A Cut Throat Associated With Ligature Strangulation in Victim of Murder.

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Abstract:
Hanging is one of the most common method opted for committing suicide in India. The presence of ligature mark and its characteristics like its position, direction and appearance over the neck are the most significant criteria to deal with in cases of asphyxial deaths, either due to hanging or strangulation. Various authors have reported controversies regarding the cause of death in the cases of hanging and strangulation. It has been reported in literature that determined person may commit suicide by cutting his throat first and finally hang himself to produce the death while on the contrary; it is rare to observe it in cases of homicide, where an accuse will first cut the throat of the victim and then he will strangle him. One such rare case was brought to us for the autopsy examination with an alleged history of hanging in which the ligature mark and cut throat injury both were present over the neck. The police presumed that the injuries were sustained due to slipping of ligature during suspension, while after autopsy it was concluded a homicidal cut throat followed by ligature strangulation. This case represents a rare and unexpected presence of two different mechanisms of homicide in one.

Key words: Asphyxia, Cut throat, Homicide and Strangulation.

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INTRODUCTION:
Hanging can be of different types, but commonly it is suicidal in nature. The age of the victim may be anywhere between extremes of life and both sexes are almost equally prone. In medico legal cases we have noticed that the person who is committed to suicide can opt many methods to end his life and hanging may be the last one. Cases have been reported where gagging, tying or fixing the limbs, stabbing or cut throat injuries and even the attempt by firearm injury was resorted but being unsuccessful, and hanging was followed as a last resort¹. Sometimes injuries present around the ligature mark may mislead the forensic pathologist in drawing conclusions regarding the nature of death, which can be produced either by the victim himself during the process of hanging or by an assailant during strangulation, which is explained by the others². Injuries produced as a result of medical intervention during the treatment of asphyxia deaths may also lead to confusion in certain cases during the
investigation and postmortem examination and inappropriate or improper documentation of such iatrogenic injuries in clinical records can further raise the suspicion regarding the nature of death. In the case presented here the cut throat injury was found in association with ligature mark over the neck region, which was also confusing the nature of death. In such cases the controversies regarding the manner of death to contemplate the medico-legal opinion of hanging or strangulation is usually raised by the relatives of the deceased or sometimes also by the investigating officer with the hope to change the opinion in their favor. In these cases the burden of explanation regarding the manner of the death of the victim to a non medical person is a tedious job for autopsy surgeon.

**CASE HISTORY:**

Dead body of a 45 year male was found in supine position over the floor of his bedroom with some blood stains near neck as well as over his bed. A piece of plastic rope of 3.5 meter length was also recovered from the scene of crime. The body was shifted to the forensic medicine department for autopsy with an alleged history of hanging. An inquest was prepared by investigating officer and he mentioned probable cause of death 'hanging' with no other injury over the body except ligature mark around the neck. During autopsy, we found that the body was that of a moderately built and moderately nourished male weighing 62 kg and measuring 166 cm in length. Dried blood stains were present over the collar of the shirt. The body was in an early state of decomposition showing distension of abdomen and slight greenish discoloration over the right iliac fossa. Superficial incised wound of size 7X3 cm, thyroid cartilage deep was present horizontally over the middle and front area of neck, which was going upwards from left to right side with ecchymosed blood in margins. Skin, subcutaneous tissues and superficial fibers of the sternocleidomastoid muscle on the right side of neck was cut without affecting the deep and vital tissues of the neck. Just above the incised wound, brownish and parchment like imprint ligature mark was found, which was transversely going backwards and completely surrounding the neck circumference. The length of ligature mark was 39 cm and width was 1.5 cm. The deeper tissues of neck underlying the ligature mark were also showing bruises of subcutaneous tissues, strap muscles and extravasations of blood in para-tracheal tissues with fracture of greater horn of thyroid cartilage on left side. Signs of struggle in the form of nail mark abrasions and irregular small contusions over the front of the chest, the lower part of both forearms and hands were also found with sub-conjunctiva hemorrhages in both eyes and dried blood inside the nostrils. Routine viscera were preserved for chemical analysis because the viscera were congested and smell of alcohol was coming out from the gastric contents, which was later confirmed by toxicological analysis as
ethyl alcohol 60 mg% in blood. Finally the cause of death was concluded as 'asphyxia on account of ligature strangulation'. The suspect was detained by the investigating officer and during the investigation he accepted that he has murdered the victim because of their financial dispute. At the time of committing crime he tried to cut the throat of the victim with the help of a kitchen knife but failed to produce death due to breakage of its handle and finally he strangulated him with a plastic rope, which was also recovered from the scene of crime.

DISCUSSION:

Cases of hanging and strangulation are commonly encountered in the day to day practice of forensic medicine. Hanging is a common method of committing suicide, while strangulation should be considered as homicidal until unless the opposing findings are present. But sometimes, the finding is intermingled with each other or not so clear to opine regarding the exact nature of death as we have noticed in the present case where an incised wound was observed with a complete and transversely situated ligature mark over the neck. Though the incised wound was not fatal but the pattern and direction was indicating its homicidal nature. The deeper tissues of neck underlying the ligature marks were showing bruises of subcutaneous tissues, strap muscles and extravasations of blood in para-tracheal tissues with fracture of thyroid cartilage. Other corroborative findings (signs of struggle) in the form of abrasions and contusions over the front of the chest, both forearms and hands with sub-conjunctival hemorrhages were also indicating that this was a case of homicide, which was confirmed later during police investigations. At first sight such cases can mislead to investigating agencies as well as to autopsy surgeon regarding the nature of death and many a times the manner of death also has been determined wrongly by autopsy surgeons. Chances of errors increased further when such cases of asphyxia are handled by the medical officers, who may not have much knowledge and experience of medico-legal autopsy. These cases are often referred to the forensic medicine department for expert opinion, where it is more difficult to opine regarding the manner of death in the absence of dead body. When any injury present over the neck region in association with ligature mark, it is always necessary to examine them properly and try to differentiate their mannerism of production to reach to a right conclusion so that the victim gets his due justice. Sirohiwal et al have reported a case of ligature strangulation, which was fabricated as suicidal hanging by the accused. Limitations in suspected deaths due to asphyxia have further increased in many folds due to lack of proper history by relatives and investigating officers who are not aware enough about the incidence and its whereabouts due to many reasons. The interpretation of ante-mortem findings in such controversial cases of asphyxia is a difficult task for the autopsy surgeon and this job becomes more tedious when
injuries are also present in association with ligature mark over the neck. In many cases of hanging, we have also observed the injuries in the form of abrasions and even lacerations over the skin of the neck due to slipping of ligature during the suspension of the body or sometimes may be produced by a person himself, who is gasping for the air in his last moment of death, or may be a result of multiple attempts to produce death by a determined suicide or rarely may be a result of multiple homicidal acts done by the accused.

The cases are reported by various authors in which ligature mark over neck was found in association with other injuries over the body and the hanging was followed as the last resort but the association of homicidal cut throat with ligature marks of strangulation is uncommon and un-expected in practice of forensic medicine, which was there in the present case. The psychology of crime also says that a determined murderer will terminate the life of his enemy either by strangulating him with a ligature or by cutting his throat with a sharp edged weapon as either of the methods is potent enough to produce death of the victim in the ordinary course of nature. In the present case unexpected association of both types of injuries were observed over the neck region because cut-throat tried by the accused was not enough to produce the death of the victim due to the breaking of the handle of the weapon and finally he strangulated him to death, which was also confirmed later during the police investigations. This unique case highlights the use and importance of correlation of autopsy findings in the history and circumstantial evidences in medico-legal practice, in the absence of which manner of death can be determined wrongly at times.

CONCLUSION:

Hanging and strangulation are effective methods to terminate the life of the victim and both can be carried out even by the people who are physically disabled. Even a slight and sudden pressure over neck can cause death of the victim and that may also not produce enough ante-mortem findings to diagnose the death during autopsy. Difficulty regarding opinion about the most probable cause of death in these cases increases manifold when the findings are minimal or absent or intermingling with each other or when injuries in association with the ligature mark are present over the neck region. This case represents an unexpected association of two different modes of death, which is uncommon in practice of Forensic Medicine and probably also has not been reported in any publication so far. Interpretation of cause of death with its manner in such cases is of utmost importance and of the responsibility of the autopsy surgeon so that further investigations can be carried out on the right lines.
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