SEX AND SUDDEN DEATH

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Delivered at a Meeting of the Medico-Legal Society held on 20th February, 1982 at 8.30 p.m. at the Royal Australasian College of Surgeons, Spring Street, Melbourne. The Chairman of the Meeting was the President, Dr J. W. Upjohn.

I was greatly honoured by the invitation extended to me to address this Society and for that honour, Mr President, I thank you deeply.

The sexual mores of our society, though fast changing, are still such that, together with my Methodist upbringing, they compel me to proffer some explanation for the subject upon which I have chosen to speak, lest you think that I personally am perhaps unduly and unhealthily interested in sex!

The truth is that in Sheffield in 1964, I inherited from Dr Gilbert Forbes, together with the Department, the Scottish system of Forensic Medicine, which has many advantages, as well as being much cheaper, of course, and so, since that time, I have been involved clinically as well as pathologically in such matters and have examined literally hundreds of live cases of sexual assault, thus accumulating an experience not generally afforded to British pathologists. As to the title, quite frankly it was chosen in the hope that it might perhaps swell the audience with members of your Society, who quite properly would not have considered it worthwhile to come to hear me talk on any more conventional aspect of pathology.

The actual words of the title, 'Sex and Sudden Death', belong to a former Professor of Pathology of mine who, twenty years ago, when I informed him that I intended to leave his University Department to begin a career in Forensic Medicine in Sheffield, said disapprovingly 'What a waste—you will find forensic work is only Sex and Sudden Death'. I now know that he was quite wrong, because he left out Drink and Madness, the other two major components of the subject matter of Forensic Medicine. A lifelong teetotaller and a local preacher, incidentally, his dislike of forensic work never abated, and on my rare trips back to the Department, he always made it perfectly clear that he considered forensic practitioners just one step removed from First Aid—and I am not sure in which direction! He would have been delighted to have been here to criticise my talk tonight, for I freely admit that this lecture is based on the performance over twenty years, of very large numbers of coroners' post-mortems (about 1000

annually) done at a fairly rapid rate, often in poor, not to say unsuitable, scientific surroundings, approximately two-thirds of them without supportive histology or biochemistry and with absolutely no electron microscopy.

The lecture is also heavily anecdotal, since accurate statistics are impossible to find or to compile oneself on much of its subject matter, and in places it is unavoidably pornographic—for which I must apologise in advance. To a degree it is somewhat unscientific. In fact, if I had only been permitted to charge an entrance fee at the door, my Professor could also have called it 'mercenary' and thus we would have all of the commonly attributed forensic failings exhibited.

In truth, Forensic Pathology is probably nearer to an art than most branches of Pathology. The really effective forensic practitioner must have, in addition to morbid anatomical competence, a broad knowledge of behaviour patterns of his fellow man. This is because Homo sapiens's struggle with the primitive internal drives of greed, lust and self-preservation continually leads him into situations in which he habitually takes one of the comparatively few courses of action open to him. These recurrent situations thus produce repetitive actions leading to comparable injury patterns and quite often to similar causes of death. Familiarity with the lesion pattern enables deductions to be made with regard both to the cause of death and often to the situation which gave rise to it. Such familiarity acquired over the years is called 'experience'. It is an important part of the Forensic Pathologist's stock-in-trade.

There is no doubt that man's sexual activities, be they solitary or involving others, intra- or extramarital, conventional or perverse, may produce situations in which sudden death can occur naturally, accidentally or homicidally, and the forensic pathologist is probably better placed to see this phenomenon than any other doctor. The connection between sexual activity and death may be close in time and therefore dramatic and easy to recognise or it may be more distant and thus more difficult to associate.

The second group that I would like to discuss concerns deaths which are associated with major or minor perversions. A perversion, as far as I am able to understand it, which, since it concerns psychiatry, may well be imperfectly, occurs when some component, for instance voyeurism or sadism, of the normal sex drive present in us all becomes exaggerated until it transcends and replaces the prime object of sex, i.e. coitus. When, for example, it becomes more pleasing to watch sexual activity than to participate in it, more pleasurable to inflict pain than to enjoy intercourse, then that is a perversion.

Most persons are intensely secretive about any personal sexual abnormality. They may be moved to kill others to prevent its discovery or, if they fail in this, to kill themselves from shame. Relatives in such a case will, understandably, try to remove any evidence of abnormal sexual practices before calling in the authorities to investigate the death. Perverts, then, frequently die violently. Coitus having been, at any rate until very recently, traditionally an intensely private and personal affair, the voyeur or 'peeper' has always run the risk of a beating if he were caught, and one or two have been killed in this way. Aware of this, some voyeurs have gone about their hobby armed to avoid retribution and occasionally murder has followed, as in one case where a young couple having intercourse in a quarry near Matlock, became aware that they were being observed by a middle-aged man. The young boy stood up to give chase and was promptly shot in the chest and disabled. The voyeur then chased the girl, caught and raped her before clubbing her to death. He then returned to the wounded boy and shot him through the head, disposing of both bodies separately in air shafts in the floor of the quarry.

A special form of voyeurism known as 'bogging', used to be practised years ago by persons leaning out of the windows of railway carriages at night and spying on courting couples in adjacent carriages. If this was your sport, you had to be well acquainted with the sites of bridges and tunnels on the route or risk ending up being decapitated.

The transvestite is always at risk of attack on discovery and may even be killed. A Rotherham schoolmaster habitually paraded around the village where he lived at dusk, dressed as a woman. Foolishly, he allowed himself to be picked up by a virile young miner and taken into the woods. Discovery, you may think, was inevitable and when it occurred, the miner was so disgusted and upset that he beat the schoolmaster to death.

Paedophiles abduct and kill small children. Often this is the inevitable result of the physical disproportion between the parts resulting in gross injury to the vulva or rectum. Occasionally, it results from traumatic asphyxia when a child's breathing is impeded by the weight of the adult. Oral sex has resulted, particularly in pregnant women, in death from air embolism and all sorts of difficulties have resulted from unconventional masturbatory techniques, including electrical stimulation of the penis and foolish attempts at self-improvement. A Doncaster man was in the cabin of his beached motor cruiser, attempting to enlarge his penis by inserting it into what was a long, slim bell jar which could be evacuated of air, so that the penis swelled to the size of the jar. He was so intent upon this

endeavour that he failed to notice that the petrol generator, which was providing electric light on the boat, was venting fumes into the cabin. He died of carbon monoxide poisoning.

Perhaps the most puzzling, and therefore most fascinating, of the commonly fatal autoerotic practices are those associated with the voluntary self-induction of asphyxia. These have come to be known collectively as the sexual asphyxias and I propose to dwell on them for a little while. They are a small, but fascinating group of cases, of which I see perhaps one example every year from about 1000 coroners' autopsies, which it is important practically, for insurance purposes, for example, to differentiate, as they have not always been differentiated in the past, from homicides and suicides, both of which they can resemble. As I and others, notably the late Robert Britten, have pointed out, they exhibit a number of quite characteristic features. Firstly, they only ever occur in male persons—women are not involved in such practices. They may occur in any race or social class, though Britten claimed that there was a lower incidence in the Latin and Negro races and a slightly higher incidence in the Caucasian upper social classes. Any male person between the age of 10 and 70 years can be involved, but the most frequent age incidence is in the decade 14 to 24 years, the period of sexual experimentation. These are entirely solitary practices, so that the scene is typically some private, out of the way place, such as an attic, a garden shed, a sewer chamber, a toilet or other locked room. Frequently the deceased has had reason to believe that his family or associates were to be away for some time and he could count on being undisturbed. Sometimes a mirror is arranged, so that he may view himself. Very often pornographic or sadistic literature is placed where he may view it or is discoverable upon search of the premises. The body is usually naked, scantily clad, or clad in variable amounts of female clothing. This provides an excellent differentiation from suicides, who never hang themselves naked. These people have a fascination with rubber and plastic garments and they are found dangling in all sorts of places, dressed in plastic macs and wellington boots. The asphyxia, which seems to be the prime object of this exercise is said to prolong orgasm and to increase sexual enjoyment, but I know of no scientific work to support this. The asphyxia is induced in a variety of ways, of which the most usual is a partial hanging, using ropes, belts, cords, etc. Suffocation, using a plastic bag or holdall, is also common, and gagging with female clothing or other devices is occasionally seen. Protective devices are frequently used to stop the victim being hurt and to eliminate the possibility of causing tell-tale marks upon the neck. These frequently consist of towels or clothing pulled up around the

neck. Other safety devices have been used with varying degrees of success. In one case a complicated device was made by a man who had served as a railway engineer and based on the dead man's lever principle. When he had had sufficient stimulation or when he lost consciousness, his foot would slip from the lever and a spring device would release the noose. On one occasion, however, the contraption failed to work and he was actually hanged.

Trussing is fairly characteristic and appears to indicate a masochistic trait. Often in such cases the genitals are bound up and chains, ropes, belts, etc., are used on the body and the limbs. This feature frequently alarms the police, but the trick is to show that all the knots and fastenings are in fact accessible to the victim's hands. The body or scene in such cases may show evidence of masturbation in the form of a penile erection or of ejaculate, but caution needs to be exercised here since Mant has shown that in some 75% of males dying between the ages of 14 and 70, seminal fluid is detectable in the urethra and, following many deaths from hanging, erection is produced purely as a hypostatic effect.

In the sexual asphyxias there is often evidence of repetition of the act on many previous occasions, and this is very important. Ligatures, straps and clothing are often found to be well used and the point of suspension may well be worn. The last feature of these cases is that, on investigation, a complete lack of suicidal motive is found. Usually these people are apparently happy and well adjusted and have concealed their mental aberration completely from both friends and family, who are often shocked when they are found dead in these circumstances. Most frequently, they have no financial or personal worries and they often have made arrangements for future holidays, engagements, weddings, etc. So much for the sexual asphyxias.

Another perversion which renders those involved liable to sudden and often violent death is homosexuality, now known to be widespread amongst males and females. Approximately one person in twenty is homosexual according to Kinsey. This perversion has never been illegal between females and since the Wolfenden Report of 1957, it is no longer illegal in males in the UK, providing it occurs between consenting adult males in private. Though not strictly illegal, it is still not accepted in society and thus generates secrecy and the possibility of blackmail. One such case concerned a young boy who had taken part as a youth in some homosexual activity with a middle-aged man, was blackmailed for several years and then, after lying in wait, killed the blackmailer using a domestic hammer. Homosexuality then undoubtedly carries a significantly increased risk of suffering violence and even death. 'Queers' are frequently beaten

up and robbed, since the assailants know that they are unlikely to go to the police, and if they do, what has become known as the 'Portsmouth defence' will most likely prove to be adequate. The name allegedly arises from the naval town where, it is said, young sailors, short of money, will allow middle-aged homosexuals to take them out and at the end of the evening, instead of affording him sexual gratification, they assault him and rob him. On the rare occasions when the victim goes to the police, the sailor says that he was so disgusted by this man's approaches that he was provoked into assaulting him. The genuine Portsmouth situation, that is when non-homosexuals are persistently importuned by amateur and professional homosexuals, can cause the former to explode with anger and revulsion and to attack the latter. In one case a young boy was pursued by a middle-aged homosexual, who had had his advances repulsed in a public toilet and later trapped the boy on the roof. Cornered, the boy fought and ultimately kicked the homosexual to death. Even after willingly indulging in buggery, many men who are bisexual or at any rate not fully homosexual, feel soiled and ashamed, and may violently attack their former partner, inflicting hideous damage. Lastly, it is a fact, perhaps, because of their isolated position in society, that homosexual passions and jealousy are intense and these frequently lead to violent quarrels and rivalry between lovers and ex-lovers. A frequent form of attack is by kicking and stamping, especially about the face. It is almost as if the intention is not only to cause pain, but to make sure that the former partner is disfigured.

It is probably worthwhile diverting for a moment or two to deal with the difficult question of the post-mortem recognition of passive homosexuality. This question, which may be of vital investigative importance, is usually raised because of the deceased's known associates, because of specific allegations made by an accused person, or because of circumstantial evidence such as the finding of female clothing, make-up, lubricants, implements, letters and photographs of varying degrees of explicitness on or in relation to the body. It may also be suspected as the result of suggestive tattoos upon the deceased and unusually sited love-bites on the man's breasts, shoulder blades, buttocks or penis. Much of the difficulty arises because, at autopsy, the degree of anal tenderness, the tone of the anal sphincter and the absence of the sphincteric reflex, all of which are so helpful in coming to a conclusion following a live examination, are all unavailable to the pathologist, and the funnel anus, which is in fact in my experience rarely seen even in life, is virtually impossible to make out in the rigid corpse. As against this, of course, the pathologist has the advantage that he is able, after inspecting the anus externally, to remove it and

the rectum and to spread these out for inspection for fissures, bruising, scarring, etc., and this should always be done in cases of serious crime. It cannot be too strongly emphasised that the mere finding of a dilated or patulous anus in a corpse, especially if somewhat decomposed, is insufficient grounds on which to allege homosexuality. On the other hand, the finding of semen on a carefully taken rectal swab must be conclusive evidence of buggery whatever the state of the anus. A single act of buggery, especially if the passive party is adult, has been a willing party, and lubricants have been used, can leave no trace—except for the presence of lubricants for a short while. The anal and rectal appearances can best be described under the headings of acute and chronic buggery. The evidence of acute buggery is best seen when the victim has had little or no previous experience of the act, when there has been considerable disproportion between the anus and the penis, when no lubrication has been used and when there has been no cooperation on the part of the victim. In such a case, the anus in the corpse may be distended or normal, reddened, bruised and show radial linear splits in the mucosa, some of which may bleed. It may also show various degrees of tearing of the anal sphincter and the mucosa itself is shiny or slippery with lubricant. The appearances of chronic buggery are best seen when the act has take place willingly, on numerous occasions, often with a variety of partners, with or without the use of lubricants, when the anus and rectum may show epithelialisation of the anal margin, a patulous (up to four fingers dilated) anus—sometimes with faecal incontinence—and chronic radial fissures and scars. The rectal mucosa may be smooth and shiny or it may be inflamed due to a proctitis. The only evidence of active male homosexuality is the finding of lubricants or faeces on the penis, most usually at the junction of the corona with the penile shaft.

The last form of perversion I intend to mention is sadism, a dangerous perversion which usually manifests itself at or about the time of intercourse.

I turn now to killings precipitated by jealousy and vengeance. These are powerful and dangerous emotions and they occur not only amongst the physically beautiful and attractive, but in ordinary and even downright ugly folk. A very frequent manifestation of paranoia is the suspicion that the marital partner is or has been unfaithful and thus must be punished. Sometimes this is completely untrue, as in an extremely plain woman, strangled by her husband, who wrongfully believed that she was having an affair with another man. Sometimes, of course, the suspicion of infidelity is justified. Often, infidelity or desertion is followed immediately by retribution. In such cases, a defence of provocation is often raised. Sometimes the killing is plann-

ed and deliberate, as in the case of an ex-Commando sharp shooter, who shot and killed a woman with whom he had formerly been living from a hide he had made for observation purposes near her parents' cottage to which she had returned. Often the murderer's attitude is 'If I can't have you then no one else will'. Ritualistic injuries, like slitting of the nostrils or amputation of the penis may be perpetrated on unfaithful wives or their lovers.

One fairly characteristic type of sexual killing is the disentanglement murder. This occurs when the only way out of a difficult three-way sexual situation is for one of the parties involved, usually the unsuspecting husband or wife, to be killed by the other two. The cognoscenti amongst you will recognise at once the classic Thompson and Bywaters or Rattenbury and Stoner situations. The illicit affair may have been going on for some time, the habits of the victim are well known to both parties, who wish eventually to marry, so the plot may well be an elaborate one designed to evade detection. In one case a policeman, who had fallen in love with a policewoman, returned secretly to his home, which was within half a mile of his night beat at one point, murdered his wife by strangling her with a cable from the electric kettle and then arranged matters to make it appear as if a burglary had taken place.

The last group of cases I want to discuss are the true sexual murders where violence occurs at or about the time of intercourse, usually in order to effect the act or to prevent subsequent identification of the assailant who is known to the victim. Sex is like credit in that refusal often offends, so that violence may also stem from the male's fury and frustration at the woman's refusal to have sex or perhaps to indulge in some abnormal sexual practice. This was evidently the case when a Stoke-on-Trent prostitute was murdered. She had removed one boot and one leg of her tights, preparatory to having intercourse in a car when she was asked to perform an act of perversion. She refused and was ultimately stabbed, thrown from the car and finally killed by having a stone dropped upon her head. Sometimes, especially following unsatisfactory intercourse, the woman may provoke violence by rashly taunting her partner and comparing him adversely with other lovers she has had. Prostitutes may of course be killed in wrangles over money or because of their clients' self disgust and anger once intercourse has taken place. Occasionally, prostitutes' clients are killed by the girl's protector. Any female, but especially prostitutes, may fall victim to the unsuspected sadist, who, once sexually aroused, may inflict terrible injuries by whipping and beating, biting, especially the breasts and nipples, burning, especially the genitals, slashing, especially the breasts and ab-

domen and suffocating by a variety of means. Killing at or about the time of intercourse is usually a solitary crime, the victim and the murderer being alone together, often in a place where they have gone for the purposes of intercourse. Because of the usual coital position with the man overlying the woman, who is pinned down by his weight with her throat accessible to his hands, deaths from strangulation, either manual or with ligature, are frequently seen. These are close contact crimes and therefore interchange of trace evidence is likely. Thus techniques should be employed which maximise the chance of collection of transferred trace evidence e.g., the bagging of the head, hands and body. In strangulation, the neck should always be taped for trace evidence and in sexual cases generally, the female pelvic organs, including the anus and rectum, genitals and external genitals, should be removed in one piece by cutting through and splaying the symphysis pubis. The rectum is then dissected off from behind the pelvic organs, split in the 6 o'clock position longitudinally and laid flat for inspection and subsequent fixation. Finally, the vagina is dissected off, opened down the posterior midline and placed flat for inspection and fixation.

Mr President, ladies and gentlemen, though I hope you have found this lecture far enough removed from your usual type of practice to be novel and thus perhaps a little of interest, I am neither foolish nor immodest enough to imagine that I have conveyed any great uplifting truths to you this evening. You are well aware that sex is one of man's primary instincts and that much of the behaviour which it prompts ultimately comes to the attention of the forensic pathologist will not, I am sure, have surprised you, though perhaps the extent to which this is true, may have. I feel that we could, perhaps, with justification, extend the famous "bon mot" of the 18th century peer, Lord Chesterfield, who once said of sex "The pleasure is momentary, the posture is ridiculous and the expense is damnable." He might well have added "and the danger is considerable".