JIAFM, 2004; 26(3). *ISSN 0971-0973*

AUTO EROTIC HANGING BROUGHT AS A CASE OF SUICIDAL HANGING - A CASE REPORT

Dr. Memchoubi Ph, Senior Tutor,
Dr. Fremingston KM, Post Graduate Student,
Dr. Pradipkumar Kh, Post Graduate Student,
Dr. H.Nabachandra, Professor
Department of Forensic Medicine, Regional Institute of Medical Sciences, Imphal, Manipur, 795004.

ABSTRACT:
A rare case of auto erotic hanging brought as a case of suicidal partial hanging is reported in this paper. Hanging is usually considered suicidal if not proved otherwise. The findings which were corroborative of auto erotic hanging decided that this was a case of accidental and not suicidal hanging.

KEY WORDS: Partial hanging, semi-erect penis, seminal emission, padded noose.

INTRODUCTION:

Accidental hanging in the course of some abnormal sexual practice has certain characteristics which are virtually specific. The victims are exclusively males. Some are nude, some are attired in female garments and others, if normally clothed, may have opened their trousers and there is evidence of manipulation or bandaging of the genitals. Protection of the neck is by soft material, a handkerchief, vest or other cloth, interposed between the ligature and the skin of the neck [1].

CASE REPORT:

One day, it was reported to the police that a constable of the 1st IRB (Indian Reserve Battalion) posted at Imphal was found hanging in the morning inside his quarter. He was a 44 year old man married with 2 (two) kids and staying with his wife and children in his quarter. On PME, stature was 5 ft. 5 inches weighing 50 kgs, of average build, fair nutrition. The lower half of the body was naked. He was wearing only a half-sleeved T-shirt.

Rigor mortis was fully developed, postmortem staining was present on the distal aspects of the limbs and fixed, saliva stains extended from the left angle of the mouth to the chest, tongue was bitten, head and neck congested, cyanosis present and penis was found to be semi-erect with dry seminal stain on the thigh which formed a very important finding.

One old blue plastic rope was tied around the neck in the form of a running noose. His vest was loosely wrapped around the neck beneath the rope to act as padding for the noose.

Ligature mark was found in the neck as a parchmentised groove high up in the neck, 40 cms x 1.0 cm, going obliquely upwards towards the right mastoid region. Internally, there was fracture of the hyoid and transverse tear of intima of both common carotid arteries. Viscera were congested. Blood was dark and fluidish. Stomach was full.

Death was concluded to be due to asphyxia as a result of hanging.

DISCUSSION:

Sexual deviation not infrequently leads to the performance of sexual acts in circumstances of partial asphyxia, which may enhance sexual sensation [1]. Homicidal and suicidal hanging has been reported by many and has been observed to have enough potential for creating controversy [2,3].

Hanging is a common method of committing suicide. A typical method is to attach a rope to a high point, the lower end formed into either a fixed loop or a slip-knot which is placed around the neck [4].

In the present case, according to the inquest the body was partially suspended with the feet on the ground and the knees flexed as if he had been sitting on a chair which was nearby. The upper end



AUTO EROTIC HANGING



AUTO EROTIC HANGING

of the rope was tied to a window bar and noose was a running one, padded with his vest, which shows no intention of suicide. Also the semi-erect penis and seminal stains and the naked lower half of the body show that he had been indulging in a practice of sexual deviation.

CONCLUSION:

Absence of obvious motive for suicide (Lack of suicide note, financial or personal problems) points to another aspect of hanging. There was no evidence of foul play. So, accidental hanging during the process of auto erotic practice was strongly substantiated by the corroborative findings. Also, on further inquiries, history showed evidence of abnormal sexual predilections.

REFERENCES:

1. Polson CJ, Gee DJ. Hanging: The Essentials of Forensic Medicine, 4th edition, Pergamon Press: New York, 1986: 357-388.
2. Dalal JS, Gorea RK, Thind AS. Triple homicidal hangings presented as suicidal hanging – a case report: Journal of Indian Academy of Forensic Medicine, 1999; 21(4): 86-88.
3. Sharma SK. Suicidal versus postmortem hanging – a case report (artefactual implications), Journal of Forensic Medicine and Toxicology, Jan-June, 2000; 17(1): 34-36.
4. Reddy KSN. Mechanical asphyxia, The Essentials of Forensic Medicine, K. Suguna Devi, Hyderabad, 19th Edition, 2000: 283-316.