CASE REPORT

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Successful Suicide by Self-Inflicted Multiple Stab Wounds of the Skull, Abdomen, and Chest

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ABSTRACT: A case is presented of a 53-year-old white male who successfully committed suicide by stabbing himself in the abdomen and chest, after which he was driven 11 km (seven miles) to a church without anybody noticing his wounds. In the church he finished his task by stabbing himself through the calvarium.

KEY WORDS: pathology and biology, suicide, stab wounds

Suicidal stab wounds are very rare in Western cultures. Suicidal stab wounds of the skull are literary rarities. Initially such cases are almost always considered homicides. The rare cases of proven suicide usually involve people who are suffering from various mental disorders or who are under the influence of mind-altering drugs [*1-5*].

Case Presentation

A 53-year-old white male was admitted to the emergency room of the Mississauga Hospital in an unconscious state. He had been found about 10 or 20 min before admission in the locked washroom of a nearby church by the cleaning woman who was alerted by painful groaning heard through the door. The washroom door was locked from the inside, and when it was broken down by the police they found the victim lying on the floor, facedown, unconscious, in a pool of blood. The handle of a knife was sticking out from the left side of his skull, firmly embedded in the bone (Figs. 1 and 2). There was some additional blood around the upper abdomen, and his clothing was blood-soaked.

When first examined by the emergency room physician, he was in deep coma with fixed dilated pupils, with a stab wound of the skull and a stab/cut wound of the abdomen. He was given emergency treatment to combat shock and was prepared for surgery. The abdominal wound appeared to be a combination of stab and incisal wounds through the left upper quadrant of the abdomen directed somewhat medially and then laterally. There was

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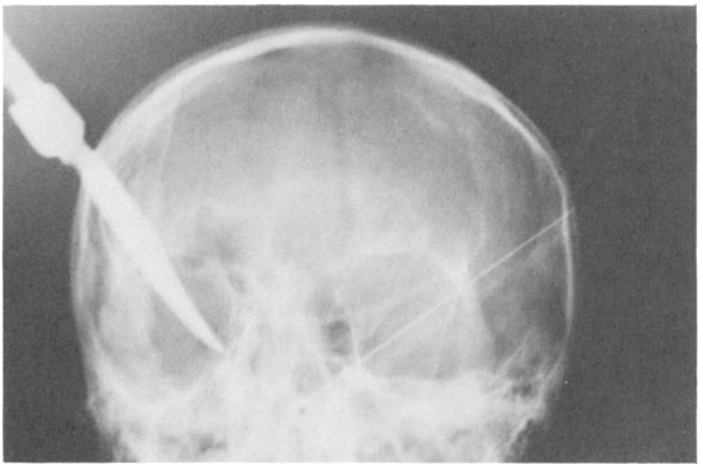

FIG. 1—*X-ray of the skull (anteroposterior view).*

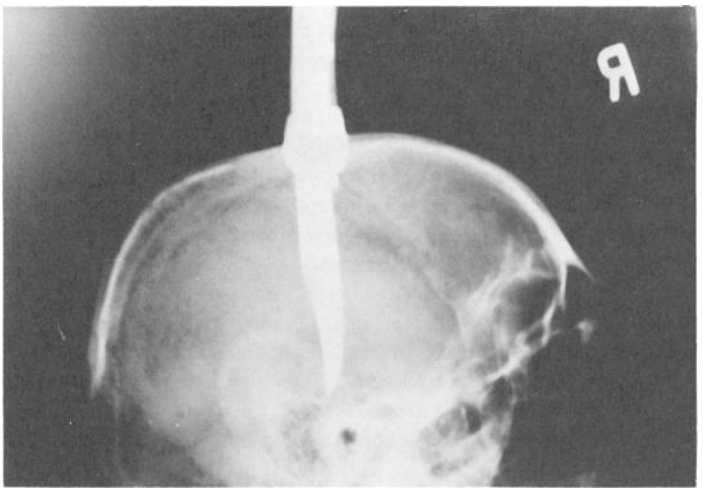

FIG. 2—*X-ray of the skull (lateral view).*

some free blood in the abdominal cavity. The left leaf of the diaphragm muscle was pierced in two places. The last three costal cartilages on the left side were completely separated by the cut. The basal surface of the left lung was penetrated, and some blood was oozing out into the left chest cavity. The intraabdominal organs and the heart were uninjured.

After the abdominal wound was closed, the head wound was looked after. Skin flaps were prepared and a bur hole was drilled near the knife handle in the left parietotemporal area of the skull. The bone was cut out around the knife handle by rongeurs, and the piece of bone and the knife were removed. Through the bur hole some brain tissue and blood were oozing out. Apparently branches of the middle meningeal artery were injured and a hematoma was formed between the parietal lobe of the brain and the dura. A second hematoma was removed from the left lateral ventricle of the brain. The bleeding came from the main trunk of the left anterior cerebral artery. A Penrose drain was left in the extradural space.

On completion of surgery the patient left the operating room in critical condition with

fixed dilated pupils and labile blood pressure. He died in the early morning hours of the next day in the Intensive Care Unit with signs of increased intracranial pressure.

At the autopsy the skull appeared of normal thickness. There was a round defect, 5 cm in diameter, 1 cm posterior from the frontoparietal suture. The upper margin of the defect was 5.5 cm from the sagittal plane. Through this defect bulged meninges, blood clot, and edematous brain. When the calvarium was removed an extensive subarachnoid hemorrhage was seen. There was marked edema of the left cerebral hemisphere, and a stab wound of the brain formed a tract through the left frontal lobe passing deeply into the left temple lobe.

On the upper left abdominal quadrant a 15-cm-long wound led to two cuts of the left cupula of the diaphragm and to a cut of the diaphragmatic surface of the left lower lobe of the lung. There was a small quantity of blood-stained fluid in the left pleural cavity.

Apart from a well-healed lower lumbar discoidectomy surgical scar and mild coronary artery sclerosis, the rest of the autopsy was unremarkable.

Discussion

Initially homicide was suspected by the authorities. Extensive investigation, however, by the Peel Regional Police disclosed the following bizarre facts.

The deceased was a rather muscular and active person and was in good mental and physical health until the fall of 1977 when he underwent lumbar discoidectomy for ruptured intervertebral disk. Postoperatively he still had recurrent back pain that limited his physical activities. In the winter months of 1977–1978 he became more and more depressed about his physical condition and was contemplating suicide. On the day before his death, he went to see the parish priest complaining about "devils in his brain." He had a second appointment to see his priest on the morning of his death. He was driven to the church by one of his sons. It took a rather long time for him to prepare for the short trip, and bloodstains were later found in the basement sink and a few drops of blood were seen leading from the house to the car used to drive him to the church. Apparently while in the basement of his house he stabbed himself in the abdomen with a kitchen knife.

At the church he was let out of the car by his son who saw him entering the building via a side door. According to police investigators, he proceeded to the basement washroom where he locked himself in. He used the same long kitchen knife to stab himself a second time in a hara-kiri fashion into the left upper abdomen. The knife, later recovered by the police in the washroom, had a wooden handle and a 178-mm (7-in.) long and 25-mm (1-in.) wide blade. When he did not lose consciousness after stabbing himself in the abdomen he produced a second knife, a rather sturdy clasp knife with a plastic-covered handle and a 76-mm (3-in.) long blade. He proceeded to wedge the knife between the fins of an old-fashioned radiator, kneel in front of the knife, and hammer his head into the blade until he lost consciousness (Figs. 3 and 4).

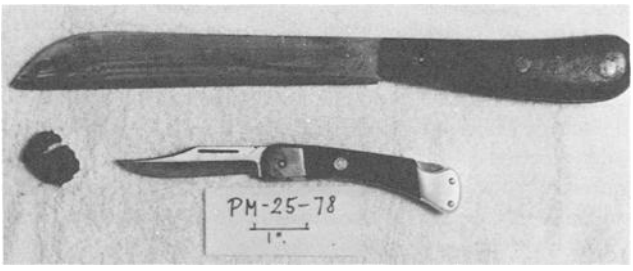

FIG. 3—*The two knives found at the scene with the excised bone from the skull.*

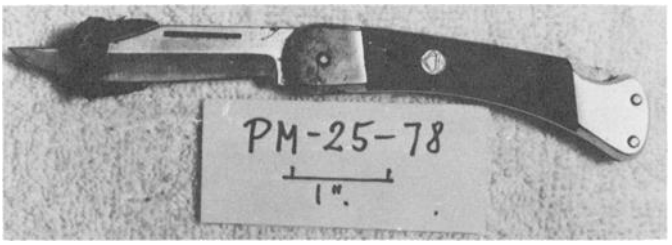

FIG. 4—*The clasp knife matched with the wound in the skull.*

At the autopsy we found the skull to be of normal thickness and established that the blade of the knife could not be driven through the skull by a man of average strength by a single blow but only by approximately a dozen hammer blows after its tip was secured against the surface of the skull.

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