STRANGULATION & SUFFOCATION

It is defined as a mode of violent asphyxial death which result from the constriction of the passages at the neck by any means other than the weight of the body and where there is no suspension. The constriction may be effected by (a) ligature around the neck (b) by hand i.e. by throttling (c) by squeezing between two sticks or by one stick against a hard surface. In strangulation, asphyxia plays a prominent role than in death due to hanging.

In strangulation cases, the following post-mortem appearances could be seen: Face swollen and blue, lips blue, eyes opened, eyeballs bulging out, pupils dilated, tongue swollen and between the teeth, •• blood stained froth from mouth to nostrils (Photo-11).Hands clenched due to relaxation of the muscles, urine, and faeces may come out.

In cases of strangulation due to ligature, the mark would be in the lower part of the neck, and is transversely circular and complete. Near the ligature, abrasions or bruises could be found. The mark is slightly depressed and the breadth may correspond to that of the ligature. The ligature mark is rarely hard and parchment like as in the case of hanging.

Homicidal strangulation is common, suicidal and accidental strangulation are uncommon. The signs of struggle and violence will be evident on other parts of the body.

As a murderer uses more violence than is necessary to kill, greater local injuries are found in cases^of homicidal strangulation. It is important to look for the number of knots in strangulation. One knot may indicate suicide or homicide, two knots - suggestive of homicide and three knots or more- definite of homicide. After strangulation by a ligature, the body may



Photo- 15 Death due to strangulation

be suspended in order to

look like suicidal hanging. In such cases, two ligature marks would be found- one at the lower part, transverse, complete and continuous and another at the upper part, oblique and non- continuous.

Sometimes, in suicidal hanging two turns may have been given which show ligature marks at the upper part, oblique but continuous. However, both the marks on the neck would be separate and distinct. In the homicidal cases both the marks would be continuous and would appear side by side.

Throttling

Throttling could be defined as manual strangulation. This is effected by application of fingers, palms and other hard objects by compressing the throat. The death is caused by (a) asphyxia (b) syncope (inadequate supply of blood to the brain)

External findings

Face blackish blue in colour with swelling and may also show bruises, eyes protruding, tongue swollen, protruded between the teeth, lips may be bruised from pressure of the assailant's violence. Bleeding is observed sometimes from mouth, nose and even from the eyes. Sometimes bruises, fracture of ribs are seen as a result of struggle.

In cases of throttling, the impression of thumb is on one side of the front of the neck and that of the four fingers in the opposite side. In case the right hand of the assailant is used, the mark of the thumb will be placed on the right side of the victim and the marks of the four fingers on the left side. If left hand is used by the assailant, the location of marks would be reversed. The marks produced by the thumb, are placed at a higher level than the marks produced by the fingers. These marks which are virtually bruises, look prominent.

They are often associated with finger nail marks at their upper parts with their convexity upwards and downwards. If seen soon after the death, these marks are red and soft but if seen several hours later, they may have parchment appearances, i.e. dry, hard and reddish brown.

Cases of throttling can never be accidental, may be suicidal in cases of lunatics and epileptics. The victims of throttling are commonly children, females or weak individuals.

SUFFOCATION

It is a form of asphyxial death in which air is prevented from entering the lungs by means other than compression of neck. It may result from external as well as internal causes. Closure of the mouth or nostrils and pressure on the chest are the example of external causes (Photo-12). The internal causes are due to closure of the glottis and the air tubes, deprivation of oxygen, depletion of oxygen in the atmosphere due to inhalation of irrespirable or non-respirable gases like carbon dioxide, carbon monoxide, sewer gas, irritant vapours from corrosive mineral acids, ammonia gas etc. Smothering or closure of mouth and nostrils by hand, pillows, towels result in suffocation. Closure of glottis caused by foreign bodies in the air passages, resulting in choking leads to death by suffocation. Due to staying in an atmosphere deficient in oxygen, in the high attitudes and in poisonous gases, suffocation leads to death.

In suffocation, the most post-mortem appearances are highly pronounced. The face turns blue, eyes opened, eye balls prominent, tongue protruded, blood stained froth from mouth and nostrils and hands are clenched. If the victim is capable of offering resistance, there may be marks of violence viz. bruises and abrasions on the body. Lips, externally and internally may have injuries. In cases of death due to chest compression, ribs may have been fractured. In rare cases, particularly in the young, fracture of the cervical vertebra is noticed

Internally, there may be foreign bodies in the mouth and throat and in the air passages. The



Photo-16| Suffocation death caused by pressure on the chest

lungs are deeply congested, sometimes accompanied by bleeding.

Summary

1. Visit to the- scene of crime by senior police officers/ I.O/ forensic expert is essential.
2. External appearance of face, head, eyes, tongue, ears etc. should be noted. Patechial haemorrhages if any should be recorded.
3. Any evidence of struggle marks, physical evidence in the fists, nails and necks are important. Any pieces of cloth suspected to have been used as gags should be collected and examined carefully for the presence of saliva.
4. The neck position should be examined carefully for injuries, ligatures, knots by means of ropes/ strings. The nature of ligature mark i.e. appearance, position, dimension, number of such ligature marks are to be noted.
5. Photographs of the entire body, injuries and other physical evidence should be made available along with the case file.
6. Laboratory specimens for analysis should be collected properly checked and packed.