



## SUICIDE OR HOMICIDE-A CASE REPORT

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<p><b>Article Info</b> Received 15/02/2015 Revised 27/02/2015 Accepted 02/03/2015</p> <p><b>Key words:</b> Suicidal cut - throat injury, Homicidal incised wound, Hesitation cuts</p>	<p><b>ABSTRACT</b> Dead body of a male aged about 40/42 years was brought for post mortem examination in the mortuary of Department of Forensic Medicine, GGS Medical College, Faridkot, with the history of injuries over the neck. On autopsy, multiple injuries were seen on neck. Pattern of cut-throat injury, its direction and associated injuries were reconstructed during the autopsy examination. The details of post mortem findings have been discussed in this case report.</p>
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### INTRODUCTION

Suicide in Latin *suicidium*, from *sui caedere*, 'to kill oneself' act of a human being intentionally causing his or her own death. Causes of suicide are mental illness which frequently present at the time of suicide (estimated from 87-98%), drug abuse, social causes such as defiance or protest, judicial causes such as avoiding prosecution and disgrace, military causes i.e. preemptive suicide to avoid being captured, religious cause in the belief that it will provide heavens. Leading method of suicide varies dramatically from country to country, such as hanging, pesticide consuming (worldwide 30%), firearms (52% in the USA), asphyxiation, sharp weapon injuries, exsanguination (bloodletting), drowning, self-immolation, electrocution and starvation by intent. Homicide means (Latin: *homicidium*, Latin: *homo* human being + Latin: *caedere* to cut, kill), the act of a human killing another human, not always a punishable act under the criminal law.

### Definition of Culpable Homicide – Section 299 of Indian Penal Code, 1860

Whoever causes death by committing an act with an intention of causing death, or with an intention of causing such bodily injury as is likely to cause death, or with the knowledge that he is likely by such act to cause a

death, commits an offense of culpable homicide. Determination of manner of death, whether suicidal, accidental or homicidal, is one of the most difficult tasks for a Forensic pathologist or Medical Examiner. In Indian legal system the direction of any criminal investigation is decided by the police. A Forensic Pathologist may play a crucial role in assisting the investigating agency, his opinion may be vital in initiating or conducting a homicide investigation in the early stages of death investigation, a decision which may have serious consequences later on. Proper and meticulous study of crime scene may play a vital role in investigation and carefully performing the autopsy to ascertain the manner of death in such cases.

This paper describes a case of fatal cut-throat injury which was labeled as homicide after meticulous autopsy but the investigation agency labeled as suicide.

### Case Report

A custodial death case was brought from Central Jail Faridkot for postmortem examination to the mortuary of Forensic Medicine, GGS Medical College, Faridkot. The post mortem was conducted as per guidelines of National Human Right Commission. The dead body was of male aged about 40/42 years, having height of 5feet and 11



inches, wearing dark grey shirt, navy blue jeans, and maroon underwear. All clothes were intact, having no cuts or tears. Clothes were soiled with blood. Rigor mortis was present all over the body, postmortem staining was present over the back, sparing the area of contact flattening.

Following injuries were found on the body of deceased:-

1. An incised stab wound, elliptical in shape 6x1.5cm on the front of neck; 4.5cm above sternal notch, clotted blood was present. On dissection the depth of the wound was 9 cm, the trachea was cut deep to the injury and the depth of the wound was directed backwards, downwards and towards left.
2. An incised wound 8x2.5cm on the front of neck, 4cm above injury no. 1, clotted blood was present. On dissection the depth of wound was 11cm, larynx was found cut deep to the injury and the cut was extending to the posterior laryngeal wall at the level of the body of C<sub>3-4</sub> of cervical vertebra, the trachea between injury no. 1 and 2 was full of clotted blood.
3. A superficial incised wound 6x0.3cm on the left side of injury no. 2 on the left side of neck, clotted blood was present.
4. An incised wound 7x1.5cm on the right lateral aspect of neck with tailing of 1.5cm on each side of wound, 7cm below ear lobule, clotted blood was present.
5. A superficial incised wound 9x0.4cm on the left side of neck 4cm below ear lobule, clotted blood was present.
6. A superficial incised wound 3x0.5cm on the front of left side of wrist extending from the lateral side of wrist, clotted blood was present.

All the internal organs were pale, stomach mucosa NAD and contained about 150ml of watery fluid having no peculiar smell, small intestine NAD contained chyme and large intestine NAD contained fecal matter.

The cause of death was declared as hemorrhage and shock as a result of injuries and injury no. 1 and 2 were individually and collectively were sufficient to cause death in ordinary course of nature. All the injuries were ante mortem in nature. The probable duration of death was about 12 to 24 hours. The manner of causation of injuries was declared as the circumstantial evidence should be taken into consideration. The various inquiries were conducted at various levels and the weapon of offence was brought forward--was a steel spoon with grinded sharp edges on both sides of the handle of spoon. The result of

various inquiries conducted at various levels was that--manner of death was suicide.

## DISCUSSION

There are certain characteristics specifically associated with self-inflicted sharp injury. These injuries are commonly seen on accessible parts of the body such as wrist, elbow and rarely over the neck and are usually superficial. For a right handed person self-inflicted injury is seen over the left side of the body, directed from left to right, with greater depth on the left and tailing off to the right.

In the present case, two injuries were present over the neck and also these were very deep extending up to posterior wall of trachea and larynx, which makes this case very unique as far as the result of various inquiries reported by the investigating agency. Biagio Solarino et al, have reported 3 such cases in Italy and Germany, but in none of the cases, depth of the wound was as deep as seen in the present case [1]. The hypothesis of homicide is strong, that two main wounds on neck which is very rare, in case of suicide and that also with a spoon which has been brought forward by investigating agencies as weapon of offence having length of handle 7.5cm long only which cannot cause these type of injuries. In this case, other three injuries on neck and one on left side of wrist which was mainly of superficial nature. Just for the sake of argument if we suppose these injuries as hesitation or tentative cuts, as it may be human instinct to preserve life [2,3]. Hesitation cuts have been described in 60-80% of such cases [4]. On the contrary, Shetty BS et al have reported a case in which no hesitation marks were found [5]. But the presence of two main wounds which are deep in nature cannot be explained by this suicidal theory.

## CONCLUSION

In conclusion, the injuries were quite deep enough can only be homicidal in nature. Suicide may be suspected in initial stages by a lay person, it is very hard to understand that somebody cannot slit his throat twice with the tendency to commit suicide. But proper history, crime scene investigation and meticulous autopsy can assist in correctly establishing the manner of death in such cases. There is a need to have constant surveillance over them by installing cameras to supervise their activities to prevent violence and suicide.

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