnatural death and the dead body was brought to our mortuary for autopsy by the investigating officers after preliminary crime scene examination and the inquest. The post-mortem examination done to ascertain cause of death.

At autopsy, on external examination: Bilateral black eye along with sub conjunctival haemorrhage was present. Blood stained

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discharge was present at both the nostrils. Swelling of the left side of the face was present. Right arm showed the swelling deformity. Multiple abrasions and contusions of varying dimensions and varying ages were present all over the body suggestive of involvement of the deceased in a fight.

Internal Examination revealed the scalp contusion, measuring 6x3 cm present over the right temporal region. Brain was congested and oedematous. Diffuse subarachnoid haemorrhage was present over the left cerebral hemisphere and entire cerebellum. Diffuse contusion was present over the front of the neck muscles bilaterally (Figure 1).

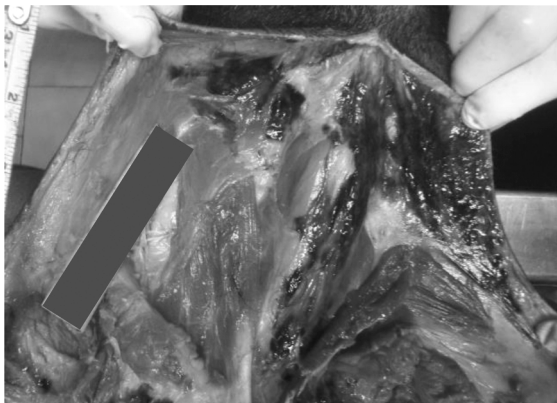


Figure 1: Contusion of neck structures

Thyroid, cricoid cartilage and hyoid bone were intact and unremarkable. Fracture of 2nd and 3rd rib on the left side in the midclavicular line was noted. Para vertebral contusion, measuring 20x12 cm was present corresponding to T3 - T8 vertebrae on left side.

The viscera and fluids sent for chemical analysis revealed the presence of Ethyl Alcohol 132.25 mg/100 ml (in blood) and 152.95 mg/100 ml (in urine). The cause of death was opined as deceased died due to cumulative effects of head injury due to blunt force trauma to head and manual strangulation.

Discussion

In cases of homicides, the three most common methods are sharp force, blunt force, and

asphyxia.¹ Asphyxial method commonly used for homicidal purposes in the strangulation. Strangulation can be defined as violent mechanical asphyxia death caused by closure of the blood vessels and / or air passages of the neck as a result of external pressure on the neck.² In a study done in German from 1978–1988, 13% of male and 47.5% of female homicide victims died from strangulation.³ Deaths resulting from asphyxia consequent upon manual strangulation raise the suspicion of homicide. This method is employed when the victim is an infant, a child or woman. Healthy adults can be throttled only when they are under the influence of drugs or other intoxicants. Examination of scene of crime is very important and has to be done carefully.⁴

In this case, the preliminary information by police as narrated before post-mortem examination and mentioned in requisition letter was sudden death due to myocardial infarction. But the post-mortem findings included multiple abrasions and abraded contusions all over the body strongly suggesting homicide. The finding in the form of abrasions and contusions present over the neck raise the suspicion of manual strangulation which made us to continue the post-mortem examination with bloodless dissection of neck. The internal findings over the neck confirmed manual strangulation. The quantity of alcohol present in the blood of the victim suggested the incapacity of the victim, which helped the assailants to accomplish the act of throttling.

In manual strangulation or throttling, a form of violent asphyxiation, the neck is compressed with hands. The upper part of the neck is mostly affected and it may be compressed from the front, back or from any side and one or both hands are used. Throttling for all practical purposes is always homicidal⁵ as suicidal throttling is not possible due to the fact that the person cannot maintain pressure over his own neck till death. The partial asphyxia caused during the process may bring the person in unconscious state and the resulting hypoxia causes muscular relaxation.

Thus the process of throttling cannot be completed. The manual strangulation is by far the most common means of asphyxial homicide. But the findings of a British study conducted by Scott⁵ showed ligature strangulation to be twice as common as manual strangulation. Unfortunately, there is no indication as to the age and gender of these victims of asphyxial homicide.⁶ The alcoholism and drug abuse illustrate the general tendency in a homicide victims.⁷ The victim in our case was also under the influence of alcohol.

Conclusion

Asphyxial homicide seems to be a method favoured by a physically superior person toward a victim with considerably less physical strength. This is illustrated by the great proportion of females & child victims and healthy adults throttled when they are under the influence of drugs or other intoxicants like ethyl alcohol. The investigating agencies register criminal case as unnatural under pressure or on mere statements of the people present in the vicinity without prior investigation or, due to atypical nature and appearance of the dead body. Under such situations, the forensic experts must suggest regarding the probable time and give ample time to the investigating agencies for complete and thorough investigation of the case and then only

a final opinion should be given about the manner of death.'

References:

1. Hougen HP, Rogde S, Poulsen K. Homicides in two Scandinavian capitals. *Am J Forensic Med Pathol.* 1999; 20:293–9.
2. Sauvageau A., Boghossian E.; Classification of asphyxia: The need for standardization. *J Forensic Sci.* 2010; 55; 1259-67.
3. Fischer J, Kleemann WJ, Tröger HD. Types of trauma in cases of homicide. *Forensic Sci Int* 1994; 68:161–7.
4. Dixit PC. Asphyxial Deaths. In: *Textbook of Forensic Medicine and Toxicology*. 1st Edition. New Delhi: Peepee Publishers. 2007; p. 294, 300.
5. Nandy A. Violent Asphyxial Deaths. In: *Principles of Forensic Medicine*; 2nd Edition. Calcutta: New Central Book Agency (P) Ltd, 2005; p. 319-327.
6. Scott KW. Homicide patterns in the West Midlands. *Med Sci Law* 1990; 30:234–8.
7. Darke S, Duflou J. Toxicology and Circumstances of Death of Homicide Victims in New South Wales, Australia 1996–2005. *Journal of Forensic Sciences*. 2008; 53(2): 447–451.