

CASE REPORT

Anny Sauvageau,¹ M.D. M.Sc. and Stéphanie Racette,¹ B.Sc.

Aqua-Eroticum: An Unusual Autoerotic Fatality in a Lake Involving a Home-Made Diving Apparatus

ABSTRACT: The term *Aqua-eroticum* was first introduced in 1984 by Sivaloganathan to describe the unusual autoerotic death of a man using submersion as an asphyxia method. This was the first case of that kind, and since then, no other case of autoerotic submersion has been reported, nor other autoerotic fatality in open water. Here we report the case of a 25-year-old man, nude under a home-made plastic body suit, overdressed for the season with winter clothes and restrained by complex bondage. He was submersed, tied underwater to a boat and was using a home-made diving apparatus for air supply. Death was ruled as accidental autoerotic asphyxia from rebreathing, caused by the faulty air-supply device.

KEYWORDS: forensic science, autoerotic death, autoerotic asphyxia, forensic pathology

The term *Aqua-eroticum* was first introduced in 1984 by Sivaloganathan (1) in his case report of the unusual autoerotic death of a man using submersion as an asphyxia method. The body was found in a river, dressed like a woman, a large stone tied to the right ankle. This was the first case of that kind, and since then, no other case of autoerotic submersion has been reported. Here we report such a case.

Case Report

This is the case of a 25-year-old man found floating on a lake in summertime. He had been reported missing about a week earlier by his mother.

We received the moderately putrefied body of a strangely dressed 25-year-old white man of 1.77 m height and weighing 68.64 kg. On his head, the victim had a hockey helmet equipped with a safety grid. The garments were composed of a two-piece black snowmobile suit and beige ski boots. On top of the black suit, a complex bondage system joining together the waist, knees and ankles of the victim was observed with meshed metallic chains and straps and accessories usually used for horseback riding (Fig. 1A). More precisely, one strap was located at the waist, a second one, right under the knees, while each ankle presented an individual strap on top of the ski boots. All of these straps were interrelated by meshed metallic chains (Fig. 1B). A section of an electrical wire was also used at the knees. The whole bondage device was secured at the pubic region by a padlock, consequently maintaining the victim's legs tightly joined together (Fig. 2). A careful exam of the bondage system proved that it was possible for a person to install it alone.

Furthermore, a meshed metallic chain was attached to the hockey helmet and straps were also present at each wrist. Neither the

wrist straps nor the metallic chain were connected to the rest of the bondage system.

A wooded board holding two ski bindings was brought with the body (Fig. 3). It appears that the victim's feet were attached to the wooded board at the time of death. According to the information received, the board was attached to a pneumatic boat.

Under his winter garments, the victim was wrapped in a transparent plastic jumpsuit covering him from head to toe (Fig. 4). There was evidence that the plastic suit had been home-made. Indeed, marks of black and red markers were visible near the edges where the suit had been cut and sealed by silicone joints. It seems that the victim was able to put on the suit through an opening left in the front trunk. Finally, the plastic suit was secured with duct tape at the opening in front and at the neck (Fig. 5). There was no evidence that this tape created compression of the neck structures. The only possible air supply was a black tube joined to the mouth and sealed to the suit by silicone. Under the leakproof plastic suit entirely covering the victim's naked body, another piece of plastic was separately covering the penis, attached at its base with an elastic. There was no evidence of sperm inside this piece of plastic.

Also brought with the body was a plastic container opened at the top and joined to a black tube at the bottom, the latter being about 4.5 m long. This black tube was similar to the one attached to the victim's suit and seems to have been originally linked to it.

At the internal exam, there was no evidence of significant traumatic lesion. Even though the lungs were slightly congested, their morphology was not characteristic of a drowning case. Atherosclerotic disease was present, with focal coronary stenosis of the anterior descending coronary artery.

Autopsy and scene examination allowed the reconstruction of the event (Fig. 6). The man was completely located under water, his feet connected to a wooden board by ski bindings. The wooden board was linked to a floating pneumatic boat by an electrical cord. The victim had linked a long black tube from his mouth to an open plastic container floating on the lake, thus creating a device for air supply. The open plastic container allowed air to enter the

¹ Laboratoire de Sciences Judiciaires et de Médecine Légale, Edifice Wilfrid-Derome, Montreal, Quebec, Canada H2K 3S7.

Received 17 Apr. 2005; and in revised form 6 Aug. 2005; accepted 20 Aug. 2005; published 26 Dec. 2005.

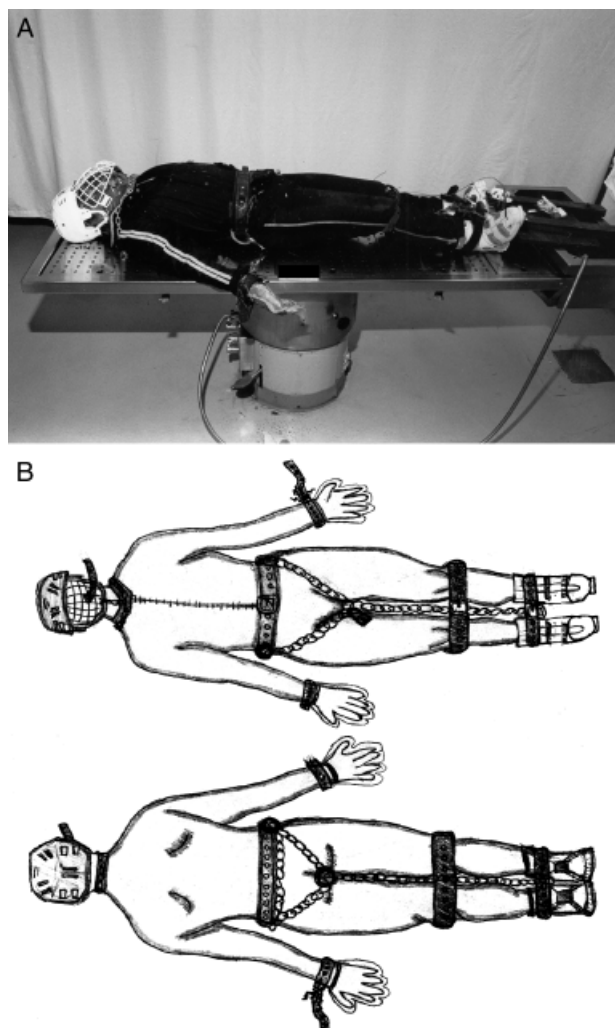


FIG. 1—(A) external aspect of the victim's body. (B) Line-art of the victim's bondage system.

black tube and get to the victim. Unfortunately, this system presented a major flaw: the victim had to inhale and exhale through the same tube, the latter being too long to allow sufficient air exchange. Thus, the exhaled air in the tube was mostly re-inhaled.



FIG. 2—Interrelated meshed metallic chains and straps keeping the victim's legs tightly joined together.



FIG. 3—Wooded board and ski bindings brought with the body.

This causes a progressive diminution of the oxygen intake as well as a progressive uptake of CO_2 .

Death was attributed to an accidental asphyxia compatible with an autoerotic case.

Discussion

Autoerotic deaths are defined as accidental deaths occurring during individual, usually solitary, sexual activity in which a device, apparatus, or prop used to enhance the sexual stimulation of the deceased in some way caused unintended death (2). Such autoerotic activity can be divided into three categories: (1) direct stimulation of the erotic regions, (2) stimulation of the sexual centers in the central nervous system, and (3) creation of fear and anguish in the context of masochistic perversion (3). The vast majority of autoerotic activities leading to death are asphyxia by hanging or ligature (4–8), thus belonging to the second category. As a matter of fact, it is well known that mechanical or chemical asphyxia can enhance sexual excitement to or beyond the point at which consciousness or perception is altered by cerebral hypoxia (9). Less common, however, is the third category of autoerotic activity. In this category, cases of autoerotic electrocution leading to death (10–15) have been described. There is also one strange case of body wrapping reported by Minyard (16): a 34-year-old

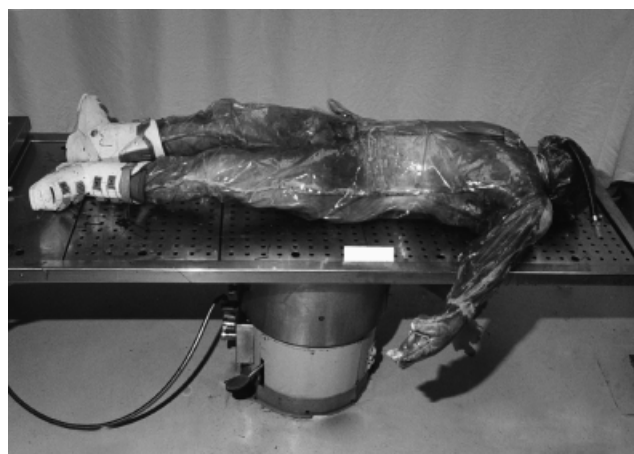


FIG. 4—Transparent home-made plastic jumpsuit covering the victim from head to toe.

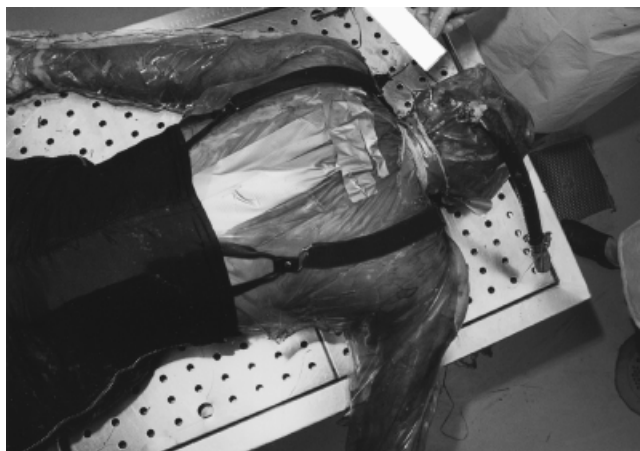


FIG. 5—Presence of duct tape at the opening in front and around the neck. A black tube joined to the mouth and sealed to the suit by silicone can also be seen.

man wrapped in plastic material using snorkel apparatus for air supply. Death occurred after the victim's snorkel fell from his mouth.

However, although cases could be classified into one of these categories from their major characteristic, several cases demonstrate features from more than one category. For example, sexual asphyxia by hanging or ligature often also implies bondage elements (4–6), thus combining aspects of the second (asphyxia) and third (anguish and fear by bondage) categories. Furthermore, two unusual cases of pursued asphyxia by body wrapping are known: the case of a 60-year-old man rolled from head to toe in 14 blankets (17), and the case of a 43-year-old man entirely wrapped in a transparent plastic bag (18). A last example would be the Sivaloganathan aqua-eroticum case (1), where asphyxia by drowning (second category) was associated with a particularly anguishing and fearful context (third category) of submersion induced by a large stone tied to the ankle as part of the bondage elements.

Our case belongs to the third category. Indeed, submersion and bondage were used for creating the pursued sense of danger. The asphyxia, however, was accidental and not intended, as the victim had planned the use of an air-supply device that, unfortunately, had a major flaw. As a matter of fact, the investigation revealed no suicide note or depression, or suicidal tendencies. Moreover, the victim had no relevant medical and psychiatric history. The mode of death was ruled as accidental.

On the other hand, there is no doubt that this case represents an autoerotic fatality. Because if it had only been a misfortune while

trying a home-made diving apparatus, then how can one explain the complex bondage, the overdressing in summer time, the body plastic suit covering a nude body and the elastic plastic piece tied around the penis?

Finally, months later, an unexpected finding confirmed our previous conclusion. The victim had been a member of an autoerotic practitioner's association that shared experiences online.

Thus, it seems that our case is the second autoerotic fatality occurring in open water and the first one using a home-made diving apparatus combined with bondage as a danger enhancer in masochistic context.

Acknowledgments

The authors would like to thank Nadia Moreau for the artworks and Thierry Marcoux for the technical support.

References

1. Sivaloganathan S. Aqua-eroticum—a case of auto-erotic drowning. *Med Sci Law* 1984;24(4):300–2.
2. Byard RW, Bramwell NH. Autoerotic death—a definition. *Am J Forensic Med Pathol* 1991;12(1):74–6.
3. Naevø W. [Medical opinions on fatal auto-erotic accidents for insurance purposes (author's transl)] [In German]. *Z Rechtsmed* 1975;75(4):299–309.
4. Blanchard R, Hucker SJ. Age, transvestism, bondage, and concurrent paraphilic activities in 117 fatal cases of autoerotic asphyxia. *Br J Psychiatry* 1991;159:371–7.
5. Hazelwood RR, Burgess AW, Groth AN. Death during dangerous autoerotic practice. *Soc Sci Med* 1981;15E:129–33.
6. Behrendt N, Modvig J. The lethal paraphiliac syndrome—accidental autoerotic death in Denmark 1933–1990. *Am J Forensic Med Pathol* 1995;16(3):232–7.
7. Walsh FM, Stahl III CJ, Unger HT, Lilienstern OC, Stephens II RG. Autoerotic asphyxial deaths: a medicolegal analysis of forty-three cases. *Leg Med Annu* 1977;155–82.
8. Breitmeier D, Mansouri F, Albrecht K, Böhm U, Tröger HD, Kleemann WJ. Accidental autoerotic deaths between 1978 and 1997 Institute of legal medicine, Medical school Hannover. *Forensic Sci Int* 2003;137:41–4.
9. Hucker SJ. Self-harmful sexual behavior. *Psychiatr Clin North Am* 1985;8(2):323–37.
10. Schott JC, Davis GJ, Hunsaker III JC. Accidental electrocution during autoeroticism. A shocking case. *Am J Forensic Med Pathol* 2003;24(1):92–5.
11. Klitschar M, Grabuschnigg P, Beham A. Death from electrocution during autoerotic practice: case report and review of the literature. *Am J Forensic Med Pathol* 1998;19(2):190–3.
12. Cooke CT, Cadden GA, Margolius KA. Autoerotic deaths: four cases. *Pathology* 1994;26:276–80.
13. Tan CT, Chao TC. A case of fatal electrocution during an unusual autoerotic practice. *Med Sci Law* 1983;23(2):92–5.
14. Cairns FJ, Rainer SP. Death from electrocution during auto-erotic procedures. *N Z Med J* 1981;94(693):259–60.
15. Sivaloganathan S. Curiousum eroticum—a case of fatal electrocution during auto-erotic practice. *Med Sci Law* 1981;21(1):47–50.
16. Minyard F. Wrapped to death—unusual autoerotic death. *Am J Forensic Med Pathol* 1985;6(2):151–2.
17. Johnstone JM, Hunt AC, Ward EM. Plastic-bag asphyxia in adults. *Br Med J* 1960;5214:1714–5.
18. Eriksson A, Gezelius C, Bring G. Rolled up to death—an unusual autoerotic fatality. *Am J Forensic Med Pathol* 1987;8(3):263–5.

Additional information and reprint requests:

Anny Sauvageau, M.D., M.Sc.
Laboratoire de Sciences Judiciaires et de Médecine Légale
Édifice Wilfrid-Derome
1701, Parthenais Street, 12th Floor
Montreal, Quebec
Canada H2K 3S7
Tel: (514) 873-3300
Fax: (514) 873-4847
E-mail: a.sauvageau@msh.gouv.qc.ca

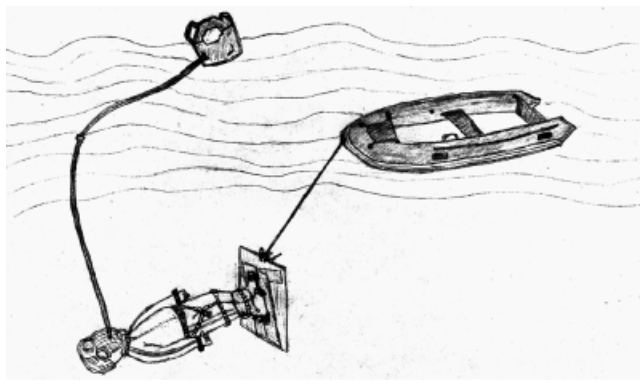


FIG. 6—Reconstruction of the event.