

Remarkable case of suicide from asphyxia by choking, from the introduction of a firm plug into the fauces / by P.D. Handyside.

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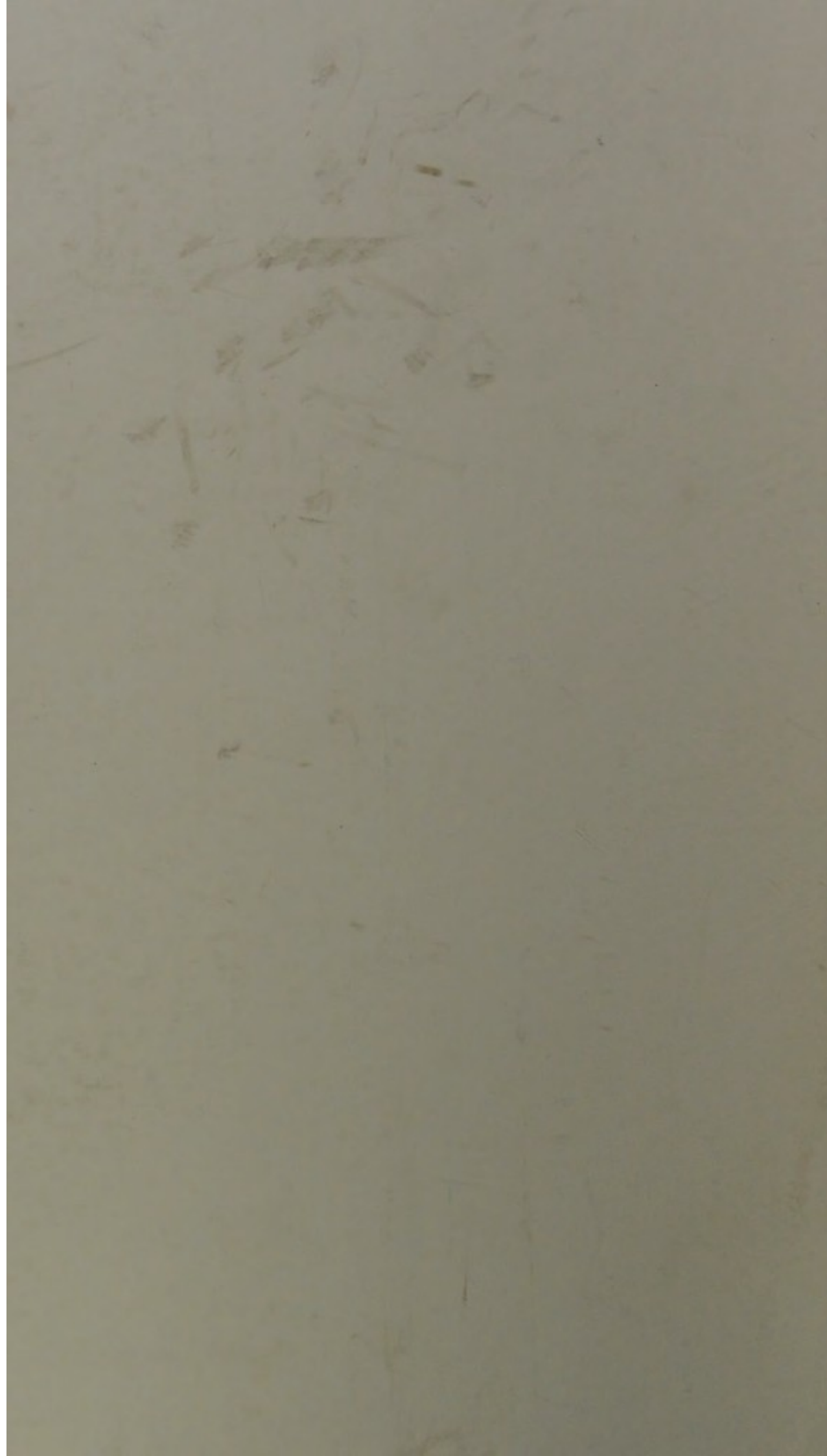
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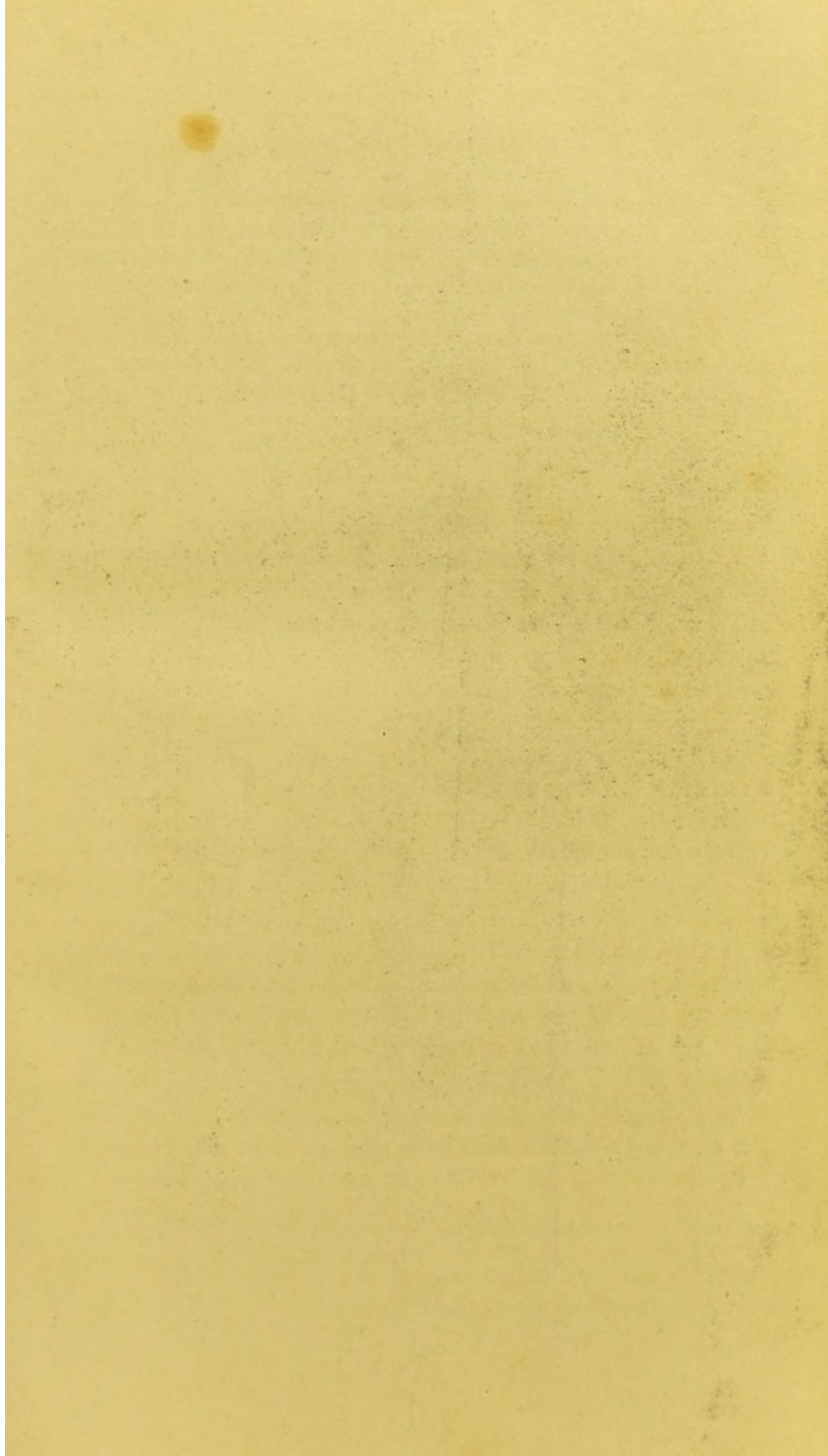
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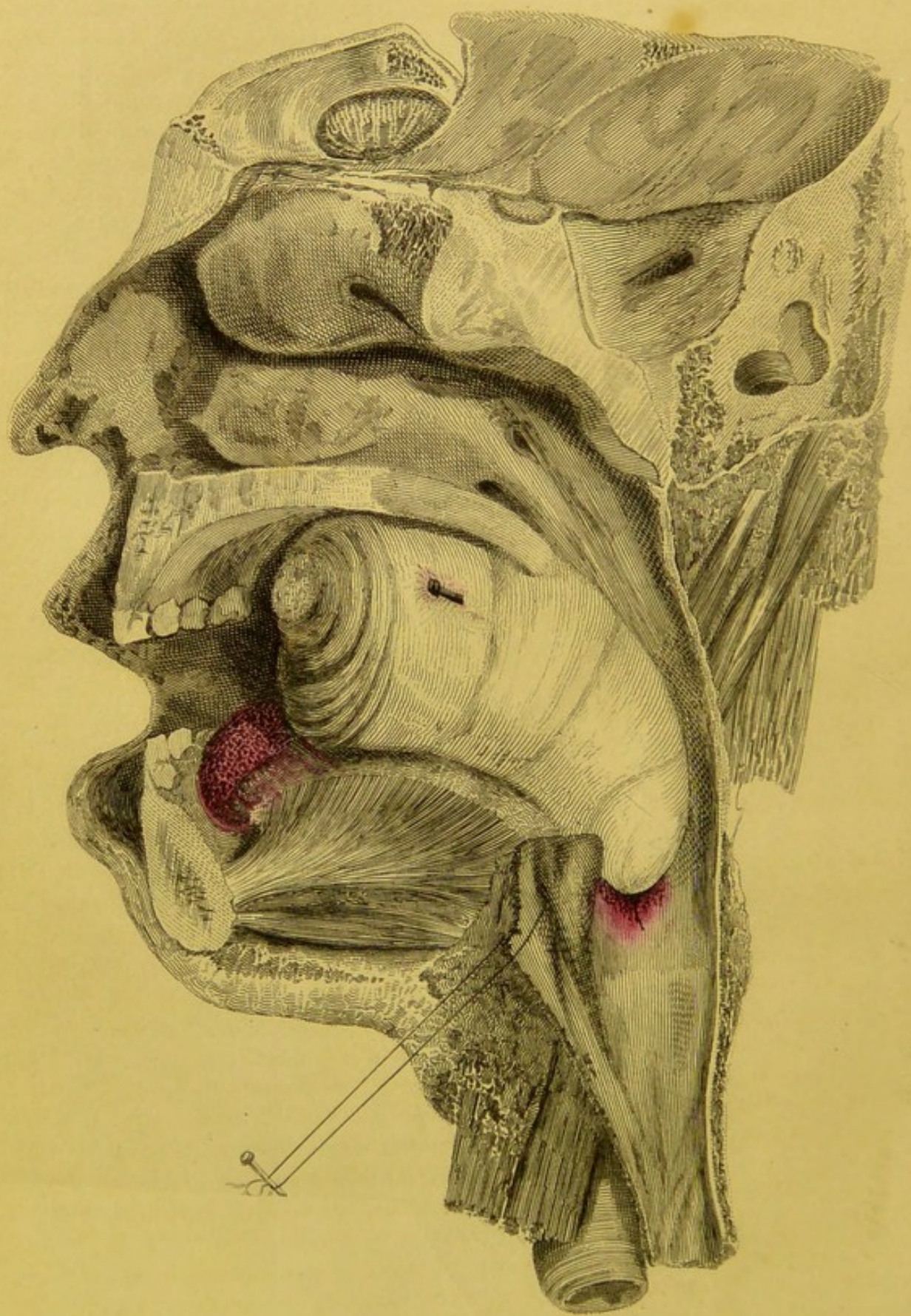


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REMARKABLE CASE
OF
SUICIDE FROM ASPHYXIA BY CHOKING,
FROM THE INTRODUCTION OF A FIRM PLUG
INTO THE FAUCES.

By P. D. HANDYSIDE, M. D., F. R. S. E.

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(Read before the Medico-Chirurgical Society in February 1838.)

(*From the Edin. Med. and Surg. Journal, Vol. lvii. No. 151.*)

THE subject of the following case, Mary Anne Palmer, aged 29 years, was found dead on the 27th December 1837, in the sleeping apartment which she occupied, being previously in a state of robust health. In accordance with the provisions of the Anatomy Act, her body was received by me for public dissection on the 29th December.

The cavities of the head, chest, and abdomen had been already examined, and in the medical certificate which accompanied the body, the deceased is stated to have died of apoplexy.

When the body was brought into my practical anatomy rooms, I carefully examined it anew, with the aid of Dr Mercer, Lecturer on Anatomy and Physiology, then my demonstrator; and we attended especially to the state of the cavity of the skull, and to the appearances on the encephalon and its membranes, which had been previously divided freely.

Nothing, however, that then came under our observation appeared to be in any degree adequate to account for death. Accordingly, I entered a note to that effect in the record of subjects. I did not inquire farther into the facts of the case at that time, (conceiving that the deceased had died of simple apoplexy), but

had the lips sewed together to prevent rapid decomposition, as I purposed to reserve this subject for my lectures.

Having had occasion, on the 24th of January following, to demonstrate the muscular structure of the pharynx, I introduced my finger for this purpose into the back part of the mouth, in order to stuff that cavity with hair; but this space I found to be preoccupied by a dense foreign substance, apparently round in form, and impacted between the root of the tongue and the soft palate, so very firmly, as to have cut off the supply of air to the lungs during life by forcibly closing the mouth, and posterior nares.

This extraneous body I was wholly unable to dislodge without previously introducing my finger from below and behind through the upper part of the œsophagus, where I found, applied closely to the opening of the glottis, the apex of a firm conical plug, somewhat curved, of $3\frac{1}{2}$ inches in length, $1\frac{5}{8}$ of an inch in breadth at its base, and three-fourths of an inch in breadth at its apex. I took a cast of the plug, and have deposited it in the Royal College of Surgeons' Museum; while a drawing of it *in situ*, taken by my former pupil, Mr Willington, Surgeon in Warwick, is given in the adjoining Plate.

The materials of this plug, now in my museum, and which were unrolled by the procurator-fiscal, consist of portions of soft cotton, called spindle ends. These were recognized by the parties interested, as having been used by the deceased in the solitary employment which she pursued at the time of her death. Some of this cotton she had untwisted and rolled up very closely, coiling over it two strips of flannel, which she had borrowed the last time she was seen in life. Finally, she had fastened these materials tightly together by means of a large rough pin.

On minutely examining the interior of the mouth, the soft palate presented to view, on the left side of the uvula (a part which corresponded with that portion of the plug where the rough head of the pin projected) a small though deep laceration of the texture, and which, notwithstanding the long interval of time that had elapsed since death, was surrounded by a circumscribed patch of ecchymosis, that remained still of a bright vermilion hue. The right side of the soft palate presented a similar ecchymosed spot, without any accompanying laceration, however. The surfaces of the anterior fourth of the tongue and the hard palate opposite to it,—parts which had been compressed by the broad and round base of the plug,—exhibited each a transverse band of ecchymosis, but these were paler in colour than the former patches. Lastly, the epiglottis and arytenoid cartilages, which appeared to have been violently separated by the last expiration, and were retained apart by the narrow and rough extremity of the plug, exhibited diffused ecchymoses, as evidenced by the traces of coagulated blood that

on dissection were displayed underneath the mucous membrane investing the larynx. For these appearances see the Drawing.

I communicated the observation now made to the procurator-fiscal, offering it as my opinion that this plug had been introduced during life, and that its presence in the situation described seemed quite sufficient in itself to produce immediate death.

The result of the various legal inquiries thereafter instituted by authority, led to the conclusion that the deceased committed suicide.

Having been repeatedly urged to publish this case as interesting in a medico-legal point of view, I do not longer withhold it. It appears to me to be interesting from the following considerations.

1. The length of time that the appearance of recent ecchymosis lasted. This condition of the ruptured vessels was preserved, independently, perhaps, of the solution of nitre (consisting of one ounce of this salt to a pound of water) introduced, along with the other ordinary injection materials, into the arteries of the body.

2. The practical importance and necessity that there is of inspecting minutely the body in cases of sudden death, where any difficulty occurs in accounting for it; and the more especially so in cases, resembling that under consideration, where a *medico-legal* examination has been ordered. We must not rest satisfied with the careful inspection of the outer surface of the body, and the dissection of its greater cavities, but ought also narrowly to examine the condition of the natural apertures of the body.*

I may here present in one view what appear to be the parts of the body proper to be examined, and the apparatus available in many Ordinary and Medico-legal necroscopic inspections.

I. *Ordinary Inspection*.—The head, spine, thorax, and abdomen; the arteries, veins, and absorbents.

II. *Medico-legal Inspection*.—Wounds, bruises, ecchymosis, livor or sugillation, rigidity; the eyelids, ears, nostrils, mouth, fauces, pharynx, larynx, œsophagus, rectum, urethra, vagina, uterus; besides the parts enumerated under the former head.

III. *Apparatus*.—Scalpel, bone-pliers, saw, chisel, mallet, curv-

* Some interesting observations, by Mr Skae, on *accidental* death by suffocation may be found in the Ed. Med. and Surg. Journ. liv. 149.

ed probed bistoury, dissecting forceps, basin, pail, oiled-silk, large scissors, bees' wax, probe, foot-rule, ounce measure, sponge, lard, blow-pipe, funnel, water-caraffe, test papers, test tubes, lens, needle, twine.

3. As a precaution to medical men in furnishing reports of the appearances observed at medico-legal inspections in cases of Suffocation, and that they may not then be thrown off their guard, it is to be remembered, that in every case of death by Choking, Smothering, or Strangulation the natural appearances of the body are not necessarily altered. Accordingly, in the present instance, the surface and the great cavities of the body appeared to be perfectly healthy in their structure and contents. Such a medical report, then, as that furnished in the present case would manifestly be justifiable only after the pharynx and the other apertures of the body had, in addition to the usual parts, been examined, and after no cause of death, such as here presented itself, had been detected. After *such* an inspection only might apoplexy be reasonably concluded to be the cause of death; and this inference may be drawn, notwithstanding the absence of the usual morbid phenomena of apoplexy, since death may be caused, as is well-known, by the simple apoplexy of Abercrombie,* or the idiopathic asphyxia of Chevalier,† without the body presenting any morbid appearance whatever.

The only case which appears on record of a similar nature to that now narrated, is one equally remarkable with the above. It is described by Professor Wagner as having occurred in Berlin in the year 1833.‡ “A criminal who had been shut up alone in a dark dungeon, when visited by his keeper not long after, was found lying dead on the floor. It was thought at first that he had had a fit of apoplexy. A vein was opened, and other means of recovering him were tried, but to no purpose. It was now for the first time noticed that he had a foreign body in his mouth; and upon examination, it proved to be a piece of woollen cloth two ells long and a quarter broad—a shawl, in fact,—which the wretched man had thrust into his throat. Had this person been found dead under other circumstances, what reason would there not have been for suspecting that he had been murdered by a strange hand?”

I heard about five years ago of a similar case of suicide having then occurred in this city. A man accomplished his death by Choking, having forcibly introduced his handkerchief into the fauces.

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* Edin. Med. and Surg. Jour. xxxi. 242. † Lond. Med. Chir. Trans. i. 157.

‡ See the Lond. Med. Gaz. for March 29, 1834.

