

An Unusual Partial Hanging Using Cycle Rickshaw: A case report

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Abstract

A 25 year married male was found hanging, in a kneel-down position, from the hood of a cycle rickshaw with the help of a cloth, in an isolated area, next to a park. The deceased was in a financial crunch. Thorough scene investigation by a team of forensic experts, law enforcement agency and the findings during postmortem examination, ruled out the possibility of foul play. The cause of death was suicidal hanging. Though various bizarre methods of suicidal hanging are being used by people, the case presented here is unique and needs mention in forensic literature.

Introduction

Hanging is a form of death, produced by suspending the body with a ligature round the neck, the constricting force being the weight of the body. It may be classified as complete or partial/incomplete. When the entire body is suspended, the hanging is described as complete; incomplete hangings imply that some part of the body is still in contact with the ground.

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Hanging can take place with the victim in any position. In incomplete (partial) hanging cases the bodies are found in a position like standing, sitting, kneeling, reclining, prone or any other position. Mutual position of dead body parts in partial hanging is determined by many parameters, e.g. length of the rope and the height of its attachment, characteristics of surroundings and other factors like body position before hanging and binding of the extremities.

Case Report

The deceased, a young married adult, of average build was found hanging from the hood of a cycle-rickshaw with the help of a cloth. (Fig.1) The body was partially suspended with feet and knees touching the ground (kneel-down position). The deceased was a cycle-rickshaw puller by occupation. On investigation he was found to be in a severe financial crunch due to a mounting loan taken by him earlier. Because of this, the individual had been under depression for the past several days. He was also a chronic alcoholic. On the fateful day he had liquor and went to an isolated area near a park with his rickshaw and committed suicide by hanging, using a cloth as a ligature in the wee hours.

Autopsy Findings

The body was that of a 25-yrs old male. Rigor mortis was present all over the body. Post-mortem hypostasis was present on lower one third of forearms, hands, lower limbs, buttock and genitalia. No signs of decomposition were present. The face was congested, with tongue caught between teeth. The neck ligature had a running noose. It was present over the front of neck above thyroid cartilage. A knot mark was present on the left side at the upper part of neck.. On dissection of the neck, underlying tissues were found to be white and glistening. Thyrohyoid complex and neck vessels were intact. All internal organs were congested and petechial hemorrhages were seen on the surface of heart and lungs. No other external injuries were seen on the body of the deceased. Toxicological analysis (Qualitative) showed presence of alcohol in blood. Quantitative analysis of blood alcohol was not done. Death was due to asphyxia, as a result of ante-mortem hanging.

Discussion

Hanging is that form of asphyxia which is caused by suspension of the body by a ligature which encircles the neck, the constricting force being the weight of the body. When the weight of the entire body acts as constricting force, it is termed complete hanging, while the term partial or incomplete hanging is used when only part of the body weight acts as constricting force. Hanging is the most common mode of suicide both in males and females in all age groups. Both availability and socio-cultural acceptability determine choice of method of suicide. (Hassan R, Rautji R & Dogra

TD) Ready accessibility, its convenience and lethality, make hanging a preferred method of suicide among all age groups.

As far as place of suicide is concerned most victims commit suicide in surroundings familiar to them, mostly inside their home. (Marcikie M et al. Rautji R & Dogra TD and Mohanty S). Few people choose parks and other isolated areas for the act.

In medico-legal literature, various unusual methods of suicides by hanging are documented. Few cases of suicidal hanging within automobiles have been reported. Blanco Pampin et al. have reported a case, where the ligature material was a belt with a single twist and the point of suspension was between the window glass and the frame of the vehicle. Similar cases of hanging in an automobile are reported in literature (Durso S et. al., and Hardwicke MB et. al.). In another case, a housewife hanged herself with her left foot on a washstand and her right foot above the floor. (Terazawa K et.al.) We report a case, where a dead body was found hanging in a kneel-down position from the hood of a cycle-rickshaw. The deceased, a rickshaw puller, was a case of chronic alcoholism. He was in severe depression because of an outstanding loan against him. This led him to end his life by committing suicide. However the bizarre method chosen by him, initially presented as a suspicious death, is yet to be reported in literature.

Suicidal hanging may present in unusual circumstances, hence complete investigation of the scene of death and examination of the body in these cases is of utmost importance. In partial hanging, some body parts touching the

ground which raises suspicion in manner of death. Association of bondage, masking, or gagging with partial hanging causes more doubt in manner of death. In addition to a complete medico legal autopsy, a detailed investigation of the scene, examination of the ligatures, and knowledge of the personal history of the decedent are crucial to make the decision about the manner of death.

References

1. Hassan R. Suicide explained: the Australian experience. Melbourne: Melbourne University Press.1995:77-80.
2. Rautji R, Dogra TD. Comprehensive Study of Suicides in South Delhi (1996-2002). Indian Medical Gazette.2005: 543-47.
3. Marcikic M, Ugljarevic M, Dijanic, Duumencic B, Pozgain I. Epidemiological features of suicides in Osijek County, Croatia, from 1986 to 2000. Coll Antropol 27 Suppl. 2003; 1: 101-10.
4. Mohanty S, Sahu G, Mohanty MK, Patnaik M. Suicide in India: a four year retrospective study. J Forensic Leg Med. 2007;14(4):185-9.
5. Blanco Pampin, José M, López-Abajo Rodriguez, Benito A, Suicidal Hanging in a Automobile. The American Journal Of Forensic Medicine and Pathology. 2001; 22 (4):367-69.
6. Durso S, Del Vecchio S, Ciallela C. Hanging in an automobile: a report on a unique case history. The American Journal of Forensic Medicine and Pathology. 1995; 16(4): 352-54.
7. Hardwicke MB, Taff ML, Spiltz WU. A case of suicidal hanging in an automobile. The American Journal of Forensic Medicine and Pathology. 1985; 6(4): 362-64.
8. Terazawa K, Akabane H, Nagao M, Wu B, Takatori T. An autopsy case of atypical hanging: were arteries and air passage obstructed. Nihon Hoigaku Zasshi. 1990; 44(4):358-64.

Fig.1

