Gag Deadens but doesn't Mute the Crime: a Case Series of Homicidal Gagging

Tyagi A\textsuperscript{1}, Kumar-Vashisht Y\textsuperscript{2}, Panchal K\textsuperscript{3}

\textsuperscript{1} Department of Forensic Medicine, Hindu Rao Hospital & NDMC Medical College, Delhi, India  
\textsuperscript{2} Department of Forensic Medicine, Shaheed Hasan Khan Mewati Medical College, Nuh, Mewat (Haryana), India  
\textsuperscript{3} Department of Forensic Medicine, LHMC Medical College, Delhi, India

\textbf{Article Type:} Case Report

\textbf{Article History:}  
Received: 2 June 2015  
Revised: -  
Accepted: 20 June 2015

\textbf{Keywords:}  
Gagging  
Homicide  
Asphyxia  
Suffocation

\textbf{Background:} Asphyxia is the commonest mode of death in various violent homicidal deaths and in majority of such cases, there may not be any evidence of external injury except the general features of asphyxia being the only proof to rely upon. Under such circumstances, even an experienced medicolegal expert may not go further than to declare the death to be due to asphyxia; the exact mode adopted being left unexplained.

\textbf{Case Report:} We present here a case report of three family members who were killed by means of gagging with the motive of taking over the property.

\textbf{Conclusion:} Deaths due to gagging is rare but most of the times homicidal. This case was peculiar as there were multiple individuals who were gagged simultaneously and their bodies were stuffed into trunk.

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\textbf{Implication for health policy/practice/research/medical education:} Gag Deadens but doesn't Mute the Crime: a Case Series of Homicidal Gagging


\textbf{1. Introduction:}  
An increasing death rate as a result of violence constitutes a large group in medico-legal autopsies. Specially, deaths due to asphyxia are one of the most important causes in violent deaths (1). However, homicides due to asphyxia are relatively uncommon (2). The features indicative of asphyxia, cyanosis, petechial haemorrhages, increased capillary permeability and fluidity of blood all are non-specific and in no way peculiar to this mode of death. So, others characteristics like evidence of mechanical interference with respiration and local amplification of the hypoxic signs depending upon the location of respiratory blockage should be searched (3). Gagging might be easily overlooked and even be difficult to prove, had the assailant removed the gag soon after the death. In these cases of suffocation, the victim can be done to death without leaving any external sign, when it may be difficult to prove the case. No detail is then too trivial to be disregarded, if a correct interpretation is to be made. In suffocation, gagging is almost always homicidal manner of death.

\textbf{Corresponding author:} Tyagi A, MD. Senior Resident, Department of Forensic Medicine, Hindu Rao Hospital & NDMC Medical College, Delhi – 110007, India  
E-mail: djashtyg@yahoo.com
2. Case Report:
A 35 years old widow was residing in a busy locality of city with her two sons, aged 14 years and 16 years respectively. After the death of her husband, ‘M’ sold the ancestral property and agriculture land of her husband and with a view to provide better education and future for her sons, she had shifted to city about a year ago. The life was going smooth and the trio had well settled and adjusted with city life. In front of her house, a street hawker used to sell fruit-juice and had acquainted with the widow and her kids. He often visited the family to serve juice but he noticed no activity or any movement in or from the house for a couple of days and he could notice foul smell coming from the house. He got suspicious and informed the neighbours who ultimately informed the police regarding the suspicion on ‘no activity or any movement’ and foul smell coming from the house. The police made a search in the three-bedroom house and ultimately could trace the source of foul smell from a locked store-room. On opening the same, the Police spotted a metallic trunk locked in which three decomposed bodies, one of a female and two of male individuals were found to be stuffed.
The bodies along with the Inquest reports were forwarded to the District hospital for medico-legal autopsy. The exact circumstances in terms of the cause and manner of death in these cases were not known and all the bodies being in advanced stage of decomposition, the board of doctors at District hospital referred them to Department of Forensic Medicine at PGIMS, Rohtak for expert opinion regarding the cause and manner of death in these cases.

Post Mortem Examination
Case 1 (Fig. 1) – The body was of a female individual aged between 30 to 40 years and it was in the advanced stage of decomposition. A rolled-up piece of cloth (which was a sandow vest of white colour) was found to be forcibly thrust inside her mouth which had completely occluded the oral cavity and the oro-pharynx and naso-pharynx (Fig. 4). A 51 cm length of the vest used as a gag was lying outside the mouth and 15 cm of its length was present inside the mouth and reaching till the posterior pharyngeal wall. All the structures in the oral cavity with the adjoining structures including laryngo-tracheal structures were markedly ecchymosed (Fig. 5). The vest was
found to be smudged with reddish mucoid stain all over it (Fig. 6).

Case 2 (Fig. 2) - The body was of a male individual aged about 16 years and it was in the advanced stage of decomposition. In this case also, a rolled-up piece of cloth (which was a sandow vest of white colour) was found to be forcibly thrust inside her mouth which had completely occluded the oral cavity and the oro-pharynx and naso-pharynx (Fig. 4). A 36 cm length of the vest used as a gag was lying outside the mouth and 27 cm of its length was present inside the mouth and reaching till the posterior pharyngeal wall. All the structures in the oral cavity with the adjoining structures including laryngo-tracheal structures were markedly ecchymosed (Fig. 5). The vest was found to be smudged with reddish mucoid stain all over it (Fig. 6)

Case 3 (Fig. 3) - The body was of a male individual aged between 14-15 years and it was in the advanced stage of decomposition. In this case also, a rolled-up piece of cloth (which was a sandow vest of white colour) was found to be forcibly thrust inside her mouth which had completely occluded the oral cavity and the oro-pharynx and naso-pharynx (Fig. 4). A 62 cm length of the vest used as a gag was lying outside the mouth and 13 cm of its length was present inside the mouth and reaching till the posterior pharyngeal wall. All the structures in the oral cavity with the adjoining structures including laryngo-tracheal structures were markedly ecchymosed (Fig. 5). The vest was found to be smudged with reddish mucoid stain all over it (Fig. 6)

In all these cases, the cause of death was opined to be gagging by means of cloth whereas the manner of death was homicidal. The probable time that elapsed between injuries and death was opined to be immediate whereas the probable time that elapsed between death and autopsy was opined to be between 2 to 3 days.

**Police Investigation**

The police investigation revealed that the bodies belonged to ‘M’ and her two sons. A 35 years old widow was residing in a busy locality of city with her two sons, aged 14 years and 16 years respectively. There she befriends with a young guy who usually visited her house on regular basis. But this friend of her whom she was having illicit physical relationship was friendly to her only because of the property and money she owns. The life was going smooth and all of them had well settled and adjusted with city life. On one evening, her boyfriend along with two of his friends killed all three family members by means of gagging and then stuffing their bodies inside a metallic trunk in a locked up store room after which they fled away from the scene of crime. Police
agencies came to know about these bodies from a fruit-juice vendor who used to sell juice in front of their house as he noticed there was no activity in that house for past couple of days. On opening the deceased house, the Police spotted a metallic trunk locked inside a store room in which three decomposed bodies, one of a female and two of male individuals were found.

3. Discussion:
Asphyxial deaths are caused by the failure of cells to receive or utilize oxygen. The deprivation of oxygen can be partial (hypoxia) or total (anoxia) (4). Asphyxial deaths can be grouped into: mechanical, pathological, toxic, environmental, traumatic, postural and iatrogenic asphyxia. Suffocation is the violent form of asphyxia deaths that results from exclusion of air from lungs, by means other than that of compression of neck. The causes of suffocation could be smothering, choking, traumatic or crush asphyxia, inhalation of irrespirable gases, gagging and burking (8). Gagging is type of death from suffocation where obstruction to the air entry is procured by closing the mouth and nostrils either both or mouth only, with articles like handkerchief, linen, clothes, or similar things. The article not only fills up the mouth but also causes obstruction to air entry through the back of throat from nostrils (6). Such deaths, though unintentional, are still homicides if the victims die during the commission of a crime (4). A cloth gag may be permeable to air at the time of its insertion into the mouth and the nasal airway is usually adequate to sustain life when health and anatomy are normal’. However, the gag soon gets moistened with saliva, mucus and oedema fluid and the gag may get further sucked deep inside the mouth with inspiratory gaps, to interfere with the respiratory process. Finding of such evidence of gagging will indicate that it was applied, when victim was alive. Gagging is always homicidal, when the victims are infants, children, old in firms, adults when depilated or when held by several people (6). In the elderly, there may be congestion of the face with scattered fine petechiae of the sclerae, conjunctivae, and skin of the face. This has not been the case in young individuals in whom petechiae are usually absent. It is the discovery of the gag obstructing the airways that makes the diagnosis, not alleged signs of asphyxia4. During autopsy, in the soft palate, punctuate or partial haemorrhage may be seen (5).

5. Conclusion:
Autopsy examination in cases of asphyxial deaths is a procedure that has probably not changed very much in the last few decades. It is no coincidence that the best medical evidence of gagging is derived from post mortem examination of the body. Deaths due to gagging is rare but most of the times homicidal. This case was peculiar as there were multiple individuals who were gagged simultaneously and their bodies were stuffed into trunk.

References