

Letters to the Editor

Television-Inspired Autoerotic Asphyxiation

Dear Sir:

O'Halloran and Lovell's report on the death by autoerotic asphyxia of a 38-year-old man who had just watched a television show on the subject [1] is exceedingly important because it initiates serious inquiry into media-induced autoerotic fatalities.

Since the publication of our book, *Autoerotic Fatalities* [2], I have been repeatedly invited to appear as a guest on talk shows dealing with this topic. On every occasion I have declined the invitation and have done my best to talk the production staff out of doing a show on this topic on the grounds that television is not a suitable medium for discussion of this subject, that the risk of imitative behavior is too high, and that we had identified examples of cases in which people died after learning about the phenomenon in the popular press and in pornography. I have stuck by this policy even for late night television shows that avoid hysterical treatment of controversial or charged subjects.

The producers have argued that parents who have lost their children to autoerotic asphyxia believe that it is important to warn other parents about the practice and to teach them "the warning signs." It is fully understandable that these parents would wish to convert their tragic losses into a public service, but television is the wrong medium through which to convey their message. Moreover, there is not a list of valid "warning signs" to be conveyed. While death is occasionally preceded by observations of a fascination with ropes, the discovery of knotted ropes or t-shirts hidden alongside pornography, neck abrasions, or someone caught in the act, the vast majority of cases are preceded by no such observable predictors.

On 10 May 1988, I had the most intense conversation on this subject that I have ever had with a producer. I was informed that a show on autoerotic asphyxia was scheduled to be aired live the following day. The show in question airs in the daytime, when many young people will be watching (not all of them go to school every day) and purposely creates an emotionally charged atmosphere. Research on the effects of television violence during the past 20 years has amply documented the potentiating effects of emotional arousal on imitative behavior, and I could think of no worse format for the exploration of the topic of autoerotic asphyxia than the show in question. I informed the member of the production staff who called me that if the show she described were to be aired, it would foreseeably result in one or more deaths. She seemed so insensitive to the prospect of her show killing human beings that I informed her directly that if the show were aired, I expected one day to serve as an expert witness in a lawsuit against the show and other responsible parties for their reckless and negligent conduct in airing a show that would foreseeably cause the death of viewers.

The show aired, replete with statements by the host that it was not suitable for children, as if that would cause a child to turn it off rather than to become more fully attentive. Not long thereafter, I learned of the death by autoerotic asphyxia of a teenaged boy on 11 May 1988, after viewing the show. The case report provided by Drs. O'Halloran and Lovell brings the death toll to two from this show, and still counting.

I would add my voice to that of Drs. O'Halloran and Lovell in urging readers of the *Journal* to bring additional cases to their attention. The show responsible for the two deaths referred to above was aired 11 May 1988. Other nationally televised shows were aired on 2 April 1988 and on 20 Oct. 1988.

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References

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- [2] Hazelwood, R. R., Dietz, P. E., and Burgess, A. W., *Autoerotic Fatalities*. Lexington Books, Lexington, MA, 1983.

Discussion of "An Unusual, Deep Lingual Hemorrhage as a Consequence of Ligature Strangulation"

Sir:

In the May issue of this *Journal*, Sperry reported an interesting case story in which he, by thorough dissection of the tongue, discovered a hemorrhage within the deep musculature of the tongue in a strangulation victim [1].

Sperry pointed out that examination of the tongue gets little or no attention in the daily practice of forensic pathology and that such careful examination in difficult cases might be of great importance.

In forensic pathology practice in Denmark it is routine in all cases to examine the tongue by sectioning the organ. I myself perform a horizontal cut from the base just in front of the hyoid bone and towards the apex. In my experience it is extremely rare that one finds hemorrhages or other pathological findings during this procedure.

In neck dissections in 80 cases of asphyxiation as a result of hanging, no case of lingual hemorrhage was demonstrated [2].

In a series of 30 strangulation cases—20 ligature strangulations and 10 manual strangulations—the tongue among other neck organs was thoroughly examined by the present author.¹

In one case only as referred to below was hemorrhage in the lingual musculature observed.

The victim was that of a 45-year-old male who was attacked by 2 young men who broke into the victim's apartment with the purpose of stealing liquor. When the owner of the apartment surprised the intruders he was stabbed in the neck and received a nonfatal wound. He was then strangulated from behind with a telephone cord. At the external examination a strangulation groove on the neck was demonstrated together with multiple petechial hemorrhages in the conjunctivae as well as in the face and eyelids. Above the ligature mark the skin was congested. At internal examination the left horn of the thyroid cartilage was broken and surrounded by marked hemorrhage. There were no fractures of the cricoid cartilage or the hyoid bone. In front of the hyoid bone in the base musculature of the tongue a marked hemorrhage was demonstrated. On the cut surface the hemorrhage in the deep musculature measured 3 by 4 cm. No bite marks were on the tongue. Besides the above-mentioned findings there were several bruises of the skin and a superficial stab wound at the root of the neck below the ligature mark.

After more than 25 years in forensic pathology using the above-mentioned autopsy technique when examining the tongue I do not recall such bleeding as common, and I agree that the lesion is very rare and that this could be the reason why it has never been described in the literature before. I completely agree that in situations as described by Sperry a reminder to the forensic pathologists is needed. But maybe such examination should be limited to asphyxiation cases and cases in which the cause of death is obscure. Maybe it is too rigoristic to perform such an examination in all cases as is the habit in Denmark.

¹J. Simonsen, unpublished data concerning 30 cases of asphyxia due to strangulation.

However, it is important always to perform systematic and sequential examination of relevant organs in forensic science cases.

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References

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- [2] Simonsen, J., "Pathoanatomic Findings in Neck Structures in Asphyxiation Due to Hanging, a Survey of 80 Cases," *Forensic Science International*, in press 1988.

Author's Response

Dear Sir:

Dr. Simonsen's comments are greatly appreciated and especially apropos, as the procedure of tongue removal and careful dissection is certainly not universal within the United States. In fact, lingual extraction is even adamantly discouraged during the performance of hospital (as opposed to medicolegally mandated) postmortem examinations, within the limits of my direct experience, as this technique is somewhat difficult for the inexperienced pathologist to perform, results in cosmetically undesirable anterior neck collapse and presents with an "unnatural" appearance during funeral rites, and represents additional work for both the morgue assistant and the embalmer. Nonetheless, as with virtually any other part of the complete and thorough autopsy, if one does not look at the tongue, then one will not find any existing pathology that may lie hidden within this most versatile and mobile muscular organ.

I am very interested in the relative scarcity of strangulation-related, patterned deep lingual musculature hemorrhages that is related by Dr. Simonsen, as his broad experience and admitted attention to tongue dissection has certainly allowed accumulation of a large number of cases from which to draw upon. Since the reporting of my case, other pathologists in the Office of the Medical Investigator for the State of New Mexico have discovered two other instances of intramuscular tongue hemorrhage in ligature strangulation homicides. In one case, the hemorrhage was quite diffuse, without a distinct appearance to suggest obvious relationship to other structures in the neck. However, in the second case, the curvilinear distribution clearly matched the contours of the subjacent hyoid bone, upholding the other findings both internally and externally that attested to a homicidal ligature strangulation. Interestingly, the patterned hemorrhage in this second case was discovered by our Forensic Pathology Fellow, who became compulsive about careful neck dissections after having overlooked some significant findings in other cervical injury cases she autopsied.

As with all other aspects of medicine, inadequate training in the disciplines of forensic pathology tends to perpetuate itself as the marginally competent go on to teach others. Given the apparent rarity of strangulation-caused deep lingual muscular hemorrhage, a convincing argument could be broached to limit tongue removal to cases in which cervical injury is known or suspected, or only in asphyxial deaths. However, the tongue can clearly be the site of distinct intrinsic pathology that is unrelated to trauma. Most tongues are readily removed during neck organ dissection, and with a little bit of practice, this can be accomplished without disruption of the internal carotid arterial branches (which are needed by the embalmer for optimal facial tissue infusion). All of the funeral home operators and embalmers

in the State of New Mexico understand why we routinely remove the tongue, as we have been able to illustrate its importance in comprehensive autopsy practice. The only real mistake that can be made is to neglect a possible significant examination for the sake of reasons which are, in and of themselves, inherently weak.

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