

AUTOEROTIC AND ASSISTED
SEXUAL ASPHYXIAS

by

ROBERT GENE BOOK

B.Sc. University of Miami, 1969

M.Sc. University of Cincinnati, 1973

M.B.Ch.B. University of Zimbabwe, 1983

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ABSTRACT

Autoerotic asphyxial deaths are uncommon but increasingly encountered. Assisted sexual asphyxiation rarely results in death. The prevalence of non-fatal sexual asphyxiation is difficult to ascertain, but is estimated to be greater than hitherto thought. One definite and two probable cases of autoerotic asphyxial death prompted the author to review the literature. The paucity of information on assisted asphyxias in turn prompted a series of interviews with female prostitutes. In this manner a better understanding of the motives as well as the numbers involved has been acquired.

The difficulties both forensic pathologists and police officers have in investigating these cases is addressed, with emphasis given to techniques learned from these three cases.

PREFACE

This study represents original work by the author and has not been submitted in any form to another university. Where use was made of the work of others it has been duly acknowledged in the text.

The research described in this dissertation was carried out in the Department of Forensic Medicine, University of Natal, under the supervision of Professor JBC Botha.

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INTRODUCTION

The sexual asphyxias represent a strange group of fatalities, and are one of the most fascinating and least understood of unnatural deaths confronting the forensic pathologist. They are uncommon, but their incidence is increasing. They are devastating to families and friends, and prove contentious to insurance companies and the courts. They are evocative of disgust and mirth, as well as of compassion and bewilderment. Conflicting theories abound as to their cause.

Three personal cases of autoerotic asphyxial deaths illustrated that otherwise capable police officers and forensic pathologists are often not sufficiently trained to adequately investigate them. As a consequence, a review of the relevant literature was undertaken. This revealed a dearth of information on the assisted sexual asphyxias, which in turn prompted interviews with nine female prostitutes working in Durban. The South African Police and a veteran private investigator were called upon for their views, with the latter providing insight and invaluable assistance in the investigation of these scenes.

The author's ability to investigate fatal sexual asphyxias has evolved from what in retrospect was painfully inadequate. In part because of this evolution, and in part because of the nature of the topic, the presentation of material in this dissertation will not follow the usual sequence; rather, the various aspects will be discussed one by one, augmented by data acquired from interviews and personal experiences.

The objective of this study is to enable forensic pathologists and police officers to maximise their understanding and investigatory acumen of the sexual asphyxias. On a personal level, the author studies these paraphilias for the same reason he has taken Professor "Okkie" Gordon's motto as his own: in order to help the living.

TACEANT COLLOQUIA EFFUGIAT RISUS:
HIC LOCUS EST BUI MORS GAUDET
SUCCURRERE VITAE.

LET THE LAUGHTER CEASE, LET CONVERSATION STOP:
THIS IS THE PLACE WHERE DEATH
DELIGHTS TO HELP THE LIVING.

CHAPTER 1

RATIONALE FOR STUDYING THE SEXUAL ASPHYXIAS

In 1983 in Leeds, the body of an apparently happily married thirty-six year old man was found dead at the bottom of the river. He was wearing what proved to be his wife's shoes, hose, knickers, blouse and brassiere. The latter were stuffed with tissues, and beneath them he had affixed hair clips to his nipples. He was also wearing make-up. His ankles were tied to a heavy rock with a length of rope, and on one finger dangled a pair of scissors. The widow disavowed any knowledge of other than normal behaviour on her late husband's part.

The investigating officers were cognizant of the existence of autoerotic asphyxial deaths, and originally concluded that this case was one of them. But so unique and bizarre were its circumstances that they wondered if it was not really a murder disguised as an accidental erotic death. In order to ascertain which, they sent divers into the river. There they found several similar rocks, all of which were tied with similar ropes in a similar manner. Thus disabused of considering it murder, they and the subsequent coroner's investigation decided on a verdict of accidental death (Sivaloganathan). This case illustrates an important reason for studying the sexual asphyxias: to enable one to assist other investigating bodies in ensuring that no homicide masquerades as one (Emson, 1983; Wright, 1974).

One studies the sexual asphyxias in order to help the living. This and the subsequent examples illustrate why and how this is so. As will be noted, there are a great number of physicians, public health officials, police officers and even forensic pathologists who are not fully aware of the entity called sexual asphyxiation. Consequently, many of these cases are misdiagnosed as suicidal hangings or homicides, or even left undiagnosed (Walsh, 1977). As an example of this, a typical autoerotic asphyxial death scene was described during a 1962 seminar on forensic pathology conducted by The American Society of Clinical Pathologists: a twenty-four year old white male was discovered dead in bed, dressed in knickers and a brassiere, with a cloth around his penis and a series of ligatures from his ankles to a cloth protecting his neck.

The seminar's attendants were asked to classify the manner of death. Suicide was the verdict of thirty-five percent of them. Twenty percent said strangulation, seven percent thought it was homicide, and six percent gave no response. Only thirty-two percent correctly diagnosed it as accidental. A similar study in 1974, but among forensic pathologists, revealed a heartening one-hundred percent rate of accurate diagnoses (Walsh, 1977).

While fatal sexual asphyxias are not frequent, they do very often have great importance regarding the emotional involvement of family and friends, insurance company claims, religious ramifications such as where to bury the body of a Catholic, and the pursuit of justice as just mentioned. In other terms, unless someone can timeously come to the correct diagnosis, there exists a potential for problems and time-consuming, protracted investigations that can result in even more grief for the survivors, an unnecessary cost to the public purse, and the tabulation of erroneous public health statistics (Byard, 1988).

The formidable and legendary Keith Simpson (1979) correctly stressed the importance of convincing the family that an autoerotic asphyxial death must not reflect adversely on home conditions or the victim's schooling. As shall be discussed, the propensity for autoerotic asphyxia can develop and become manifest despite a consistently salubrious growth environment.

To be discussed later is the case of Rupp's where the young man committed suicide with a gun because never having heard of autoerotic asphyxiation, he thought he was going mad. Would it not have been better to have an educational system knowledgable and ready to discuss this paraphilia, in order to prevent such tragedies; or would a wider dissemination of the knowledge lead instead to even more deaths? In partial answer to this question, the opinions of individuals directly involved in such cases will now be quoted.

After four autoerotic asphyxial deaths in thirteen months in the Ft. Collins, Colorado Junior High School, a teacher was quoted in Hazlewood (1983) as saying that in the aftermath of one such student death, the other students were saying, "It's okay to do it if you've got someone to cut you down". Concerning this, a staff member of the local mental

health centre was quoted as saying: "Its imperative that everyone -- schools, churches, professionals, parents -- get some education".

The mother of one victim said: "If this information can make just one person discontinue any notion of trying this most dangerous game, perhaps my son's death won't seem such a senseless waste of young life. If one parent, teacher, or counsellor will discuss the game and its dangers, it may deter that child from trying".

Regarding another of those Ft. Collins cases, a father said: "If it (discussing it) would save even one life, it would be worth it I don't really understand what happened, but I've accepted it ... it actually helped me to find out that it was an accident and not suicide ... I would have had a harder time understanding why he would've wanted to kill himself deliberately".

Elsewhere in North America, parents of a similar victim approached a local newspaper because their "anger and anguish" were overridden by their belief that the public must be informed of what they feared was a dangerous and insidious trend. The boy's mother had heard about two other local deaths that sounded similar to her son's. This led her to contact the families involved, who confirmed her suspicions. She told a reporter that "information about the dangers of this must be communicated to our youth. Somebody had to say something". The parents, the article concluded, were left "with a thousand questions that are still begging answers" (Hazlewood, 1983).

We can only provide those answers if we ourselves have first studied all the questions.

CHAPTER 2

HISTORICAL ASPECTS OF SEXUAL ASPHYXIATION

A surprisingly large number of individuals require or at least prefer an element of asphyxiation with their sex (Mandy, et al. Personal Communication, 1992). Indeed, some are unable to function without it. And some, whether or not they could actually function in its absence, have become habituated to it. An incredibly vast number of techniques have been recorded, and an even greater number of auxillary paraphernalia -- both mental and tangible -- are regularly employed.

Asphyxiation as an adjunct to sex was once thought to have originated with prostitutes in Cochin-China, formerly French Indo-China, later Vietnam. Belgian Professor of Forensic Medicine Leopold Breitenbecker maintained that it was returning French Legionnaires who introduced it to Europe (Eckert, 1991). So incomprehensible and nebulous have the perception and appreciation of this peculiar behaviour been to most people -- including investigators and pathologists who might have been expected to know better -- that this assertion has been repeated in numerous modern texts. The truth, however, lies elsewhere: the historical and geographic origins of sexual asphyxia considerably predate P.C. Wren's "Stepsons of France" (1928).

The historian Herodotus never chronicled sexual asphyxia per se, but he did write about a paraphilia frequently observed to co-exist with it: transvestism (Unger, 1968). In approximately 445 B.C. he described this as " ... mysterious Skythian illness", found on the northern shores of the Black Sea. The male inhabitants there were wont to wear female clothing, to perform woman's work, and to generally show feminine characteristics and behaviour. What he chose not to write, due to an older sense of propriety perhaps, is open to conjecture.

The first unequivocal association between sex and asphyxia comes from Mexico, where the Mayas of 1000 A.D. worshipped a diety named Ixtab, the goddess of the hanged. In Mexico City's Museo de Antropologia a painting in an old manuscript shows her kneeling with her one exposed nipple erect, her ankles bound, and her body partially suspended by a noose around her neck. The Mayas believed that the souls of those who

hanged themselves went directly to paradise, where she received them. Also in this museum is a sculpture from the same era showing a naked man with an erection and a rope around his neck. He is described as a Mayan phallic cult figure, and is believed to represent a devotee of Ixtab (Hazlewood, 1983).

The next historical reference to this behaviour is an engraving attributed to Dürer (circa 1520): it shows a man in a torture chamber being hanged, and at the same time ejaculating (Hazlewood, 1983).

In the 1600's there were specialist prostitutes in London who practiced "assisted erotic asphyxia" as a cure for male impotence (Ober, 1984). On February 18, 1718, the first English translator of Cervante's DON QUIXOTE, Peter Anthony Motteux, celebrated his 55th birthday in the company of the London prostitute Mary Roberts. After first going with her to Whites Chocolate Shop in order to purchase tickets to a forthcoming ball, he then accompanied her to the Star Court brothel on Butcher's Row, where he died in mysterious circumstances almost precisely at the stroke of midnight. While at first murder was suspected, the accused -- Mary Robert's among them -- were later acquitted (Ober, 1991).

An undated, unsigned, marginal note in the British Library's copy of Gidon's LIVES OF THE POETS reads:

"Mr. M_____X is suppos'd to have been strangled by Whores,
who forgot to cut the cord They had ty'd abt his neck to
provoke venery".

"Venery" is an archaic word for sexual indulgence.

In 1791 the Marquis de Sade (he whose propensities gave the world the term "sadism") published his first novel, JUSTINE. In it he has his heroine Therese help Roland achieve an orgasm by briefly hanging him.

A similar scene appeared in de Musset's 1933 Gamiani, ou Deux Nuits d'Exces.

Returning to the year 1791, the forty-one year old Frantisek Koczwara

was enjoying considerable fame in London as the composer of a popular symphonic piece entitled THE BATTLE OF PRAGUE (Ober, 1984). On September second of that year he procured a whore named Susannah Hill, and after what has been described in the trial records (Anon. *Modern Propensities*, 1791) as "several acts of the grossest indecency", he instructed her to hang him for five minutes by the neck in order to, as she reported him saying, "to raise his passions". After the five minutes it was resurrection, or at least resuscitation he was needing, and the young Miss Hill was duly charged with aiding a suicide. But so common was partial hanging in aid of carnal gratification that the Judge -- Judge Gould -- threw the case out of Court.

It was also in the 1791 Modern Propensities, or an Essay on the Act of Strangling, Etc., that the observation that hanged men frequently developed agonal erections was published. A notorious individual named Jonathan Wild chanced upon this discovery whilst going through the pockets of those cut down from the gallows. In his words,

"(T)hey (the hanged) evinced certain
emotions and commotions, which ...
proved that all flesh must die
to live again".

Later in that same pamphlet the reader is acquainted with the Reverend Parson Manacle who ministered to the condemned in London's Newgate prison. He also had observed that males hanged frequently developed erections. In order to calm a certain Mrs. Birdlime condemned to death for shoplifting, he urged her to observe him as he hanged himself: he did this based on those observations, in the hope that he could persuade her that there was nothing save bliss in hanging. As it transpired, she cut him down after a few minutes, and was amazed at how libidinous the procedure had made him. The reader is led to believe that Mrs. Birdlime recompensed the good Reverend's efforts on her behalf, and the next day went to the scaffold in a tranquil state of mind. Alas poor Manacle, he became addicted to partial hanging, and some unspecified time later accidentally died therefrom.

The earliest medical reference to this "hypoxophylic behaviour" appears

in an 1856 monograph on suicide by the Parisian, Boismont (Garza-Leal, 1991). He mentions a twelve year old boy who inexplicably hanged himself by the neck, but who was cut down and resuscitated. It does not appear as if sexual motivations were present, but as will be discussed later, erotic asphyxial behaviour in pre-adolescents often is devoid of blatant sexual clues.

Various anthropologists are said to have recorded sexual asphyxiation among Eskimo children (Freuchen, 1961), among the Yaghan Indians of South America, and among the ancient Celts (Rosenblum, 1979). One recorded similar behaviour in the North American Shoshone-Bannock tribe of Indians.

In the more modern times, James Joyce in his 1922 Ulysses describes a scene immediately after his Crappy Boy was hanged:

" a violent erection of the hanged
sends gouts of sperm sprouting
through his dead clothes
onto the cobblestones"

As will be discussed in a later section, this is pure fiction, without any physiological basis.

P.D. James in her 1972 murder mystery, An Unsuitable Job for a Woman, has a murder disguised as an autoerotic asphyxial suicide. Her character Hugo explains:

"It was horrible for Isabelle at the time
and disagreeable to think about now. But
it isn't so very uncommon. It does happen.
It's probably one of the more innocuous of
sexual deviations. He wasn't involving
anyone but himself. And he didn't mean to
kill himself; that was just bad luck".

William Burroughs has written two novels, each remarkable only for its egregious pandering to all that is base and ugly.* In both the 1959

* The author has read Naked Lunch. Critics whom he respects say Cities of the Red Night is worse.

Naked Lunch and his 1990 Cities of the Red Night, sex and asphyxiation are portrayed. In the latter, he even refers to a mythical figure whom he calls Ix Tab, which shows that gutter tastes and an eye for historical curiosities are not mutually exclusive.

SUMMARY

There is indeed nothing new under the sun: the sexual asphyxias have been practiced for at least a thousand years. It is reasonable to suggest that this figure will be revised upwards as new archeological evidence is unearthed.

CHAPTER 3

THE PREVALENCE OF SEXUAL ASPHYXIAS

In a 1993 article on suicides among AIDS patients from Miami, Florida, a twenty-nine year old white male was observed hanging from a noose in a motel. "Other dwellers thought he was engaged in sex and left him alone" (Copeland). And the authors wrote no more about it. The nonchalance of those observers indicates a high level of awareness certainly, and possibly also a very high incidence level of autoerotic asphyxia in that metropolitan area.

In contradistinction, the same 1993 journal contained a paper on plastic bag suffocation in London (Martinez). The authors, including an emeritus professor of Forensic Medicine, noted that one of the twenty-three cases was found with a plastic bag over his head and his "trousers undone". Other than mentioning that the coroner's inquest reached a verdict of Misadventure, they discussed it no further. Despite it being a classical presentation of an autoerotic asphyxial death, and despite the manner of the other deaths in their series receiving at least a cursory discussion. The abovementioned examples eloquently illustrate why no certain figures on sexual asphyxias are available: not only does its practice vary from sub-group to population sub-group, but even today it is being overdiagnosed by some, and probably unrecognised by many. The reasons for this, discussed in detail below, range from non-awareness to over-exposure, and include the nearly universal revulsion felt by surviving family and friends who discover the bodies. The latter is frequently manifested in those unfortunates altering the scene so as to make it appear less odious.

Numerous authors have concluded that the sexual asphyxias are probably much more common than are expected, that the numbers are increasing, that almost all of these exercises take place without any tragic consequence, and that the deaths, whilst no longer uncommon, represent only the tip of a much larger iceberg (Edmondson, 1972; Sivaloganathan, 1989; Hiss, 1985; Knight, 1992; Hazlewood, 1983).

The following figures from the near past almost assuredly reflect a gross

underdiagnosis. This supposition notwithstanding, they do demonstrate trends and are hence included.

In Massachusetts between 1941 and 1950, Sterns reported one or two autoerotic asphyxial deaths each year (1953).

In Virginia between 1950 and 1955 there were six reported cases (Henry, 1968). In Los Angeles County between 1958 and 1970 there were twenty-five of these deaths (Litman, 1972).

In a much more scrupulously researched study undertaken by the Armed Forces Institute of Pathology, 1.4 million cases in their files between the years 1958 and 1973 were perused. 2561 of these were well-documented medico-legal cases. Of these, forty-three were adjusted to be autoerotic asphyxial deaths (Walsh, 1977).

In 1959 a Belgian professor of Forensic Medicine published a figure of only four such cases in his country in the preceeding quarter-century (Hazlewood, 1983). Between 1965 and 1969 in Ft. Worth, Texas, seven cases were diagnosed, which represented a startling one in two hundred deaths in that community, once deaths from vehicular accidents were excluded (Rosenblum, 1979). In the last six months of 1979 there were three autoerotic asphyxial deaths recorded in the area surrounding Lansing, Michigan.

In Cracow, Poland, between 1960 and 1974 no such deaths were recorded (Marek, 1976). One is compelled to marvel at the efficacy of the Iron Curtain in protecting its citizens from this perversion. In all fairness, though, it may rather have been that those good Catholics were just extraordinarily resistant to such decadence. Or least likely, that the officials were disinclined to report it.

Re-crossing the Atlantic to the era of this author's youth, in New York City from 1964 to 1965 there were one-hundred and six deaths by hanging: only two of which were autoerotic (Luke, 1967).

At nearly the same time in the Antipodes, there were three such deaths seen in twenty-seven months in the city of Sydney, with its then two

million population. None had been diagnosed before then (Hazlewood, 1983).

By 1972, an estimated fifty people per year were dying in the United States during autoerotic asphyxial practices (Litman). By 1979 that estimate had risen to two-hundred and fifty (Wesselius, 1983), and by 1983 had jumped to one-thousand (Byard, 1988).

Figures from the United Kingdom between the years 1974 and 1984 reveal that one-hundred and two people were discovered hanged during that period, only nine of whom in the adolescent age group resulted from autoerotic practices (Perot, 1979). Between the years 1981 and 1984, the coastal city of Seattle, Washington, was home to 1,26 million people. During that time sixty-one of them died by hanging, two of whom were engaging in autoerotic asphyxia at the time (Luke, 1980).

More recently, authorities in the city of Ontario, Canada, estimate they see one autoerotic asphyxial death per million population per year (Hazlewood, 1983).

This author had one case of autoerotic asphyxial death in October, 1991, and two probable cases in November, 1992. Professor J Nel of Tygerberg (Personal Communication, 1992) informed the author that he has seen no such cases in the Cape since accepting the Chair of Forensic Medicine there in 1988.

No figures for deaths resulting from assisted sexual asphyxias have been discovered during the investigations for this dissertation.

Figures given in the absence of those for the populations from which they were drawn are potentially misleading, but not completely useless: in sufficient numbers they do reflect trends, and the trends are rising. It is felt that a significant proportion of these indicates increased reporting and diagnosing. It is nevertheless felt that the true prevalence is indeed increasing in all communities where statistics are being compiled. Reasons for this are discussed at length elsewhere; for the nonce, suffice it to say that increasing numbers of people are

being made aware of asphyxia as an adjunct to sex, and that increasing numbers of people are prepared to engage in non-traditional sexual practices as a result of a gradual and global reassessment of what is pro-survival and what is not.

ASSISTED SEXUAL ASPHYXIAS

"There are more things in heaven and earth,
Horatio,
Than are dreamt of in your philosophy".

Hamlet Act I Scene V

Figures on the non-lethal sexual asphyxias, both autoerotic and assisted, have not been available except as speculation. In order to rectify part of this deficiency, South African Police Vice Unit Warrant Officer C. Botha (Personal Communication) was approached with an explanation of the situation. He kindly arranged an introduction with a woman who prefers to be known as Mandy (1992). Through her and the proprietor of her place of business, eight other women were eventually interviewed, a number of them several times. It was of course necessary to explain the reasons for the questions, and to this end a considerable body of evidence was revealed to them. At no time, however, were names used, addresses given or identifying photographs shown. All this is to say that the proprieties of a case still *sub judicie* were observed. As they were when the private investigators were consulted (*vide infra*).

At the commencement of each interview, the author explained that he appreciated that time is money, and that he was prepared to recompense the women for speaking with him. This offer was emphasized, but to no avail; one and all of them refused the money, and freely spent long periods in discussion. In contrast to this group, extreme reluctance to even meet the author was evinced by three others. A Public Health Officer involved with treating sexually transmitted diseases in the notorious Point Road area of Durban was unable to convince even one of the so-called street-whores to consent to an interview. An old reprobate of the author's acquaintance teaches legitimate massage techniques to prostitutes at a local massage parlour. He is on intimate relations with several girls, but has been unable to talk any of them into talking

with me. A colleague who completed a substantial HIV incidence survey among Durban's escort agency women (Dr J. Margolis, Personal Communication, 1992) repeatedly failed in convincing any of them to discuss sexual asphyxias with this author.

Doubtless, more interviewees would add statistical significance to what these nine suggest. Just as additional input would make the section on why people prefer these variant modes of sexual gratification more comprehensive. But the absence of larger numbers does not invalidate what is propounded: that the prevalence is not slight, and that the reasons for it are well-nigh but not totally inscrutable.

Mandy herself replied that she on average services two different men a week in this manner; ie, she causes them to undergo a degree of asphyxiation so as to enable them to enjoy their preferred form of sexual gratification. Admittedly, she is her establishment's in-house expert on bondage and discipline, but still, her figures extrapolate to numbers far in excess of any previously entertained. Hence the quotation from Hamlet, which also applies to virtually every aspect of what was learned in these interviews. Subsequent discussions with her and others have necessitated a slight downward adjustment of these figures. But the overall impression remains one of shock bordering on incredulity.

None of the prostitutes admitted to having a client die whilst experiencing their ministrations, although one confided that she discontinued servicing a regular customer because he increasingly demanded greater and greater degrees of choking with his sex. As he was in his sixties, she feared this would eventually kill him.

SUMMARY

The incidence of autoerotic asphyxial deaths is very low, albeit rising. The incidence of assisted sexual asphyxial death is very much lower, albeit for the most part even less well documented. Non-fatal episodes of both autoerotic and assisted asphyxial sex are probably orders of magnitude higher than hitherto imagined.

CHAPTER 4

PROPAGATION

Most people have never heard of the sexual asphyxias. When explained to them, one of the first questions they incredulously ask is how in the world do people learn about it!? To them -- to most of us -- the sexual asphyxias are so bizarre and alien that their practices are thought to be limited to a miniscule minority of sick people. As has been seen, however, the numbers are not small. Neither are they static: people are learning about these practices in increasing numbers, from a variety of sources.

Ober, the author of a 1984 paper, made three points regarding this. He said (one) that there is little salacious literature describing it, and (two) it is not likely that older individuals would initiate younger ones. In his third point he suggests rather that the autoerotic asphyxias are a solitary act that each individual "seems to have developed for himself, to satisfy the needs of his personal sexual fantasy". His assertions contain both that which is true and that which is unsupportable.

There was by 1984 a significant body of literature, salacious and otherwise, describing these perversions. Justine, Modern Propensities, Gamiani, ou Deux Nuits d'Exces, Ulysses, An Unsuitable Job for a Woman, Naked Lunch and Cities of the Red Night are all mentioned in the historical section of this dissertation. It may have been that Fantisek Koczwara learned about it from reading de Sade's novel, which apparently preceeded his untimely end with Susannah Hill. (He may also have learned of it from Martin Vanbutchel, a quack doctor in London who manufactured a product he called "Celestial Springs") (Anon., Modern Propensities, 1791). With the exception of P.D. Jame's novel, none of the above have been widely read (as an example of this, the only copy of Modern Propensities in the United States of America resides on microfilm in the Yale University Library). Nevertheless, these books and pamphlets have been available, and have enjoyed a not insignificant following.

Hustler is a magazine from America which always manages to remain a half

step away from what ever the current definition is of unacceptably hard-core pornography. It is available on most magazine racks in many stores. In 1981 they published two readers' letters on autoerotic asphyxia, followed by advice against trying it (Milner, 1981).

Hardly salacious, The Joy of Sex (which, incidently, was the longest running trade paperback on the New York Book Review up until 1982) contains a brief description of and warning about sexual asphyxia (Comfort, 1972).

In one of the cases in Hazlewood's 1983 F.B.I. series, a police officer reported that he found a pornography magazine in the dead boy's room, describing an autoerotic scene identical to the one that killed him. In another case from the same series, the body was found next to a newspaper clipping on autoerotic asphyxial deaths: both the technique described and the one used were identical.

One young man who habitually masturbated whilst hanging himself denied that he had read about, seen, or been shown anything on sexual asphyxia. But he was a regular reader of True Detective Magazine, which does often contain pictures and articles that pair sexually suggestive material with the strangulation and abuse of women. The author of that paper opines that those stories were the genesis of the youngster's behaviour (Wesselius, 1983).

On the eight day of February, 1993, an advertisement appeared in the Durban Newspaper, The Daily News. The leader was "TORTURE PARTY", and the advertisement promised whips and bondage.

In a personal communication with one of the South African Police officers investigating vice in Durban, it was revealed that a February, 1993 operation had exposed a vast computer bulletin board net-work of people indulging in all manner of perversions, including bondage and sexual asphyxia.

Numerous researchers have given examples of classified advertisements appearing in porno-specific magazines (Citman, 1972; Boglioli, 1991). One antique dealer/rubber fetishist was found dead in a dentist's chair

with his mask and face attached to a tank of nitrous oxide, and with his penis attached to his hand. Two "contact" magazines were in his room, each designed to promote correspondence and personal contact among those predisposed to this activity (Leadbeatter, 1988).

At the suggestion of a private investigator (Irving, Personal Communication, 1992), Penthouse magazine was perused for similar advertisements. Although not blatant, some were found that implied sexual asphyxia. The same investigator reports similar advertisements in Scope magazine, and it was he who first suggested computer billboards as a medium for communication among these people.

Despite all this evidence, the writers of a 1990 American paper state that usually there is no known contact with others engaging in this practice (Byard). The discrepancy among researchers doubtless reflects sampling biases, and perhaps also a difference in investigating these cases.

Returning with a critical eye to Rosenblum's 1984 paper at the beginning of this section, it does appear that older people instructing younger ones is an uncommon occurrence: only one reference to it was discovered. A fifteen and one-half year old white male told his interviewer that three years previously his male cousin had introduced him to mutual masturbation, at first whilst looking at pictures in Playboy magazine. From that they progressed to masturbating into the brassieres and knickers of this cousin's sister. After that, the cousin confided to him that he knew of a new way to masturbate, which he demonstrated whilst partially suspending himself by the neck from a door knob. They both did this for some months before the same cousin introduced him to dressing in female attire as well. This the youngster gradually augmented by stealing from woman's wear shops and from his own sister. Initially he would engage in this once a fortnight. At the time of his interview he was doing it two to four times a week.

Before progressing to the discussion of the *de novo* development of this paraphilia, a review of other sources of information should be considered. Ixtab's painting in Mexico City and Dürer's engraving in Europe must have prompted some individuals to associate asphyxiation with sex, and then to try it (Hazlewood, 1983). And for centuries when public executions

were carried out, the few men who did develop an erection could hardly have gone unnoticed by the crowds.

Larry King of CNN has devoted part of a television show to sexual asphyxiation in 1988.

In America on the eleventh of May, 1988, a thirty-eight year old white male told his father he intended to watch a television show on sexual asphyxia later that afternoon. The father found his body that evening, in a typical autoerotic asphyxial death scene (O'Halloran, 1988).

A thirteen year old white boy fatally hanged himself sometime in the early 1970's or late 1960's after watching an American television show on hanging. There was no sexual association seen or suspected, but this does not necessarily mean that the death was not an erotic misadventure (Polson, 1973).

A similar case occurred after a six year old watched the Clint Eastwood movie, "Hang 'Em High". In this instance, though, the child survived. He explained later that he, " ... got the idea from the movie", in which the hero was hanged for stealing five horses (Perot, 1979).

In the 1972 Peter O'Toole movie, "The Ruling Class", the opening scene is of the Earl of Gurney dressed from the waist upwards in a military uniform, and from the waist downwards in a ballet tutu. He is seen swinging ecstatically by the neck when suddenly he loses his footing and dies, discovered too late by his butler.

"In The Realm Of The Senses" is a Japanese movie that was released in the United States in 1978. It is said to be based on a true story that occurred in 1936, of a heterosexual couple who partially strangled one another during sexual intercourse. The man accidentally died from this, which produced in his paramour a madness that compelled her to amputate his penis and wander the countryside with it.

Self-help groups have come into existence to assist the victim's families (Byard, 1988).

Anne, one of the prostitutes interviewed, said that her "little British clarinet player" client was partially smothered by his mother's hand when he refused to practice his instrument as a boy. If only a fraction of what Freud said is true, it is easy to see how he came to need Anne's toes in his nose, and so forth (*vide infra*).

None of the other prostitutes possessed specific examples of how their clients had learned of this. The men had not told them, and they were disinclined to ask: a man requiring "just your basic bondage and sex" was paying three hundred rands a session at one institution in Durban in 1992. At this not inconsiderable fee, he does not, the author was informed, want his fantasy scenario interrupted. Especially with potentially embarrassing questions. All the women did, however, opine that the men had (somehow) learned about sexual asphyxiation during their youth. Another professional offered an example of a related phenomenon, in order to demonstrate how childhood events mould the man. A regular client of hers was regularly caned and then sodomized as a new-boy in a well-known Natal boarding school. In his later forms he beat and sodomized others. Now middle-aged, he regularly comes to this woman in the mornings to be beaten. Afternoons he returns to beat and then have anal intercourse with her.

Whilst discussing the interviews, it will be well now to mention a potentially dangerous turn of events. Mandy is the first girl who consented to be interviewed, and was instrumental in recruiting many others for interviews. Even though she is her establishment's in-house expert on bondage and discipline, she had never given much thought to why certain men prefer it, beyond that it apparently gives them pleasure. By our third interview she had begun to appreciate the pathophysiology involved, as well as the dearth of reliable information on what actually transpires. After that third interview, she proposed that in the interest of science she should be throttled to varying degrees of unconsciousness, so as to enable her to record exactly and precisely her sensations. Her offer was of course declined, but she insisted. It was declined again, with the explanation -- rather feebly, it is feared -- that our ethics committee would take a most jaundiced view of this type of research, and that furthermore I would be petrified of hurting her. She still persisted, demonstrating if not exactly a scholarly prudence, at least that pioneering quest for new frontiers that has been the

hallmark of so many quantum leaps in man's knowledge. Be this as it may, her proposal presented me with a conundrum. I had to disabuse her of those potentially pernicious intentions, yet had to be careful not to show the revulsion I felt for something that was selflessly offered, and that to her was no more than a variant on her chosen profession. I needed her confidence and to be privy to her experiences and thinking, but dared not insult her by pronouncing adversely on the propriety of those experiences. In short, although her offer increased my opinion of her, I was forced to use all the tact in my possession to relieve her of the illusion that by partially hanging herself she would contribute meaningfully to the world's great body of knowledge. It was a gross example of the Heisenberg Uncertainty Principle: by merely examining the phenomenon, I had altered it. When last we spoke, Mandy was -- obviously -- still alive. I only hope the poor child does not some day harken back to our discussions, try something similar and come to grief. The Eyes of Heisenberg ... heady stuff this.

Returning to the question of how people learn of the erotic asphyxias, a few have discovered it fortuitiously. The Reverend Manacle, it will be remembered, extropolated from what he had seen on the gallows. And Jonathan Wild -- whether or not he enjoyed it himself -- learned from the same population (Anon. *Modern Propensities*, 1791).

Hazlewood (1983) quotes an old German source who published an account of a twenty year old white who attempted to strangle himself in a suicide attempt. He failed in this, but during the strangling noticed a feeling of sexual pleasure. So strong was it that he felt compelled to partially strangle himself again and again, "during which a sort of orgasm appeared". The youth stated that he experienced, " ... a voluptuous sense of giddiness", and found the " ... most beautiful moment" to be immediately before he discontinued the struggle.

In another report from the same era, a seventeen year old said he had commenced hanging himself at age ten or eleven, when "almost" suicidal. "I wasn't really trying to kill myself", he explained, "but was thinking about it, and wondered what hanging would be like, so I tried it out". He found it exhilarating, and productive of intense sexual pleasure. As a consequence, he continued with it solely for that reason (Hazlewood, 1983).

In a 1965 case, a woman who failed in an attempted suicide by hanging, did experience an unanticipated orgasm. Thereafter she used hanging autoerotically, experiencing, as she put it, gratification while simultaneously being punished for it (Hazlewood, 1983).

The eighteen year old brother mentioned in the next chapter was in all likelihood aware that his sibling had died in similar circumstances years before (Bell, 1991). Numerous family members and friends must learn of sexual asphyxiation in this manner, especially when it is recalled that between five-hundred and one-thousand individuals accidentally died of this practice in the mid-1980's in America alone.

Concluding this section is the tragic case of a young man who was heavily involved in autoerotic asphyxial practices. Having never heard of it before, he thought he was going mad, and so destroyed himself with a gun (Hazlewood, 1983).

SUMMARY

Because most individuals have never heard of the sexual asphyxias, this cannot be taken to mean that there is a paucity of information about them. Far from it. Readily available access codes unlock bill-boards among Durban's myriad computers. Every brothel seems to know about it, as does Hollywood, ancient and modern authors, pornographers and television interviewers. Some learn about it fortuitously, and some develop it *de novo*. Still others are initiated by associates, and forensic pathologists see one or two cases of it during their careers. After researching this dissertation, what surprises the most is that so very few people do know about it.

CHAPTER 5

TYPICAL SCENES

Because the autoerotic as opposed to assisted asphyxial deaths more often come to the attention of forensic pathologists, a description of their typical scenes will be presented first. It is, however, frequently important to contrast and compare aspects of one with the other, so a strict adherence to this biphasic plan will not always obtain.

Just as solitary and assisted scenes do not lend themselves to perfect descriptive division, so too the "typical" and "atypical" frequently defy perfect segregation. Indeed, so ingenuous is man, and so vast and varied are the accoutrements and props used by him that the "usual" and the "unusual" of this behaviour blend one into the other. The elements will, therefore, be presented in an approximate order of descending frequency of discovery. The reason for the choice of the word, "discovery" in favour of "use" is that the scenes are not uncommonly altered by family members or friends who discover the body.

The two invariable findings at an asphyxial/sexual scene are (one) some form of asphyxia, and (two) some form of sexual activity. The former is caused in the majority of cases by hanging by the neck with a ligature. Other methods employed are strangulation, constricting the chest, covering the head (or entire body) with plastic bags, inhaling anaesthetic or volatile gasses, wearing leather masks, and occluding the mouth with any manner of things including vaginal tampons (in one case with its wrapper still on) and with women's underwear.

In one series of one-hundred and thirty-two such deaths, one-hundred and eighteen had produced the asphyxia via neck compression; one-hundred and five by hanging, and thirteen by strangling. Five others used suffocation with a plastic bag, and two obstructed their own airways (Hazlewood, 1983).

The *sine qua non* for the autoerotic asphyxiating device is the individual's ability to arrange it himself; ie, it must be self-applicable (Camps, 1968). Even though the ligatures are often complicated by knots, pulleys and constricting devices, for a diagnosis of autoerotic

asphyxial death to be made, the decedent must have been able to get into them himself. Otherwise an assisted death must be concluded. In one of the author's cases the police cut the decedent down prior to our examining him. As a consequence, we have only the police photographs to go on in reconstructing it. The police are of the opinion that the decedent alone was able to arrange the loops and knots that claimed his life. Guided by the opinions of several consultant prostitutes (Mandy, Personal Communication, 1992) the author opines that the decedent could not have arranged the ligatures himself. Therefore, he could not have been alone. And therefore the manner of death is not either accidental or suicidal as the police feel, but rather accidental or homicidal. Be this as it may, for a verdict of solitary accidental death to be rendered, a self-release mechanism is an obvious necessity. At this point it is necessary to distinguish between self-release mechanisms and fail-safe mechanisms. The former may comprise nothing more ingenuous than varying the pressure of a noose suspended from overhead by flexing and straightening the legs. In these cases, self-rescue is obtained when the individual stands erect. This is, in fact, the mechanism/procedure most often used. Despite what is to any one with more than a smattering of common sense and medical training its glaring potential for causing unexpected incapacitation from which there can be no choice of escape (Byard, 1991).

Occasionally seen is an individual who totally suspends himself with a ligature around his neck. In these cases self-rescue is either not intended (*vide infra*), or requires regaining a ladder or chair, or the assistance of a partner (Hazlewood, 1983).

Another popular method is to regulate the pressure on the neck via a noose tied to the feet: whilst lying on one's stomach, flexing the knees decreases pressure while straightening them increases it (Edmondson, 1972; Spitz, 1980).

Other self-rescue mechanisms have included slip-knots, readily available knives (Walsh, 1972) or scissors (the abovementioned case of the author's had a sheath knife available above his head, on the fan light from which the ropes hung), keys if locks or handcuffs are used (Van Straaten, Personal Communication), and pliers if wires or chains are used.

(Hazlewood, 1983).

Regardless the types of ligatures used, the common denominator besides the asphyxia is the presence of elements of bondage, which will be dealt with in detail later (Sivaloganathan, 1984). Likewise to be discussed later is the use of the so-called "hangman's noose" with its thirteen coils: these may have symbolic value if the individual has an execution fantasy (Hazlewood, 1983).

As mentioned, a self-rescue mechanism is not the same as a fail-safe mechanism. The first is the prerequisite of an autoerotic asphyxial episode, whereas the latter is rare. At least it rarely comes to the attention of forensic pathologists, presumably because it works as intended. There have been but two published accounts of fail-safes that have malfunctioned. The first involved a young woman who had built in a slip-knot that became fouled in her long hair*. The second was that of a master pulley controlled by a cord held in the decedent's hand: another rope in the system jammed its pulley, thereby rendering the fail-safe inoperative and the whole system lethal (Hazlewood, 1983).

Numerous authors contend that a large number of practitioners begin with simple asphyxiating systems, and over time elaborate upon them. The complications of the props and apparatus often suggests that the routine has not only been repeated, but gradually elaborated (Camps, 1968).

Sexual activity, whether demonstrable or only implied, is the second invariable finding. Very often the genitals are exposed and considerable ejaculate is present. But the presence of a penile discharge is not pathognomonic of an asphyxial death, autoerotic or otherwise. One of this author's first ten or so necropsies was that of an Owambo youth who hanged himself with fencing wire. The mortuary assistants in Oshakati, Namibia, had undressed him unbeknownst to me. Thus the first view of the body was that of a naked male with a ligature around his neck and with what appeared to be a small amount of seminal fluid dripping from his urethra. Having only qualified as a doctor the year before, and being then possessed of a propensity for instant diagnoses, I

* Described as a fail-safe mechanism whereas in fact it really was only a self-release mechanism.

immediately pronounced him an autoerotic asphyxial death. The investigating officer was neither startled at this revelation, nor prepared to believe it. Apparently I was not the first tyro forensic pathologist he had had to disabuse of this type of erroneous thinking. Erroneous because the circumstances in that case included a documented history of suicidal depression and a suicide note, and because a discharge of seminal fluid with or without spermatozoa is a not uncommon accompaniment of many male deaths (Book, 1993).

Nearly all the authors who have written at length on erotic asphyxial deaths have mentioned this non-erotic phenomenon and explained it as the result of a combination of unopposed, peri-agonal, sympathetic stimulation and the development of rigor mortis. As mentioned in the historical section, however, many of the older authors -- none of whom were physicians, let alone forensic pathologists -- claimed execution by hanging was productive of a paroxysm of erotic pleasure followed by ejaculation. This author has in an official capacity witnessed five men judicially hanged. Neither before, during or in the five to eleven minutes afterwards that it took their hearts to stop beating did any of them develop an erection, let alone ejaculate. As all were immediately placed in coffins as soon as their hearts stopped, no personal information can be shed on postmortem urethral discharges.

A number of survivors have revealed that they masturbate whilst increasing the degree of asphyxia, timing their ejaculation with the instant before becoming unconscious. An equally large number use asphyxia to prepare them for masturbating, and engage in it only after they have removed the asphyxiating device (Hazlewood, 1983; Spitz, 1980). Thus there may be no evidence of masturbation if the fatal event occurred early. Or in pre-pubescent boys, as is noted by Ober in 1984. Along this line, one author states that pre-adolescents frequently are found without secondary sexual or bizarre paraphernalia, but that the majority of these probably still are associated with "aberrant sexual activity even if more positive evidence is lacking" (Knight, 1991). Two of this author's recent cases probably fall into this category: The first case was that of a ten year old boy found dead and inexplicably entangled in ropes with which he had been playing. No witnesses exist, and like the case following, there was no suggestion of sexual activity (1992).

The second case was that of an eight year old found by his thirteen year old sister hanging by the neck from a tree limb. His feet were on the ground. In neither of these two cases was a forensic pathologist called to the scene. This omission is tragic because neither scene was photographed, and neither investigating officer could describe them in any detail. One, in fact, declined to attend the necropsy. The second and third-hand information available indicates that none of the ordinary markers were present. But as is discussed later, clues not perceived as such may well have littered the two places. Even in their total absence, and the absence of gross evidence of sexual activity, these two cases may still have been autoerotic asphyxial deaths.

The younger of the two exhibited signs of bruxism, and had a moderate degree of gingival hypertrophy. It was this author's intent to use questions about these as a bridge to the topic of possible autoerotic activity. I was able to ascertain that he had not been receiving anti-epileptic medication -- and had earlier ruled out leukaemic deposits as the cause for the hypertrophy. But so heart-renderingly distraught was his mother that I resolved to bother her no more, and so discontinued the interview. The pursuit of scientific knowledge must be of secondary consideration to the feelings of the family. I would rather live in ignorance forever than torment this mother with questions that imply not only that her dead son was some kind of pervert, but also that her daughter was a liar when she told the investigating officer that her brother was fully dressed, etc.

With autoerotic asphyxia, males overwhelmingly out-number females, just as whites vastly out-number non-whites. In the oft-quoted 1983 study by Hazlewood and associates (1983), only five of his one-hundred and thirty-two cases were female. Only one of them and four of the men were black.

Regardless the race or sex, the individuals almost without exception choose secluded, private locations for their activities. (Only two exceptions were encountered in the researching of this dissertation: one eighteen year old male hanged himself from the playground equipment of a school next to a church (Emson, 1983). The other case was that of a convicted rapist who hanged himself adjacent to a path in a busy city park (Hiss, 1985). Both of these did however occur during the hours

of the night). If within doors, telephones are often left off the cradle so no interruptions will ensue. Doors are locked. Times are chosen when no one else is expected. The location itself may play a part in the fantasy, but so few survivors have been interviewed concerning this, that no hard data are available.

After locked bathrooms, bedrooms and closets, woods are favoured locations. Not only is the requirement of privacy met, but also woods provide large numbers and types of suspension points.

Regardless the venue, the privacy is paramount because the acts are known to rely on frequently convoluted fantasy scenarios. And because they may entail the use of props and paraphernalia that require considerable time to prepare.

A large minority of individuals who employ neck compression protect their necks so that no abrasions occur. In this manner no damage is done to their appearances and no suspicions are hence aroused. In a series of thirty-nine cases that used some form of neck compression, twenty-one had used some type of padding to prevent external injuries (Walsh, 1977).

As previously mentioned, the genitals are exposed only some of the time. Whereas the bodies of some practitioners have been discovered naked, the majority are partially dressed in female clothing, especially underwear and wigs (Hiss, 1985). At this time it will be profitable to distinguish between transvestism and cross-dressing. The former is the wearing of female clothes by heterosexual males. They do this because it produces in them sexual pleasure. Cross-dressing, in contradistinction, is the wearing of female clothing by hetero-, bi-, or homosexual men not for pleasure, but rather as part of a masochistic exercise to induce humiliation and/or to enact subjugation. Transvestism is more often seen with younger boys and men who are besides unambiguously heterosexual, almost without exception not only *not* suicidal, but rather quite the opposite, being recorded as happy, well-adjusted, well-integrated into their environments, and orientated towards the future; ie, their deaths are almost always accidental (Knight, 1992). These young men and boys usually exhibit no other aberrant behaviour, are of above average intelligence, and almost never evince any masochistic tendencies (Camps, 1968). (Only one author noted a decedent of low intelligence)

(Edmondson, 1972). Those apprehended generally respond well to therapy. Another trait of the young practitioner is that of preferring solitude during the act. Older men are more often bi- or homosexual (Wesselius, 1983), (although Hazlewood (1983) disputes this). And they more often engage in asphyxial sex with a male or female partner. It is debatable whether they do this solely because they enjoy the other's company and presumed assistance, or because they also perceive the necessity of having someone at hand should events take an onward, non-escapable course. Concerning this, it is believed that many autoerotic deaths are indeed suicidal, rather than accidental. This "terminal sex", as it is known in the patois of the homosexual community in California, almost always occurs in the older group of men. As does the use of masochistic props and/or fantasies, including cross-dressing rather than transvestism.

Concerning props, the readers' attention is drawn to an earlier statement that indicated they can be quite numerous and varied. One and all, they are present as some part of the practitioner's sexual fantasy (Byard, 1990). After the female attire, commercially available erotica is the most consistently discovered. These commonly include photographs, videos and printed material, such as one publication euphonically entitled "Bondage Beavers". As with the attributes discussed earlier, the younger men exclusively use heterosexual erotica, whereas the more mature men tend toward homosexual fantasia. In the study of one-hundred and thirty-two autoerotic asphyxial deaths, commercial erotica was present at forty-four scenes. Special interest publications are also frequently found, such as those dealing with female fashions, knot tying, escapology and the occult (Hazlewood, 1983; Book Congress Presentation).

One author estimated mirrors to be present in as many as one-half the scenes (Emson, 1983). This was probably an exaggeration. Hazlewood records them at the scenes of eleven of his one-hundred and thirty-two investigated cases: nine involving males and two involving females. The reason for the mirrors is unclear, although narcissism is possible. So too is a need to see oneself asphyxiated, in which case the mirror is part of a masochistic exercise. Alternatively, the figure in the mirror dressed in brassiere, make-up, wig and panties is quite different from the one seen every morning when one brushes one's teeth. It may be that the fantasy image is perceived as someone else. Variations on this theme are discussed in the section on why people engage in this

behaviour.

Male or female, young or old, an autoerotic asphyxial death almost always comes as a complete surprise to those who knew him or her well (Camps, 1968; Mason, 1983; Hazlewood, 1982). In Hazlewood's 1983 study of one-hundred and thirty-two cases, less than ten percent had friends or family who knew of the decedent's paraphilia. Contradictory to this assertion, another author knew of dozens of cases where the paraphilia was known to family and/or friends before the fatal episode (Hazlewood, 1983). He, however, is alone in this assertion.

Other commonly found scene markers include the decedents residing mostly in the middle social class, as opposed to the lower or upper classes. It may be, though, that members of the upper classes have sufficient wherewithall to prevent such deaths from being recorded as such. One author maintains that the practitioners are more often adolescents with learning disabilities, requiring them to be educated at special institutions, but this assertion is not substantiated (Schwär, 1988).

Lubricant creams are often found at the scene, used to facilitate masturbation and/or the rectal insertion of some device (Byard, 1990).

Evidence of previous autoerotic activity is almost always found, such as rope marks over doors and pipes, rubbed marks on cords and ropes, knotted ropes and nooses, and numbers of apparently well used props (Byard, 1990).

Alcohol and drugs are seldom found in the blood of the decedents, or if present, are found in only modest amounts (Minyard, 1985). The notable exception to this occurs with those individuals who asphyxiate themselves with nitrous oxide, amyl nitrates or other noxious gases. Another exception is sure to be cocaine: the articles referred to were written before the cocaine pandemic had commenced. Nowadays drug testing on these unfortunate people will probably be increasingly positive for this vile, seductive substance.

CHAPTER 6

VARIATIONS

Typical autoerotic asphyxial death scenes were described in the last section. In this one atypical scenes will be examined. As will become apparent, the appellations "usual" and "unusual" are artificial: just because we have only heard of one dead computer programmer lying in bed hooked to a masturbation device with a more than passing resemblance to bag-pipes, staring at a poster of a woman riding a horse that is sodomizing a man chained beneath it, listening to a ninety minute tape of nothing but horses snorting, and inducing asphyxia by inhaling local anaesthetic (Cordner, 1983), does not mean this is "atypical" in the autoerotic asphyxiation community. In short, a sampling bias is almost assuredly altering our perceptions.

Be this as it may, this chapter would perhaps better be entitled, "Statistically Even More Bizarre, Grotesque, and Weird Sexual Asphyxias", but as this is somewhat verbose and editorial, the succinct and neutral "Variations" will be retained.

Following the format of the previous chapter, asphyxiating devices will be considered first. One author investigated a series of forty-three autoerotic asphyxial deaths and found one young male to use airplane glue in a bag, and another natural gas. The latter, incidently, was judged to be a suicide (Walsh, 1977).

In a similar series, its authors chronicled the use of the following fluids in plastic bags (Gowitt, 1992):

- 1) Dichlorodifluoromentane (freon) : one case.
- 2) 1-1-1-trichloroethane (typewriter correcting fluid) : one case.
- 3) 1-1-1-trichloroethane (in a metal adhesive solvent) : one case.
- 4) Nitrous oxide : one case.
- 5) Isobutyl nitrite ("Rush") : one case.

The body of a middle aged male from New Orleans wore only a bathing cap when he rolled himself head to toe in scores of meters of plastic wrapping. The snorkle through which he was breathing apparently came

loose from his mouth during the accomplished ejaculation, and he smothered to death before he could cut his way free with the diver's knife clutched in his left hand (Minyard, 1983).

The body of a twenty-five year old cook was discovered in Japan with his trousers around his knees, with signs of masturbation present, and the following wrapped intricately around his head:

- 1) First, a black skirt.
- 2) Then a striped skirt.
- 3) Then a plastic bag.
- 4) Then panty hose.
- 5) Then a white skirt.
- 6) Then a pinafore dress.
- 7) And around all this he managed to tie a yellow vinyl cord (Ikeda, 1988).

One male body was found with tape over his mouth and nose (Knight, 1979).

Masks are not infrequently found on the bodies, but usually they are not exclusively used for the purpose of causing asphyxia (Book, Congress presentation, 1992; Ober, 1984).

In a case referred to previously (Hiss, 1985), the body of a fifty-seven year old male who had served twenty-two years in prison for rape was found beside a path in a city park. He was wearing numerous items of female clothing as well as a male athletic supporter. He had a large carrot inserted in his rectum, and a tattoo on one arm depicting himself filling a beer mug from a tube coming from his umbilicus. He had arranged an elaborate rope harness suspended from a tree limb so that swinging to and fro caused intermittent pressure on his neck.

Two cases seen years ago in forgotten journals showed the body of one man suspended naked by a thick rope around his axilla. The other man was hanging from an elaborate harness fixed around his abdomen.

The body of a forty year old ex-pilot from the Korean War was discovered naked in a secluded spot, chained to his Volkswagen. He had a chain harness around his chest and tightly through his gluteal cleft. He had

affixed the other end to the rear axle with approximately twenty feet of chain between. He then tied the steering wheel tightly to the left, started the motor and at idling speed engaged its automatic transmission into low gear. From the tracks the investigating officers were able to state that he jogged and perhaps was intermittently dragged behind the car during a number of evolutions. He may or may not have masturbated. When sated, the happily married man apparently attempted to run up and switch off the ignition. The attempt, however, caused his chain to be run over by the left rear wheel, and wound up on the axle, crushing him before he could free himself or stop the car (Rupp, 1973).

The body of a sixty year old male was discovered dressed in two pairs of "hot pants". (In America in those years, "hot pants" were extremely short and revealing womans' short trousers), a set of male long underwear, and an undervest. His penis was in a plastic bag wherein semen was discovered. He had rolled himself in fourteen blankets in a room where sixty other blankets were found, including one over his television (Eriksson, 1987).

Hazlewood describes one male body with a surgical glove in place over its head. This individual was also wearing a full divers' wet suit (Hazlewood, 1983).

The body of a male hospital orderly was found suspended by a padded rope from a motorized lift. He had manual control of the raising and lowering of the lift (Coe, 1974).

Hazlewood's one 1983 case affixed steel braces to his legs and neck, and another wedged himself in a garbage can (dustbin) to produce the asphyxia he required for optimal masturbation. Of the one-hundred and twenty-seven males in his series, four used nitrous oxide, and one chloroform. The latter put his head in a mock-up of an antique wooden pillory, and administered the chloroform via a war surplus gas mask.

In a case submitted by The Royal Canadian Mounted Police, the body of a fifty-one year old male homosexual was found suspended by the neck with two leather jackets. One belonged to a male teenage neighbour who had recently rejected his amorous solicitations. The man had, however,

convinced the youth to lend him his jacket. At the scene, the Mounties found fifty leather jackets and coats, as well as scrotum weights, a penis vice, traffic cones with faecal material on them, and one-hundred and seven pairs of leather gloves, twenty-nine of which had seminal stains inside them (Hazlewood, 1983).

One of the prostitutes interviewed stated that she usually trusses her clients up with ropes to produce asphyxia. Another most often uses gags. Anne confided that one of her clients, a "little British clarinet player", needs her to insert a toe from one of her feet into each of his nostrils, and place the instep of her other foot over his mouth. She then masturbates him, and he only ejaculates when he is quite blue in the face.

Masochism is more often part of the scenarios of the older practitioners of the sexual asphyxias. Why this is so is discussed in another section; here is included a brief tabulation of masochistic activities noted at various scenes. But before embarking on these revelatory paragraphs, it first is necessary to define two terms: "paraphilia" and "masochism".

Paraphilia is a term used to describe a bizarre act or unusual imagery necessary for sexual gratification (DSM-III, 1980). Masochism is a paraphilia of the sacrificial/expiratory type in which one attains orgasm by being the recipient of abuse, torture, punishment, discipline, humiliation, obedience and/or servitude (Boglioli, 1991).

The body of one young man was found with old and recent cigarette burns on his nipples. Beside this and the "usual" noose and female clothing, he was a known klismaphiliac (immediately before his death he gave himself a two-bottle Champagne enema), a sadist (he drew pictures of and fantasized about poking red-hot pitch-forks into the vaginas of his female co-workers), a pictophiliac (he was viewing pictures of naked females at the time of his misadventure), a telephone scatophiliac (he enjoyed making obscene telephone calls to women), a kleptophiliac (he broke into houses and stole female underwear), and a blastophiliac (he was known to attack women on the street whilst dressed in female clothing). He also beat his wife, liked to set fires, and desperately wanted a sex change operation (Boglioli, 1991).

It should be noted that inserting various devices into the rectum may not be motivated by a desire to produce pain, humiliation, etc, but rather for tactile/erotic pleasure. In addition to the traffic cones and carrot already mentioned, other items have included a jar of mustard (Personal Case), battery operated vibrating dildoes, and table legs (as in one man dressed in full flying suit, flying helmet, cowboy boots, and oxygen mask) (Walsh, 1977).

Also found have been heavy metal rods attached to voltage regulators (although this case had no asphyxial component) (Sivaloganathan, 1981). Other vegetables and vaginal tampons have been recorded (Byard, 1990), as have corn cobs in a case of a young man stripped naked, rolled in mud and engaged in autoerotic asphyxia at his fiancée's home. Another young man in Hazlewood's 1983 series had a copper pipe in his rectum, attached to an electric transformer. Another had one wire in his rectum and another in the brassiere he was wearing. Another man with electrodes in his rectum did so not for the pleasure of the electrodes per se, but rather for the pleasure caused by the electric current (Sivaloganathan, 1981). Some of the above died from asphyxial misadventures, while others died from the application of excessive electricity.

In another of Hazlewood's seemingly inexhaustible 1983 cases, a fifteen year old male inserted a ballistic weapon into his rectum whilst asphyxiating himself and masturbating. It discharged, severely wounding him. But once recovered he was known to regularly stick pins into his urethra and to infibulate and cut his nipples and buttocks. He once thrust a chisel three inches into his chest. He also enacted sadistic fantasies, involving the stabbing of female strangers.

Other examples of masochism whilst engaging in sexual asphyxia have included heavy metal clamps on the axillae, self-inflicted flailing with a rifle strap (Walsh, 1977), and infibulation (or "pharaonic circumcision") (Friel, 1974) with clamps, cords, fish hooks, rat traps (!), clothes pins, needles (Sass, 1974), and broken, plastic drinking straws (Byard, 1990).

Genital constriction (Danto, 1980), and heavy wooden balls in a brassiere, with a heavy metal wedge in the mouth and a slip gathered tightly between the legs with wire (Mason, 1978) have also been recorded.

The insertion of various substances into the urethra is far from unknown. One twenty-three year old used a catheter that broke off inside and lead to his death from uremia (Sivaloganathan, 1985). Another young man used a catheter which he regularly used to fill his bladder with water before masturbating.

One author has seen chewing gum, candles and needles in male urethras (Phillip, 1981), and a friend of this author once told him that he came upon his older brother involved in some sort of weird masturbatory activity with a glass rod deep inside his urethra (Personal communication, 1965).

Cigarette burns on the scrotum and penis are also known, as is incising the penis (Byard, 1990).

One man smeared faeces on his face before embarking on the autoerotic asphyxial episode that killed him. The reader's attention is directed back to the case of Hazlewood's (1983) with the corn cob in the rectum and covered with mud: symbolic corpophylia may have motivated that young man, or perhaps even symbolic corprophagia. With both of these myso-philias, or an attraction for filth, could have been the underlying paraphilia. Just as likely in the corn cob case, the decedent was using the drying mud as a masochistic prop, as it compresses the body and deprives him of movement and sensation.

The body of one man was found with his penis secured within a cardboard toilet paper roll (Walsh, 1977). The bodies of men discovered with ribbons and bows tied to their penis probably had done this not for any masochistic reason, but rather as decoration.

Another male in this FBI series of Hazlewood's had his wife pass needles through his nipples. He also had an old, healed, circumferential scar around his glans penis, in the groove of which he wore a metal washer.

One author details the case of a young man enjoying autoerotic asphyxia with wires attached to the brassiere he was wearing. The other ends of the wires were connected to a motorized rotisserie that gave him a one and one-half second electrical shock every three to four seconds.

Erotic photographs are frequently found at the scenes. Less often are photographs and sketches of the decedent himself, usually dressed and bound in either identical or similar ways in which his body is discovered (Camps, 1968; Hazlewood, 1983; Leadbeatten, 1988; Ober, 1984). The body of one male was found with photographs of himself with simulated wounds (Walsh, 1977). One man had video taped his own acts in a type of double exposure that allowed him to play both the masochistic and the sadistic roles. Parenthetically, he left a note stating that he understood the risks and accepted them (Emson, 1983).

One man drew sketches of females bound in the same position he was later found in (Hazlewood, 1983).

Occasionally lewd writings are found near or on the body (Hazlewood, 1983). One author discovered obscene graffiti on the abdomen and glans penis of the decedent (Knight, 1991). The previously referred to case of multiflex paraphilia wrote "dirty" stories that were found in his home (Boglioli, 1991).

A case of this author's typed in five pages of an obscene story entitled "Sandra and the Bookseller" on his computer. The last page was still up when the police broke in his locked door. It showed the decedent to be intelligent, capable of writing syntactically correct and cohesive paragraphs, and obsessed with sadism and masochism: the last page had a heroine named Marge, shackled to one wall, and another naif named Geoff shackled to another and possessed of a "stupendous erection". A pair of male characters was about to perpetrate some hinted at hideous torture on them when their creator stopped typing and released his left wrist from the leather shackle on his chair. He then released the tip of his penis from the vice positioned directly in front of the keyboard, and preceded to dress (or already was dressed) in a black leather mask, black leather belt with numerous stainless steel loops, brown leather constricting device through which his penis and scrotum protruded, and two rubber washers around the base and the glans of his penis. Thus attired, he somehow suspended himself from his neck with bright red nylon rope, and somehow died.

Other men have been found with dolls and effigies near them, dressed and bound exactly as they were (Polson, 1973). One doll had a rubber

hood over its face, and a noose around its neck, exactly as did the man's body (Hazlewood, 1983).

Masks are occasionally observed on the decedents, with or without eye slits (Knight, 1991), and with or without the intention of causing asphyxia. These are usually made of rubber, or more often of leather.

One man was discovered with his finger tied to his penis, and one was wearing only thigh high rubber wading boots (Hazlewood, 1983).

Occasionally the penis will be discovered strapped to the perineum in order to simulate a female appearance. The same author mentions seeing a metal appliance fitted to the crotch so that the male micturated like a woman (Camps, 1968).

Fetistic objects are occasionally present, such as soiled female underwear, false eyelashes (Boglioli, 1991), and female shoes.

Diaries are occasionally found (Hazlewood, 1983).

In a noteworthy case, a twenty-four year old male was found hanged in fairly "typical" circumstances: what makes this case unique is the fact that his only brother, then thirteen years old, hanged himself in a similar manner eighteen years previously (Bell, 1991).

As mentioned, females rarely engage in this behaviour. The ones who have come to the attention of medical examiners have usually been nude, and never dressed in male clothing. Only one used masochistic props: clothes pins on her nipples, and she, interestingly enough, was the oldest of the six ever recorded at thirty-five years (Sass, 1974). Three of them used objects to masturbate with; one the handle of her hair brush (Byard, 1988), one a steel bolt (Danto, 1980), and one an electric dildo (Sass, 1974). Only one was engaged in asphyxial sex with a male friend (Eckert, 1991), whereas the remainder were solitary. The absence of props may explain why so few female autoerotic asphyxial death scenes are recognised as such (Byard, 1990).

One young man was observing his neighbour's through binoculars when he experienced his autoerotic asphyxial death (Polson, 1973).

Hazlewood (1983) states that the use of a "hangman's noose" with its thirteen loops is typical in his series. This may be, but the author has not read of it in any other case. One man who was not suicidal was found fatally suspended by one. His wrists were bound with handcuffs, but the key was readily accessible. A tag with his name on it was fixed to one ankle, alá the popular misconception of how a body is kept track of in a morgue. A single cigarette butt was found in front of the body, and a note was present that indicated suicidal ideation. This scene was correctly interpreted as an accidental death, with the decedent -- who, incidentally, had succeeded in ejaculating before dying -- acting out a suicide fantasy rather than a genuine suicide. The "last cigarette" and the hangman's noose (which is not used by professional hangmen), both argued in favour of this interpretation. So too did the suicide note found folded numerous times and obviously quite old: it and the other props suggested that this individual frequently engaged in this type of autoerotic asphyxia, but that this time he accidentally died (Hazlewood, 1982).

SUMMARY

Sexual asphyxial deaths typically involve a white, heterosexual young man of above average intelligence, dressed in female clothing. His death is an accident, and usually caused by a ligature he himself had placed around his neck. Evidence of sexual activity is usually present.

A plethora of variations have been recorded, and innumerable non-lethal variations have probably been tried. "Frequently grotesque accessories (can be) present ... and other apparatuses reminiscent of Houdini" (Knight, 1992). More often, benign accessories are present, as are items of sexual significance to the practitioner if not so to the investigator.

CHAPTER 7

SCENE INVESTIGATION

Forensic pathologists primarily confine themselves to the necropsy table, the microscope, and to the toxicology reports. To a lesser extent they are called on to investigate the scenes of death, but always with a bias toward establishing the cause of that death. In some situations, however, their specialist knowledge is of not inconsiderable assistance to those forensic scientists and investigating officers who handle the trace evidence, the background aspects and the establishment of the manner of death. Such a situation obtains when the manner of death is so rare and incomprehensible that the non-medical members of the team are inadequately trained to even know what -- entirely -- to look for.

Vis-a-vís what has become known in our laboratory as the Masked Man Case, it must be confessed that we only became wise after the event: the scene caught us all unprepared. It was only over the subsequent months that we realised we had over-looked a considerable amount of relevant evidence.

Be this as it may, the previous sections on typical and atypical scenes serve as the major sources of information and ideas on how a suspected case of this nature must be investigated. Some of these will be re-emphasized in this section, and numbers of new data will be presented.

As mentioned, the Masked Man Case provided the Durban forensic pathologists with a number of instructive points. An example of this is that since we were all then computer illiterate, we did not completely appreciate what was recorded on the decedent's screen. Only later did we recognise and ponder the following:

1. The comparison of the police photographs with those taken by us show that the bottom line of "Sandra and the Bookseller" was two lines higher up in the latter. We conclude that someone had altered the scene between the times these photographs were taken. This forces us to ask if one of the initial police team did so, or if the locked apartment had been entered between the first and our subsequent investigations.
2. The positioning of the cursor on line twenty-five of the fifty-

third column, as well as the indication of "inserting" on the bottom left hand corner of the screen indicates that someone was editing or altering the document.

3. The document label is "Sandra. Chp", and the title is "Sandra and the Bookseller". The first few pages printed from the disc have a woman named Sandra discovering that she is attracted to lewd and lascivious pictures discovered in an old book in an antique book shop. The fifth and final page switches in mid-sentence to Leon and Harry strapping a Geoff and Marge to opposite walls of what appears to be a torture chamber. The last page was on the screen when we viewed the scene. Why did the Masked Man change stories so abruptly? If he did not, who did?
4. The computer expert on the police investigation team was able to print the only five pages of "Sandra and the Bookseller". Yet the indication on the screen when we photographed it read "page 23". We are now forced to wonder where the other seventeen pages are, and what was on them. And how they came to be erased.
5. The figure of "76%" was on the bottom of the screen. This indicates that the story was being typed either onto or from a disc, and the percentage indicates either the amount of disc space available or utilized. Presumably the police have emptied this disc, but its contents are unknown to us.

Other relevant indicators from the Masked Man Case are as follows:

1. Although a heavy, sharp, non-serrated knife was in easy reach on the fan light above the decedent's head, anyone with more than a smattering of knowledge of knives knows that it is extremely difficult to cut through braided nylon ski rope. Ergo, as an emergency self-rescue device it would be all but useless. The decedent had a magnificent collection of knives displayed on a board in his living room. Two feet from his head hung a craftsman-like colour portrait of a large knife that the decedent himself had painted. All of which suggests that he seemed well acquainted with edged tools. If this was so, then his reliance on a knife for self-rescue was certainly out of character.

2. Also out of character was the butt-filled ashtray by the computer. Even smokers find filled and dirty ashtrays offensive. We therefore feel that given the decedent's obsessive penchant for neatness and tidiness, it is unlikely that the butts would have been left there from a previous occasion. We concluded that unless the decedent had been a chain smoker, he had sat at his desk/computer table for a long time before embarking on his fatal act.
3. Meticulous as he was, the intricately designed rope system was found "jury rigged". Again, out of character.
4. As supremely well-crafted as were all of his leather goods (his patio had been converted into a well-equipped workshop with dozens of leather whips, manacles, shackles, belts and constricting devices precisely arranged there), why then was he wearing a leather mask of obvious slap-a-dash, shoddy quality, of a size considerably too large for him?

Moving from the particular to the general, Hazlewood's 1982 statement provides a succinct introduction to the topic of scene investigation:

"For equivocal cases, consultation with specialists (is recommended) who have experiences in both sexual fatalities and postmortem behavioural analyses. In such cases, consultation is most useful when sought early in the investigation so that investigative leads can be pursued before evidence is altered or destroyed and before memories become lost, blurred or otherwise inaccessible" (Hazlewood, 1982).

Regardless the expertise and intuitiveness of the first investigators at the scene, it goes without saying that their first duty is to ascertain if resuscitation is possible. Even though evidence may well be lost or confused, the prime directive to South African Police constables and forensic pathologists alike is to endeavour first of all to save the life. Only when this is seen to be impossible can the investigation proceed.

At the onset, it must be born in mind that many of the materials present will not be recognisable as having a sexual meaning because they do not appear so to the investigator. As a consequence, they are likely to

be dismissed as inconsequential (Hazlewood, 1983). The investigator must therefore be able to discern those peculiarities that frequently accompany erotic asphyxial deaths, such as fetishtic items; ritualistic items or evidence of ritualistic behaviour; arcane and esoteric symbols; items or evidence that point to a masochistic scenario (Sass, 1974); and any paraphernalia that even remotely could point to a paraphilia frequently used in conjunction with autoerotic asphyxia, such as enema injuries or partially used bottles of "Mamma Poppers" (O'Toole, 1987; Dixon, 1981). Hence the necessity for sound training, as well as for that inquisitive mind-set peculiar to all good detectives. And of calling in experts for needed assistance.

The Masked Man had an eclectic library of one-hundred and fifty or so books. None dealt with any aspect of sex, but one was an elementary text on Satanism. He did have three videos on sexual bondage and discipline, but nothing on sexual asphyxia. As straight-forward as these examples are, the following perplexes us still: four pairs of commercially available, paper-mache doves hung naturally, suspended with monofilament fishing line from the ceiling in his workshop. They were painted in natural colours, and were the same size as real doves. These were the only examples of avian life or symbolism in his abode. A tattoo of a dove on the dorsal web space of the hand was for years indicative of a male homosexual predilection in Europeans, but this has largely gone out of fashion. Doves have been symbolic of peace. And as Cerlot (1962) notes:

" ... the Slavs believe that at death the soul turns into a dove. This bird partakes of the general symbolism of all winged animals, that is, of spirituality and the power of sublimation. It is also symbolic of souls, a motif which is common in Visigothic and Romanesque art, Christianity ... depicts the third person of the Trinity -- the Holy Ghost -- in the shape of a dove, although He is also represented by the image of a tongue of Pentecostal Fire".

None of which helps in piecing it all together. One thing is certain, however, and that is that the doves were significant to the Masked Man. It remains for us to fathom why.

Having ascertained that the person is indeed dead, the usual sequence of questions begins with, did he die accidentally, did he commit suicide, and was he alone? If someone was present with him, was the death intended or not?

Addressing whether or not the decedent was alone, the *sine qua non* for a solitary death is the ability of the victim to have gotten himself into the predicament in which he was found (Walsh, 1977; Hazlewood, 1983). In other words, the investigator must be able to prove it was physically possible for the decedent to have placed the restraints and so forth as they were discovered. It must be appreciated that many practitioners employ extremely convoluted and intricate ropes, ligatures, gags and constricting devices. Many of these, even on close inspection, may appear impossible to arrange by oneself. But as the question of who was present is usually the most important, the investigators are adjured to painstakingly examine this aspect. It has proven efficacious in questionable cases to re-create the set-up with a doll (Hiss, 1985), or have a volunteer attempt to exactly reproduce the scene, as occurred with the man who rolled himself in fourteen blankets (Eriksson, 1987).

If it is ascertained that the victim could have arranged everything by himself, the next question is, did he? Or did someone assist him? This can prove impossible to answer, although standard investigative procedures usually provide at least an inference. The advent of DNA polymorphism investigation has advanced this ability.

In the Masked Man Case, we sampled the decedent's rectum and mouth for sperm. A positive finding in the former would, of course, only imply that some male had been present within the preceding three or four score hours, whereas a positive swab from his throat would have indicated the periagonal presence of another man. Or of a predilection for consuming his own ejaculate. But in this case, both were negative. Neither was there seminal fluid on the carpet, on the step ladder in front of the Masked Man, on his body or anywhere in his house. Furthermore, his

urethra was negative for spermatozoa. We conclude that he had not ejaculated immediately before dying, unless he did so into the sink or toilet bowl, and followed it with a douching micturation.

Markers for suicide are necessarily searched for both at the scene, and via a behavioural analysis. It must be noted that suicide notes, as well as props and paraphernalia, need not be in the immediate vicinity of the victim. Also of importance is the fact that individuals who commit suicide usually avoid nudity (Hazlewood, 1983).

In order to fully investigate the possibility of suicide, evidence should be sought of recent behavioural changes, of signs of depression, and of any communication of suicidal ideation (Walsh, 1977).

As mentioned earlier, many individuals employ not only sophisticated and involved ligature systems, but also ligatures and devices that are intended to produce pain and restriction of movement. Most of these systems have self-release mechanisms if they are intended for non-suicidal autoerotic use. The absence of such a mechanism implies either a phenomenal stupidity, the presence of a partner relied upon to release the individual, or a planned suicide. In obvious contradistinction, the presence of such a self-rescue mechanism neither rules out suicide nor the presence of a partner.

A self-rescue mechanism is not the same as a fail-safe mechanism. The former has been described, and briefly is nothing more than the built-in ability to disengage oneself from one's asphyxiating creation. A fail-safe mechanism, on the other hand, is a device engineered to automatically release and/or free the deleterious agent(s) from the individual should he progress to a stage of asphyxiation that renders him unable to do so volitionally. As distinctly odd and foolhardy as it seems, fail-safes are seldom employed. When investigating a sexual asphyxial death, it is necessary to analyse the entire system for evidence of malfunctioning. Examples abound: one female's self-release slip-knot became inextricably tangled in her long hair (Hazlewood, 1982). One man's fail-safe master pulley was rendered useless when another rope in his suspending system jammed in one of its pulleys (Miller, 1983).

Returning to the so-called psychological autopsy, or postmortem

behavioural analysis, it must be stressed that this requires considerable effort by highly trained individuals. They need to elicit historical information from interviews with the victim's close associates. This author's sole attempt at such an interview convinced him that such endeavours are best left to the experts.

Along with a detailed knowledge of the physical evidence from the scene and elsewhere, the behavioural analysis thus takes into account the background of the decedent, and correlates it with the necropsy findings and the toxicological report (Wright, 1974). After which the intent of the decedent or missing partner can be inferred. As a probably unnecessary caveat, it is cautioned that one must be extremely circumspect in attributing meaning to the data gleaned from a behavioural autopsy. And before even beginning the effort, one cannot hope to unravel the complexities of the mind-sets and psychodynamics of those found dead in such circumstances until one has first obtained and then interpreted information from living paraphilias who engage in these sexual activities (Boglioli, 1991).

Along with evidence of other abnormal sexual behaviour, the scene should be examined for evidence of repetition (Walsh, 1977). This paraphilia is highly addictive, so that unless the individual dies during his first episode, signs of chronicity will probably be present. These can include rope "burns" on the neck and/or pipes, fan lights or door knobs; obviously well-used nooses and ligatures; a cache of female clothing and/or pornography, or something like the twenty-nine pairs of leather gloves with semen in them, as in the case from the Royal Canadian Mounted Police (*vide page 34*).

Other indicators of repetitious behaviour include permanently affixed protective padding to ropes, and a complexity of the injurious agent(s) that indicates not only repetitive behaviour, but also elaboration over time (Hazlewood, 1983).

It is interesting to note that in the one-hundred and thirty-two cases studied by Hazlewood, "surprisingly few" of their police reports mentioned searching for evidence of previous practice. This undoubtedly reflects the incidence of these cases in America, an incidence so low that many investigating agencies have yet to formulate adequate investigative

protocols for it. The Masked Man Case was investigated for signs of previous sexual asphyxiation: none were discovered, adding yet another incongruity to our list.

If specimens are taken from the scene, it is well to remember that possibly volatile substances require air-tight containers (Cordner, 1983). These containers must not be polyvinylchloride bags, as they are not impervious to organic solvents (Knight, 1991). Glass containers can be used, as can the nylon bags arson investigators use. The cotton waste balled beside the head of the computer programmer with the bag pipes masturbation device is an example. So too would be an open bottle of typewriter correction fluid, or any bag found wrapped around any dead person's head.

An example of something else at the scene that might be considered inconsequential by a less than sufficiently trained investigator was found in another of Hazlewood's cases. Those police officers discovered two pieces of rope next to the body, on which the decedent had practiced slip-knots. Apparently he was a slow learner. Or phenomenally unlucky, or a suicide, or a victim of a diabolically clever murderer, for the one knot he needed to get right failed, and he died (Hazlewood, 1983).

As alluded to before, bondage for masochistic purposes need not be limited to leather shackles and masks; ie, it does not just entail restriction of movement. Bondage, as understood by its *aficionados*, can also entail restriction of the organs of sensation, and constriction of the body. Hence the diagnosis of bondage in the one young man who covered himself with mud and allowed it to dry before commencing his autoerotic asphyxiation: drying mud constricts as well as deprives one of sensation. Another example is the fact that the masks found on victims often have no eye slits, thereby restricting the sensation of sight.

One final aspect of scene investigations merits discussion, that of family and friends tampering with the scene. It must be appreciated that to people devastated by the death of a loved one, the unanticipated discovery of that person in a situation that is loathsome and disgusting can and has on many occasions caused these people to alter and even to conceal evidence (Mant, 1989). Most individuals would much rather their loved ones be considered suicides or murder victims than practitioners

of some alien and odious perversion (Knight, 1979). In order to deflect shame and embarrassment, these same people may even lie, telling the police that the victim was depressed and suicidal.

As will be discussed in a later section, the distinction between suicide and accident can have significant monetary implications for beneficiaries of insurance policies on the victims of autoerotic asphyxial deaths, although in these cases it is usually to the advantage of the insurance company to have the manner of death decided as non-accidental. Be this as it may, the possibility of the victim's parents or spouse challenging the cause of death/manner of death should be anticipated, as should the possibility of them altering the scene (Hazlewood, 1983).

SUMMARY

The sexual fatalities include assisted and autoerotic asphyxias, as well as the more commonly seen lust murders and natural causes deaths that occur during sexual activity. In the majority of these, the cause and manner of death can be ascertained with a high degree of certainty by following standard investigative protocols and techniques. The only proviso to this assertion is that the investigating officers must have the requisite knowledge and experience. But experience cannot be accelerated beyond a certain modest point, and even in notoriously libertine and prurient environments such as California, the incidence of fatal sexual asphyxiations is still quite low. In the Republic of South Africa, the incidence is lower still, which means that even fewer police officers, district surgeons and forensic pathologists will ever see such cases. This fact notwithstanding, knowledge of them can be inculcated. It requires only special training to alert the investigators to the myriad of possible clues.

CHAPTER 8

THE PRACTITIONERS

The twin questions, who engages in sexual asphyxia, and why, are inevitably pondered by those made aware of this paraphilia. It will come as no surprise that a plethora of often times conflicting explanations exists for the latter. As to who engages in it, this question lends itself to more straightforward and comprehensible answers. This being so -- and because answering it will also serve to introduce the why? -- it is discussed first.

Autoerotic asphyxiation is overwhelmingly a paraphilia of white males. Only six fatal and one non-fatal female cases have been recorded. Only one of these was a black. Among the males, only four of a study of one-hundred and twenty seven were black (Hazlewood, 1983). In the same study, 68% were single, 37% were married, 3% were separated, 2% were widowed, and 1% were divorced.

This perversion has been recorded in all age groups, including prepubescents and geriatrics. The majority are between the ages of twelve and seventeen years if one author is to be believed (Camps, 1968), and between twenty and twenty four if another's results are accepted (Walsh, 1977).

Numerous authors maintain that it is more common in the Anglo-Saxon/Germanic populations, and less common in Latins (Camps, 1968). While this may be true, it is suspected that the disparity probably arises more from language difficulties and reporting biases than from genuine differences. The one Japanese source consulted maintains that it is rare in that country (Ikeda, 1988).

Regarding sexual orientation, eight of Hazlewood's one-hundred and twenty seven males were clearly homosexual. This represents 6.3% of his study population, which is the approximate percentage of male homosexuals in the total American population. This does not of course prove that similar proportions of heterosexual and homosexual men engage in this; only that this percentage of men who die of it are homosexual. It may well be that a greater number of homosexual practitioners are more

careful, more lucky, or engage in it with a partner who minimizes the risk of onward death.

Only one author maintains that there is an increased incidence of this deviant behaviour among young people with educational problems who attend special classes (Schwär, 1988). He also observes that the incidence is not affected by the social status of the individual. Both of these assertions are contradicted by numerous other authors.

The editors of Gradwohl's Legal Medicine (1968), observe that the practitioners are more often more intelligent than average, although to be sure, high intelligence is no proof against suffering educational difficulties. Rosenblum and Faber observed that most of the adolescent practitioners were otherwise well adjusted, and were high achievers (Rosenblum, 1979). None of Hazlewood's one hundred and thirty two cases had criminal histories, or any trace of psychotic disorders.

The majority of the practitioners come from the middle social class, which is remarkable when one appreciates that most serious abnormalities, deviations and criminal acts are perpetrated much more often by those of the lower social classes. A number of authors do report cases that exhibited other paraphilias. It will be recalled that a paraphilia is an activity that relies on unusual or bizarre imagery and/or behaviour in order to achieve sexual gratification. None of the five females in Hazelwood's study evinced any recognised paraphilia, although a female case reported elsewhere did demonstrate an element of masochism in that she had affixed clips to her nipples (Sass, 1974). Parenthetically, the absence of props and so forth in the female cases makes them especially hard to correctly diagnose (Byard, 1988).

One of Hazlewood's one hundred and twenty seven males was a sexual sadist. Fetishism was apparent in twelve of the one hundred and twenty seven, with three enthralled by leather, three with panties, one with rubber, one with brassiers, one with women's scarves, one with women's sweaters, one with breasts and one with feet. Five of the one hundred and twenty seven exhibited transvestism, whereas fifteen cases were cross-dressed and thus displayed masochism.

In his 1977 series of forty-three male autoerotic asphyxial deaths, Walsh

recorded that fifteen of them showed evidence of transvestism. As he did not distinguish between transvestism as it is defined today, and cross-dressing, it is not possible to assign an incidence of masochism to his group.

Returning to Hazlewood's cases, one was also enraptured by paedophilia, and another by voyeurism. Six exhibited coprophilia, which has not been documented by other authors. None of the one-hundred and twenty-seven exhibited coprophagia. One individual may have enjoyed mysophilia, which is an attraction to filth; but as this was the case of the young man who rolled in mud, it may be that he had less an affinity for filth per se, than a need to use it to constrict himself and deprive himself of some of his sensations.

None of Hazlewood's cases exhibited zoophilia or exhibitionism, but these, like voyeurism, are less subject to documentation through physical evidence, which is all Hazlewood's group had to work with. As a consequence, they may have missed some of these.

Neither was there any transexualism seen, although five of the one-hundred and twenty-seven fantasized about the subject. Only three were known to have been depressed, whereas in nearly all the remaining cases, family and friends stressed that the decedents had been in good spirits, actively participating in life, and looking forward to the future.

Another author interviewed practitioners and found that many evinced masochistic fantasies such as being a slave. One woman in this category was wont to dress in oriental slave-girl costumes, and to litter the scene of her autoerotic asphyxiation with chains and whips. Others confessed to fantasizing about awaiting execution, about being spread-eagled on a rack, and about being castrated (Camps, 1968). Other members of this group demonstrated masochistic desires by drawing ligatures and manacles on pictures of themselves. Still others demonstrated sadistic tendencies by drawing similar devices on the pictures of others.

In a study that tends to refute the FBI series, its author placed an advertisement in an underground newspaper that dealt with forms of sadism and masochism. Nine men and twelve women who enjoyed autoerotic asphyxiation responded. The twelve were of diverse character, but all

were isolated (sic), depressed and orientated toward death (Litman, 1972). The universally tenebrous personalities of these individuals may, it is suspected, represent a sampling bias caused by selecting them from a sub-set of sadists and masochists. As this author knows almost nothing about those paraphilias, this suspicion remains speculative.

Be this as it may, in this and the abovementioned studies, no correlation between the persons' ages and their total burden of aberrations is mentioned. This is unfortunate because there exists a contentious aspect of the autoerotic and assisted erotic asphyxias, that of a putative progression, or development of increasingly weird behaviour with age. Witness the temporal development in the poor lad from the multiplex paraphilia paper (Boglioli, 1991):

1. At the age seven or eight he was first apprehended masturbating by his father.
2. By age ten he first commenced wearing female clothing.
3. In his teens he frequently drank alcohol to the extent of inebriation, and was caught cross-dressing by his domineering father.
4. Between the years of ten and twelve he set fires whilst playing with candles and fireworks. He burned his family garage to the ground during one such episode.
5. At twelve he was frequently truant from school.
6. At thirteen he nearly died whilst hanging himself in a woods. It is not known if this was autoerotic, suicidal or completely fortuitous.
7. At age fifteen he was arrested for breaking into homes and stealing women's lingerie.
8. At sixteen his father caught him stealing coins from his collection. He was also arrested several times for shoplifting, and for multiple, alcohol-related automobile accidents.
9. By age twenty-two he was a binge drinker, and heavily involved in marijuana, mescaline and LSD. He held five factory jobs that year.

10. At age twenty-five he married the girl he had impregnated. At his wedding he had a fist fight with his brother-in-law.
11. At age twenty-six he attempted to kidnap a baby girl.
12. At twenty-seven he was arrested for assaulting a strange woman while he was wearing female clothing. During this period his wife frequently found him dressed in female clothing, and he accumulated a large collection of pornographic paraphernalia.
13. Later in their marriage he admitted to wanting a sex change operation, and discussed with his wife his fantasies of tying up and torturing women.
14. In his twenty-seventh and last year, he admitted having a sexual affair with a man dressed in women's attire.
15. He divorced his wife, and later was found dead in an autoerotic situation.

Admittedly, his was not a typical autoerotic asphyxial personality. Far from it in fact, but his history nevertheless documents a progression that is not dissimilar to those proposed by other authors. Two of these distinguish two separate groups of practitioners, with one comprising younger, heterosexual, solitary, otherwise normal individuals, and the other comprising older, more often homosexual, masochistic and/or sadistic, often depressed individuals (Eckert, 1991; Ikeda, 1988). One of the individuals from the first group was a twenty-four year old Mexican-American marine who sought help because of paraesthesia and weakness in both legs. He had been practicing autoerotic asphyxia for ten years, and thought it had precipitated his disability. He had a low threshold for pain, and in all other characteristics would be labeled a whimp. But other than this, he was devoid of significant eccentricities (Walsh, 1983).

It is Rosenblum and Faber in their 1979 paper who argue most convincingly for a progressive acquisition of noxious traits. Hazlewood denies its existence (1983). Even though his study is the best single reference on the subject, this author disagrees with him: although it cannot be perfectly substantiated by the data studied for this dissertation, it does appear as if there is a progression similar to what Rosenblum and Faber postulate. That boy who was initiated into masturbation by his

cousin certainly demonstrates it, up to the age at which he was interviewed. Whether or not he would have progressed further is of course unanswerable.

The nearly universal discovery of masochism, and the frequent discovery of depression in older practitioners also argues for a progression from the non-masochistic, usually non-depressed younger practitioners. But in the absence of older individuals stating that their perversions evolved in this manner, one cannot be sure.

Under the heading of "A Possible Developmental Model", Rosenblum and Faber in 1979 wrote:

"Despite the paucity of research in this area, the existing evidence tentatively suggests the possibility of a developmental sequence in which a childhood preoccupation with ropes develops into asphyxially orientated adolescent masturbation, eventually resulting in a full-blown adult sadomasochistic bondage syndrome. It is not presumed that any one individual must follow this entire sequence; rather, there are many possible entrance and exit points along the way. An entrance point may be defined as any point in the sequence when the behaviour is adopted, which may occur during childhood as rope play, in adolescence as solo sexual asphyxial masturbation, or during adulthood as part of a larger bondage syndrome. An exit point may be defined as the time the behaviour stops, either through accidental death in the case of children or adolescents, resolution (spontaneous or through intervention), or through suicide".

This author's conclusion is that their model be tentatively accepted.

SUMMARY

Young, white heterosexual males are the most frequent practitioners of autoerotic asphyxia. Almost all of them are negative for other aberrant behaviour, they usually are of above average intelligence, and they generally eschew masochism. They perform their acts alone. Older white men are less often strict heterosexuals. They frequently are possessed of other piquant characteristics, their intelligences have not been noted,

and they much more often prefer an element of masochism with their behaviour. Many prefer the presence of a partner.

The progressive acquisition of increasingly malefic attributes may characterise many of the individuals.

CHAPTER 9

WHY ASPHYXIATION ?

A fifteen and a half year old white male was wont to hang himself thirty seconds to two minutes at a time. This almost without exception was accompanied by ejaculation. When questioned why he did this, he replied with the following reasons:

1. He wanted to anger his mother. She knew about his paraphilia, and it did raise her ire.
2. It relieved his depression, at least for a short while.
3. It made him feel good sexually.
4. He wanted to get his family "riled-up" so that he could do more things with his father, and get the (apparently somewhat fragmented) family working together with things (Rosenblum, 1979).

Few practitioners of sexual asphyxia have consented to interviews, let alone cogently articulated why they engage in it. But of those who have, they are unanimous in stating that one of the reasons is because it gives them sexual pleasure. Beyond this, their reasons vary. Unlike those who practice this paraphilia, those who study it are far from reticent in propounding reasons for its popularity. Many of these are sensible, but some are preposterous.

The prostitutes made this author feel stupid for even asking the question, why do you suppose some of your clients ask for choking and smothering et cetera? The answer, I was made to realise, could not have been more obvious: they like it! (Mandy, Personal Communications, 1992). Those who ask for it do so because it makes their sex better, full stop. They one and all opined that the men probably learned about it during their youths, but interestingly, none mentioned that it was needed to cure impotence as in the case of Frantisek Koczwara (Ober, 1984).

The reasons given by survivors actively engaged in sexual asphyxiation will be listed first. In this manner the reader can better judge how close to the mark the theorists and psychologists are when their ideas are put forth.

"B" is the twenty-four year old Mexican-American marine mentioned in the preceding section. He never fully explained why he used asphyxiation with his sex, but perhaps studying his history in more detail will allow the reader to intuit the reasons:

As a young boy, he refused his father's admonitions to box. This caused the father to call him a "sissy", and to dress him in girls' clothing and force him to sit on their porch in plain view of the street. Shortly thereafter his father was involved in a motor vehicle accident which confined him to a wheelchair for four years. "B's" half brother could never walk because of cerebral palsy. When "B" first appeared at the Marine Corps sickbay, he was complaining of numbness and weakness in his legs.

At that time he was described as mildly obese and "cherub-like"; rather the antithesis of a Marine, but one gathers the Corps has returned to some time-proven and effective selection and training procedures since then. Be this as it may, all his mental determinents were found to be within normal limits, although his affect was assessed as histrionic, and his mood slightly depressed with strong hysterical traits.

He confided that his first masturbatory episode occurred at the age of ten, whilst he was suspended from a bar of a swing. He did not elaborate, or comment on motivations. Thereafter he always masturbated alone, but without asphyxiation until another four years had elapsed.

At age fourteen he began reading his mother's True Detective magazines as a stimulus for masturbation. Somehow from this magazine he developed the idea of dressing in female clothing. It was during this period that he watched a television movie with a hanging in it: it sexually aroused him, and he tried hanging himself in a tree as a consequence. He almost died, but he did find it stimulating. Thus he continued, and eventually added to his routine ejaculating into his mother's and sister's soiled underwear. These he washed afterwards to avoid discovery.

Later he became very excited wearing wet, soiled panties. Occasionally he tied his feet together during those autoerotic asphyxial episodes. His ejaculation occurred whilst unconscious, immediately after seeing his feet swing in the air. From the description, one cannot help

wondering how he avoided dying, unless he used a fail-safe mechanism not mentioned.

His most common sexual fantasy was that of strangling a female, although he denied other sadistic imagery. The most arousing aspect of this was her helpless struggle, and the pleading look on her face. And her kicking feet. Other times he fantasized a pudendum rising toward him. Only rarely did he fantasize genital intercourse or cunnilingus.

By the time he was twenty-four he was engaging in these scenarios two to four times a day. He almost died on numerous occasions, and because of this and the damage he thought it was doing his legs, he wanted to stop. But the impulse to carry on was "irresistible". When asked why this was so, and why he persisted, he could only reply that he did so because:

1. It gave him pleasure.
2. It gave him a release from sexual tension.
3. It provided a release from daily worries.

The two authors of that paper are of the opinion that it would be logical to formulate dynamics for his behaviour on the basis of hate/rage for both parents.

"The behaviour combined the male-female, dominant-submissive, and sadistic-masochistic roles into one role. It appeared that he incorporated the roles and feeling for both parents into this one act. Indeed, it was his "mother" in his mother's soiled clothing that he would "hang" while reading his mother's magazine. There was likely an element of killing the child (himself) in girl's clothing in order to scorn the father. Theoretically, it was his father's feet that kicked just prior to the final loss of consciousness. In one single act, the patient incorporated all of his family members with the use of his sister's clothing, as well, and the spastic kicking of the legs similar to his half-sibling. His choice of the solitary family bathroom is significant of his rage towards other family members. He would occupy the bathroom for long periods of time rather than choose a more appropriate and secluded location. One could hypothesize that

at some level, the patient wished for family members to perceive his rage. In fact, the patient reported that family members often would comment on his extensive use of the bathroom".

Commenting on the development of autoerotic behaviour in general, the authors suggest that it could develop in the same manner in which masturbatory activity is learned through discovery, which then becomes strongly reinforced through intense pleasure. Once accomplished, it quickly becomes an habituated behaviour. It becomes self-reinforcing.

In spite of the guilt, the fear of death and the fear of causing permanent disability to his legs, the pleasure "B" obtained caused him to repeat the behaviour, "as sex is one of the strongest reinforcers" (Wesselius, 1983).

Runge's case (quoted in Hazlewood, 1983) of the twenty year old who failed in an attempted suicide, continued with partial hanging because it gave him a "sort of orgasm", and "a voluptuous sense of giddiness".

A female who experienced an orgasm during a failed suicide attempt thereafter used hanging autoerotically. She said it allowed her to experience sexual gratification and simultaneously be punished for it (Weisman, 1965).

A rather more articulate practitioner of autoerotic asphyxia expressed his reasons thusly:

"My pleasure is closely connected with fear, the fear of strangling, chaining, the fear of actual choking ... choking and tying up cause terrible fear. In a state of fear life and lust are compressed into a very narrow space. The more pressure is exerted by fear, the more vivid gets the pleasure inside" (Boss, 1949).

Having now read what the practitioners themselves say, and having by this time read through the numerous case histories, the readers are urged to pause a few minutes to contemplate their own explanations as to why certain people require a degree of asphyxiation with their sex. Having done this, the following theories can then be accepted or dismissed in comparison with their own.

At the risk of belabouring the obvious, it must be stressed that medical degrees and common sense are not necessarily mutually exclusive commodities; and neither the possession of one without the other -- or indeed, the pair of them together -- make polysyllabic balderdash true or gut-felt feelings false. However, just because you thought the DSM-III was a new laundry additive does not invalidate your opinions on sexual asphyxias. Likewise, a degree or two in psychiatry does not render your pronouncements sacrosanct. Having clarified this, let us proceed to what the experts have written, to a realm of scholarly erudition that viewed in its entirety prompts great dubiety about the validity of psychiatry presenting itself as a unified body of science.

At the onset, however, it will be noticed that a number of these worthies do evince a commendable amount of common sense. One simply writes that asphyxiation is used to obtain or enhance orgasm (Sass, 1974). Another points out that it is the asphyxia that is important, not the hanging as such; except for its masochistic significance. This is born out by those numerous cases where asphyxia is obtained by other means (Camps, 1968). Another author feels that the hanging produces pleasure which appears to be mediated through erotic hallucinations caused by partial cerebral anoxia (Knight, 1979). Another feels the hanging adds an extra thrill to the sex, provided by the risk (Ober, 1984).

Rosenblum and Faber (1979) elaborate on this, noting that during adolescence risky, "thrill-seeking" behaviour is probably the norm. In this group, the risks of sexual asphyxia are not well known, and it could therefore be viewed as no more pathological than driving a car or motorcycle at high speed. Hazlewood concurs, observing that many individuals who engage in risk taking behaviour do so at least in part because it arouses sexual feelings. He concludes that such individuals do not necessarily suffer from any form of psychosexual disorder.

Supporting this line of thinking is the sensation this author experienced at age eighteen, the first time he threw himself out of an airplane with a parachute on his back: once on the ground, I felt the hair grow on my chest. I felt ... potent.

Hiss (1985) felt that it is unfortunate that in some people the orgasm is the be-all and end-all of their sexual lives. Any methods that either enhance or are said to enhance its delights are used. He concludes

that ... "it is ironic and truly a quirk of fate to utter a timeworn cliché that a bodily function whose prime purpose is the creation of life is twisted, distorted and tortured to the point that it undergoes a tragic metamorphosis which invites, and unfortunately, all too often brings death.

The editors of Gradwohl's Legal Medicine (1968) feel that even though the legal appreciation of most autoerotic asphyxial deaths is that they are accidental, from a psychiatric view point, there probably always is a strong death-wish present. To substantiate their thinking they present a case of what appears to be a planned suicide with autoerotic trappings, and note that the decedent had left a proclamation at the scene sentencing himself to death. One concludes that the editors are not as discerning as they might be.

Danto (1980) is close to Gradwohl's in his thinking. He states that:

" ... either these individuals have lost the battle to have life win out over death, or they have unconsciously moved closer to death as the chosen solution, one which ends their fears that mastery is not possible and that a more fulfilling sexual image cannot be attained. Perhaps their death also means that they feel that a meaningful object relationship with a lover and intimate friend will never be possible and autoerotic pleasures are not that fulfilling".

Rosenblum and Faber (1979) also favour suicide, at least for the older group. They write:

" ... adult practitioners have a clear death orientation ... and are certainly depressed if not suicidal ... the death orientation in these people is implicit in the name the bondage community has given to sexual asphyxia: 'terminal sex'".

Arguing against these suppositions are the findings of Walsh and Hazlewood: in the former's series of forty-three autoerotic asphyxial deaths, only three were possible suicides, and none were definitely so. He does not, however, elaborate on the criteria employed, or on explanations for this (Walsh, 1977). None of Hazlewood's one-hundred

and thirty-two cases were adjudged suicides (Hazlewood, 1983).

This author concludes that true suicidal intent is absent from the overwhelming majority of younger practitioners of sexual asphyxia. Older practitioners more often are suicidal, but their numbers are still very low.

As touched upon before, however, is the acting-out of an execution fantasy. This too is extremely uncommon, but when encountered, may seduce the unwary into labelling it a true suicide (Hazlewood, 1982, 1983).

The editors of Gradwohl's Legal Medicine (1968) also comment on murder as a reason for engaging in sexual asphyxia. They suggest that:

" ... the perversion should be able to result in murder without direct knowledge, because it seems probable that, in cases of self-inflicted death as described, the pervert in his fantasies is playing a double role of prosecutor and persecuted. It is in his latter role that he comes to the attention of the pathologist, yet it is conceivable too that his other role might be instrumental in taking the life of another".

They go on to speculate that:

" ... an attractive hypothesis, which would explain much of the basis of the perversion, is that of a psychic hermaphroditism, or dual psychic sexuality. The subject, physically a male (though not always very virile), is, or behaves at times as if he is, physically a man and a woman; ie, that these two elements exist together at the same time, largely unfused, and the male is not so much half-way between the two, as both simultaneously, finding his female love-partner within himself.

"He then, aware of his own maleness, must conjure up the female object of his affections, and since she is within him he uses fantasy to do so, with the aid of pornographic photographs of women, or by inducing partial consciousness by asphyxiation, anaesthetics, etc. His transvestism is to create the illusion

of seeing the woman, and indeed of being the woman (it is something deeper than mere play-acting), as well as the man he is. The mirror allows him to see the outward simulacrum of the woman he is aware of within himself, and he may cover his face and head because it is most likely to shatter the illusion, at the same time cutting eyeholes to enable himself to observe without self-recognition.

"Photographs of himself transvested may be the equivalent of the possession of photographs of an absent wife or lover, whilst the doll may be a substitute.

"A varied wardrobe allows his female to appear in different roles, and even in fantasy he may go on to marry his partner, which would account for the occasional finding of the deceased wearing a wedding dress, whilst sexual union with the partner who exists within him is achieved in a physical sense by anal eroticism. The very active fantasy necessary would explain why these cases occur most frequently in those of superior intelligence, for the male element is the aggressive one, the female the passive one".

Returning to the topic of murder, Wesselius (1983) quotes an unpublished communication from the FBI Academy: in it, J. Douglas makes the cogent observation that if there was dissatisfaction over a triangulated relationship between a homosexual pair, murder could be easily achieved by releasing the rope around the partner's neck "just a little too late".

Resnick's 1972 paper is quoted by numerous authors. In it he hypothesises thusly:

" ... from a psychodynamic point of view, a man's practice of eroticised repetitive hangings can be seen as a dramatisation of an unconscious fear of castration arising from an unconscious, incestuous desire for his mother. In the hanging ritual, he symbolically experiences and then undoes his own castration. Repeated constriction of the neck is a symbolic amputation of the penis, while simultaneous masturbation reifies the presence of the penis, thus denying castration and with the untying of the rope, the castration is undone, and the Oedipal guilt assuaged through the masochistic brush with death".

He has suggested an additional psychodynamic theme associated with repetitive hangings -- that of conflict over separation from the mother. The immobilization and asphyxia of the hanging entail a re-experiencing of feeding at the maternal breast. The male neonate may experience a relative asphyxia in association with the sense of wellbeing derived from feeding; these sensations may then be accompanied by a gastro-urethral reflex resulting in erection. The conflict, then, is one between separating to breathe and strangling while feeding. In an adult male's hanging behaviour the early feeding experience has become eroticised: whereas the nursing infant concludes "I'll strangle a while to feed", the choking adult masturbator concludes: "I'll strangle a while to get sexual". In so doing he plays out a reunion with mother, undone by the untying of the rope.

Resnick also felt that repetitive, erotic self-hanging might reflect repressed oral sadism in which the ligature represents a spider web. He came to this conclusion because "spiders are symbols of oral sadism"*.

Danto's 1980 case of the only black woman known to have fatally engaged in autoerotic asphyxia provided him with a venue for expressing his views on why individuals do this. Commenting on pornography found at these scenes, he recalls that one magazine features a young male ridden by a large-breasted Amazon^{!!} wearing leather boots, thin panties and a skimpy brassiere. Her eyes flashed in anger. In one hand she held a whip, while in the other the reins of a horse -- in this case the young man whose reins are in the form of a ligature around his neck. His face was oedematous and he was sweating profusely. Danto comments:

"It is my speculation that this perversion reenacts the victim's feelings of emasculation by his mother. She is seen as a powerful woman who controls her son's masculinity. If when he dies he is wearing pantyhose or other female attire, symbolically and on a fantasy level, it is his mother who dies. In this fantasized homicide, the fantasy creator identifies with the victim. Furthermore, as Weisman points out (1965), it is an activity which

* Resnick's library is obviously more extensive than this author's. In the English translation of JE Cerlot's definitive Diccionario de Simbolos Tradicionales, the spider is seen as a symbol with three distinct symbolic meanings, none of which remotely have anything to do with oral sadism.

!! Danto obviously uses the modern conception of the Amazons. Classically they had only one breast (Bullfinch, 1979).

reduces conflict to a manageable level by eroticising helplessness, weakness, and a threat to life.

"It is easy to construct or speculate about some of the unconscious psychodynamics behind his lethal perversion. However, this discussion does not offer assistance beyond speculation and does not help us deal with the autoerotic death of a woman. Female case reports have been too rare and infrequent to help us see what might be involved when a woman practices this lethal sexual perversion".

After presenting his case of the dead black female, Danto speculates further that practitioners seek being in power to reach a fantasized wish to control life and death. "They (males and females) engage in such a struggle alone, narcissistically carrying out the battle for mastery of their inner conflict by eroticising their helplessness, weakness and threat to live". He then goes on with what was quoted two pages previously.

Ober feels that expiation of feelings of guilt for sexual activity must play an important role in initiating this pattern of behaviour.

"By assuming the posture of a hanged man, the actor is paying in advance for his pleasure; and the added elements of masochism, bondage and even self-mutilation form a constellation of reactions to a guilt-stricken attitude about sexuality" (1984).

Numerous other authors agree (Edmondson, 1972).

Perhaps guilt is a motivation in some individuals, but one feels that Ober's is too sweeping a generalization. In another of his statements, Ober speculates that the individual may be acting out what he fantasizes doing to others. Here he is on safer ground.

The convicted rapist found swinging in the park in Hiss' 1985 paper was clothed in both female and male "intimate" wear.

"Such a bisexual 'splitting' of the body image has obvious symbolic significance, inasmuch as the clothing stimulates the practitioner's erotic fantasy. Female clothes (pantyhose,

brassiere, girdle, and shoes in the present case) worn by a male transvestite represent attempts of identification with a woman -- the woman has a penis -- and their main function is to deny the anatomical difference of the sexes and thus refute the idea that there is a fear of castration.

Male homeovetism (ie, athletic supporter) is conceived not only as a tendency of fighting or denying figurative castration, but also to preclude homosexuality by attempting to reinforce identification with the father. Freud's example of an athletic support belt entirely covering the male genitalia, thus concealing the distinction between sexes, allegedly saves the fetishist from becoming homosexual by allowing women to serve as sexual objects".

The individual in this case wore a tattoo of himself on the flexor compartment of his left forearm. His name was under it. It reflected his personality disorders in that it showed him as an ugly, harassed person, filling a beer mug from a tube attached to his umbilicus. This indicates the strong anxiety of this fetishist concerning bodily disintegration. This author feels a more accurate interpretation is that the decedent had felt even his beer he manufactured himself, that everything in his life came from within him, that this was the only reality.

Gwosdz speculates that autoerotic asphyxiation may be the only way in which "... this type of person can experience simultaneously a feeling of dependency (his female counterpart) and still be in command of his own life (his male counterpart)"(1970).

Shankle and Carr (1956) presented a case of a seventeen year old. They speculated that his use of hanging -

"... might be symbolic of an acting out of fears of castration, in which he masochistically tortures himself with the threat of genital loss, over which he nevertheless has control, being able to avert the threat by terminating the hanging short of physical harm",

Hazlewood observes that such a formulation presupposes an unconscious equation of the phallus with the body, a phenomenon described by several

psycho-analysts (1983).

On another level, Shankle and Carr thought that self-hanging in female clothing may be an acting out of a lust murder, in which the patient plays the part of both aggressor and victim.

Reinhardt emphasized narcissism as an explanation for the only three cases known to him who performed thusly in front of mirrors (1957). So too do the editors of Gradwohl's Legal Medicine (1957).

There is an aspect of autoerotic asphyxiation that this author has not encountered in his research, concerning the wearing of female attire. It may be that those males who wear it, as with the Japanese cook with six garments elaborately wrapped around his head, are exquisitely more sensitive to female phermones than the rest of us. Whether attracted or repulsed by them; ie, whether they wear them for pleasure or for masochistic reasons, perhaps they do so because they have a better developed sense of smell than others.

The case of the Mexican-American marine who occasionally fantasized a vagina rising toward him (Wesselius, 1983), and those numerous cases of individuals found dead with plastic sacks over their heads, or in some plastic material completely covering them, has prompted this author to consider a desire to return to the womb as being operative in these individuals. Johnston (1960) relates that his group also considered this, as had Rupp in 1980. The latter wrote:

"Might it not be that the blind folds, gags, ligatures, and anoxia are merely the acting out of the fetal memory, for certainly there are parallels in uterine life".

Hazlewood (1983) dismisses this out of hand, but he may be too hasty in doing so.

A peripheral point remains to be contemplated, and that is why almost none of these practitioners -- autoerotic or assisted -- ever evince resipiscence. The answer is simple: almost none of them see this activity as vile or pernicious. In fact, most see nothing wrong with it at all. And if they do contemplate going to a doctor about it, they feel not

so much that they will be cured, as that a cherished form of pleasure will be deprived them (Camps, 1968).

SUMMARY

There is no single, comprehensive answer to the question, why do people engage in sexual asphyxiation? That it heightens sexual gratification is the only certainty. At one extreme are the youths oblivious to all save their demanding, rampaging hormones, and at the other are the bitter old men, soured on life and suicidal. One and all, enigmatic, mostly unrecognised forces manifest in their labyrinthine psychies, compelling them even in the face of reason and fear. Individuals use asphyxiation with their sex because they must.

CHAPTER 10

PATHOPHYSIOLOGY

" ... thus prepared, the subject engages in a simultaneity of fantasizing and masturbating, or he may prepare himself for subsequent masturbation. There follows a crescendo of sexual excitement accompanied and abetted by the application of a constrictive force progressively exerted" (Miller, 1983).

This was written by a psychiatrist and an Assistant United States Attorney. It is included because they use a nice turn of phrase. And because it serves as an introduction to the pathophysiology of the "constrictive forces progressively exerted". While it is, of course, the constant search for a hypoxic state that is the thread which ties these cases together (Minyard, 1985), constrictive forces are not the only ways this reduction of oxygen to the brain can be accomplished. Restricting air to the mouth and nose will certainly do it, as in drowning, covering the face with a plastic bag, or wrapping six dresses around one's head. So too will inhaling volatile gasses or anaesthetic agents.

The recreational inhalation of substances like amyl nitrite and isobutyl nitrite produce only a slight degree of actual asphyxiation. Rather, their popularity derives from the rapid vasodilation they produce (called a "rush" in the patois of this author's 1960's hippie community in Miami). In a personal communication, a senior nursing sister described a near-fatality in an associate of hers who broke an ampule -- a "popper" -- of amyl nitrite and wedged it between his nose and moustache whilst laying on his back preparing for sex. He was so incapacitated by the fumes that he had not the strength to lift his arm or shake his head to fling the offending ampule away. Only when he remembered to breathe through his mouth did he commence to regain his senses (Brockelsby, 1974). Other than outlandish scenarios such as this one, the only real danger of a fatal outcome derives from ingesting these nitrites (O'Toole, 1987; Dixon, 1981).

The recreational use of nitrous oxide is fraught with danger because most people do not realise that bottles of it are devoid of oxygen:

sucking merrily away on a tank of laughing gas very quickly asphyxiates.

Of all the methods used, hanging is the most common. Whether or not hanging in and of itself produces an erection is debatable. This author has observed the hanging of five condemned criminals and none developed one. Ober (1984) is emphatic in his denunciation of the idea, calling it a canard that criminals ejaculate as they gasp their last at the end of a rope. Moreover, he maintains that asphyxiation has no physiological mechanism for the production of any affect on the genitalia. But within the context of the present topic, he does qualify this statement by saying that " ... asphyxia per se does not produce an erection in the *psychologically normal male*" (author's italics). If true, one must deduce that those who have been rewarded with erections for their failed suicide bids must be other than normal. This also may be, but its discussion is beyond the scope of this dissertation. Nevertheless, the fact remains that some individuals are most assuredly aroused by asphyxiation. Some of them ejaculate during it, some at its point of causing unconsciousness, and some afterwards, having been "prepared" by the hypoxic episode (Hazlewood, 1983).

Psychodynamics aside, a transient hypoxic state is thought to heighten sensations via the decrease in the arterial blood flow to the brain and a concomitant increase in carbon dioxide retention. These result in feelings of "giddiness, light headedness and exhilaration" (Walsh, 1977). These have been interpreted as not only pleasurable in their own right, but also productive of heightened tactile sensitivity. Asphyxiation results in either hypoxia or anoxia, if the process of interference is protracted or absolute. Asphyxiation via neck compression can be brought through a number of mechanisms. To occlude the jugular veins, two kilograms of circumferential pressure are needed on the neck of an adult of average physique (Polson, 1973). This alone can lead to death via the mechanism of venous stasis. In such a case the typical "red neurons" will be the expected necropsy findings (Leestma, 1988). Five kilograms of pressure will occlude the carotid arteries as well. Fifteen will collapse the trachea, and thirty will occlude the vertebral arteries.

Law enforcement officers are taught two manual methods of subduing violent individuals, the carotid sleeper and the bar-arm choke holds. The latter employs a forearm across the perpetrator's throat, whereas

the former is safer in that the antecubital fossa is positioned anteriorly. In this way carotid pressure is obtained in the absence of crushing the trachea. Of course, in the heat of battle with a wild adversary, the one can quickly become the other, as has been the topic of numerous forensic articles (Reay and Eisele, 1982). More germane to the present field of endeavour is the data generated by investigations into these police techniques. In brief, it has been documented that five kilograms of pressure in a properly positioned carotid sleeper hold results in a 85% reduction in cerebral blood flow. This decrease is maximal after six seconds, and returns to baseline an average of 13.7 seconds after the hold is discontinued. This study was conducted on five "muscular" police volunteers, and employed ultrasonic and laser-Doppler blood flow monitoring devices (Reay and Holloway, 1982). The reader is left to extrapolate these findings to the accidental fatalities discussed herein. He cannot help but conclude that it takes very little to terminate life.

If decreased arterial flow and venous stasis were the only morbid mechanisms, far fewer autoerotic asphyxial deaths would occur. If such mechanisms alone were responsible, we would reason that a transient hypoxia weakens the individual's self-control, thereby leading to an inability to timeously reverse the pressure, and so onto death (Hiss, 1985). But there is another pernicious mechanism lurking in the neck, capable of sudden, seemingly capricious manifestation: that of the baroreceptor reflex. So-called carotid bodies reside in the area of the bifurcation of the common carotid arteries. They are sensitive to pressure, as their name implies. Physiologic changes in blood pressure cause them to reflexly increase or decrease the heart rate, thereby assisting in the maintenance of a physiologic cardiac output. Excessive variations in pressure can result in fatal reflexes to the heart. If, for example, a ligature is placed proximal to the carotid bodies, the obstruction results in a decreased flow to and over them. They then respond with sympathetic stimulation to the heart to increase its rate. It is postulated that this stimulation can be sufficiently excessive as to cause a lethal ventricular fibrillation. More likely, however, is the situation where the application of pressure above the carotid bodies results in the pressure in them increasing. Even more deleterious is direct pressure on them, as when a practitioner gets his ropes -- or worse still, his knot(s) -- directly over a carotid body. In these

situations a vagal reflex ensues, and the heart either slows or stops. Thus, while the practitioners may take elaborate precautions in the belief that they will not endanger themselves so long as they prevent actual choking (a blocked airway), they may in a moment of excitement unintentionally apply slightly too much pressure at the wrong place, resulting in a vicious cycle of baroreceptor reflex and unconsciousness. Without a fail-safe mechanism or a dependable partner, this could lead to complete hanging, total asphyxia and death (Garza-Leal, 1991; Taff, 1987; Rosenblum, 1979). The amount of pressure needed to elicit this reflex has never been quantified, but is felt to be slight. Obviously, if physiological reserves are already reduced, if the individual is predisposed to heart disease, this vicious cycle can commence with even less pressure. It takes little imagination to contemplate how brittle flakes of atherosclerosis could break loose and embolise, or how a heavy smoker's carboxyhaemoglobin level would render him less capable of recovering from a transient hypoxic episode.

At necropsy, these deaths demonstrate a relative paucity of anatomical findings (Luke, 1980). None are specific, none are pathognomonic, and the absence of any or all certainly cannot be taken to rule out asphyxiation. The most consistently found feature is a nuchal abrasion compatible with having been made by a ligature (Perot, 1979). If the victim had padded his neck, however, this as well as deeper contusions would probably be absent. As they would if the hypoxia was induced by fourteen blankets, or typewriter correction fluid. Petechial haemorrhages may or may not be seen (Taff, 1989), and if neck compression was used, the distribution of hypostasis would be as expected. Internally, one might find a dilated heart, pulmonary atelectasis, congestion and oedema, and perhaps brain swelling (Minyard, 1985). In Walsh's series of autoerotic asphyxial deaths, they found pulmonary oedema, visceral congestion and petechiae in all forty-three of their cadavers (Walsh, 1977). Having investigated scores of individuals who hanged themselves, one is surprised at their one-hundred percent rate for petechiae. Whilst certainly common, they have not been a constant finding.

Walsh also found six of the forty-three with a fractured thyroid cartilage, and one of the forty-three with a subluxation of a cervical vertebra.

His toxicological investigations on twenty-one of the forty-three revealed only two with significant concentrations of ethanol, and only one with a toxic barbiturate concentration. One suspects the latter was a genuine suicide. Regarding the alcohol, this is not a surprising finding when one appreciates what alcohol does to male sexual performance. In those individuals whose preferred method of sexual gratification is dependent upon an intricate fantasy scenario, fuzzy-headedness simply cannot be tolerated. Too, if any of them contemplated it, alcohol would render the knife-edge of just-enough-but-not-too-much asphyxia all the more perilous.

By way of finishing this section, and in way of a prelude to the next, it has correctly been observed that although the postmortem appearances of asphyxia are well known, these anatomical features by themselves cannot explain the crucial legal issues of time and force (Taff, 1989).

SUMMARY

Autoerotic asphyxiation has a higher case : fatality ratio than any other non-organic mental disorder (Hazlewood, 1983). This is so because the pathophysiology of neck constriction is not only incompletely understood by most individuals, but also because the carotid reflexes are unpredictable and capricious. Compressed blood vessels result in decreased cerebral flow, and hence death in those who apply excessive force for too long a time. More often, a baroreceptor reflex is triggered, and unless a fail-safe mechanism or reliable partner is at hand, death ensues rapidly and unexpectedly.

CHAPTER 11

LEGAL CONSIDERATIONS

It is beyond the scope of this dissertation to discourse at length on the intricacies and nuances of the seminal decisions that have been handed down in cases of autoerotic asphyxial death. What will be presented are brief synopses wherein contentious issues are highlighted. This is done in part to demonstrate that many questions arising from autoerotic asphyxial deaths are far from resolved. It is also done in order to illustrate to medical personal how alien and foreboding the realm of courts and lawyers can be. And it is done so that forensic pathologists can by studying this section become better prepared to testify in cases of this nature.

The legal aspects of the assisted sexual asphyxias will not be examined. The questions of murder, negligence and assisting a suicide are sufficiently well understood to require no further elaboration. The problems arising from accidents at the scenes of assisted sexual asphyxias are so nearly identical to those arising at the scenes of autoerotic asphyxial deaths that no separate discussion of them will be given.

"Attorneys, insurers, and psychiatrists frequently find themselves metaphorical bed partners", is how an Assistant United States Attorney and a psychiatrist began their 1983 paper on this topic (Miller and Millbrath). They could have included the police and forensic pathologists, but in their eyes we are just the craftsmen who bring the cases to their attention. This disinclination to share their bed with us notwithstanding, theirs is a significant role in interpreting the legal ramifications of deaths that arise from this paraphilia. How the courts decide on issues evolving from these cases not only sets precedents for subsequent rulings, but also sets in motion the processes whereby the courts' decisions permeate into the general population and become -- in time -- accepted as norms.

How the courts reach these decisions depends on how questions arising from the cases are presented and argued in front of them. By lawyers and by expert witnesses. Thus a disputed double indemnity claim such

as *Noble v. Metropolitan Life Insurance Co.* (1975) had far reaching implications regarding such diverse yet nevertheless related subjects as:

1. Semantic ambiguities.
2. Exclusionary provisions.
3. The definition of "mental infirmity"*.
4. Is autoerotic asphyxiation a mental infirmity?
5. The ethical virtue of diagnosing someone in the absence of having personally examined him.
6. The definition of "accident".
7. The definition of "natural consequences".
8. When practicing autoerotic asphyxiation and dying thereby, is this a result of attendant risks implicit in such behaviour, or is autoerotic asphyxiation not ordinarily a risky act, but in this particular instance one which simply turned out badly?
9. If the practice was inherently life threatening and a preferred or exclusive mode of producing sexual excitement, are these not then the criteria for diagnosing sexual masochism, a psychosexual disorder, ergo, *prima facie* "mental infirmity"?

First addressing basic concepts, many insurance policies have limitations or exceptions on coverage if suicide is diagnosed. Such a clause might read: "Suicide. If the insured dies by self-destruction, while sane or insane, within two years from the date hereof, the amount payable under this policy will be the sum actually received for premiums and no more" (Walsh, 1977). Which is to say, suicide invalidates the coverage. Hence the crucial nature of the distinction between suicide and accident.

The word "accident" has been accorded different definitions by courts in different jurisdictions. Three examples follow:

1. Any event that takes place without the foresight or expectation of the person acted upon or affected thereby.

* The plaintiff thought this term "conceptually vulnerable", and a "terminological inexactitude". It is a different species of English spoken in court.

2. A happening or coming by chance or without design; casual; fortuitous; taking place unexpectedly; unintentionally; or out of the usual course.
3. Something unforeseen, unexpected, extraordinarily, or an unlooked for mishap (Brossman, 1932).

The finer points of these interpretations will become apparent as individual cases are studied. In one, the court found that the death of the insured was not a suicide, was not a murder, and that he had not died of natural causes. It also found that he had not died by accidental means because the man had " ... naturally and deliberately undertaken an act where ... death ... was natural and unforeseeable, though unintended, consequent of ... (the autoerotic asphyxial) activity". As a consequence, the wife did not receive the double indemnity benefits she felt she was due (Anonymus, Insurance Refusal Upheld Here, (1976).

In another recent case where a double indemnity payment was refused because the insurance company had an exclusionary clause citing mental infirmity, the wife of the man who accidentally died during an autoerotic asphyxial episode sued. Her lawyer cited the pivotal 1920 *Silverstein v. Metropolitan Life Insurance Co.* case, which dealt with physical rather than mental infirmity. He noted that the trend of authority limited the infirmity defence to diseases or conditions that were not only considerable and significant, but also were relatively permanent and long-standing. He then cited Justice Cardozo who sat on the *Silverstein* case: " ... for a condition to be a bodily infirmity, it must be so considerable or significant that it would be characterised as a disease or infirmity in the common speech of men. An insurance policy is not accepted with the thought that its coverage is to be restricted to an Apollo or a Hercules". Thus was a blow struck for common sense. There have not been many of them.

Returning to the case under discussion, the lawyer was able to extropolate from this, arguing that simply to have a diagnosable mental disorder -- in this case a predilection for autoerotic asphyxiation -- does not necessarily render one mentally infirm. The judge found for the plaintiff (Miller, 1983).

Runge v. Metropolitan Life Insurance Co. (1976) was a suit over double

indemnity clauses in two policies. Metropolitan paid the face amount but refused to pay double on plaintiff's contention that death resulted from injuries sustained "solely through violent, external and accidental means" within the meaning of the double indemnity clause of the policies. Metropolitan stipulated that his death was "violent", and "external" within the meaning of the clauses, but denied that death resulted from "accidental means". Thus the sole issue was whether or not Runge died by "accidental means". After hearing all arguments, the court concluded that the insured, Runge, had "voluntarily put himself in a position where he knew or should have known that death or serious bodily injury would be the probable consequence of his acts". In such a situation his death was not effected by an "accident" within the meaning of the policy.

Commenting on this case, Hazlewood (1983) questioned how probable a consequence should injury or death be in order to meet the threshold: " ... knew or should have known that death or serious bodily injury would be a probable consequence of his acts". There are far more sport parachuting fatalities each year than autoerotic asphyxial deaths, yet they are deemed accidental when they occur. Hazelwood wonders if the court could have found as it did had it received evidence to this effect.

A similar case was argued during Cannon v. Metropolitan Life Insurance Co. (1979). In it, the decedent's wife had the burden of proving that a reasonably planned fail-safe mechanism failed to operate properly. Had her husband's autoerotic death been investigated adequately by a trained forensic pathologist, she might have been able to do this. And then it might have been argued that precipitous loss of consciousness through a previously unexperienced carotid baroreceptor reflex is every bit as unforeseeable as the failing of a pulley that normally functions properly. As this was not the course her lawyers took, however, the court found against her, stating:

" ... a reasonable person would comprehend and foresee (sic) that placing a noose around his neck and subsequently hanging himself with the noose for the purpose of inducing asphyxia could result in his death. Certainly, the record indicates that plaintiff's husband did not intend to cause his own death, but, under the circumstances, he reasonably should have expected that his actions could be fatal".

Analysing this case, Hazlewood (1983) argues that under the court's interpretation, a driver's death would not be accidental if he loses control of his car while speeding on a wet, obviously unsafe road.

Connecticut General Life Insurance Co. v. Tommie (1981) was an appellate case where both the decedent's wife and mother successfully sued the company for double indemnity payments. The policy specifically excluded from coverage any loss of life which resulted directly or indirectly from "... suicide or intentionally self-inflicted injury". The first court had found for them; appealing it, Connecticut General was seeking a reversal. But the Appellate Court, quoting *Freman v. Crown Life Insurance Co.* (1979) noted that, "the mere fact that a person's death may have occurred because of his negligence, even gross negligence, does not prevent that death from being an accident within the meaning of an accident insurance policy. It is only when the consequences of the act are so natural and probable as to be expected by any reasonable person that it can be said that the victim, in effect, intended the result and it was therefore not accidental. More is required than a simple showing that the insured could have reasonably foreseen that injury or death might result". It thus found for the mother and widow.

Definitions and concepts differ among jurisdictions, as has been seen. The laws governing members of the United States Military are very similar to those governing civilians, but the military courts have approached some issues with a different emphasis. Witness their thinking on autoerotic asphyxial deaths. Here, the question of whether or not the decedent "died in the line of duty" is crucial (this is not, incidently, the same as "dying with his boots on", although in these cases -- recall the one man in a complete flight suit and helmet wearing cowboy boots -- it often times is). This is important because the agencies of the Government handling insurance on the members only pay on one of their policies if the individual dies in the line of duty. The pivotal question then becomes, was the autoerotic asphyxial death due to the member's own misconduct? Quoting Army regulations (Dept. of Army, 1965):

"If the injury or death was incurred as a result of erratic or reckless conduct or other deliberate course of conduct without regard for personal safety, or the safety of others, it was incurred not in the line of duty and was due to misconduct.

... but if the member was mentally unsound at the time of his autoerotic asphyxial death, he was not responsible for his acts, and a determination in his favour must be made, unless the mental unsoundness was due to his own misconduct".

The reader will be forgiven if he apprehends a Catch-22 in this. Be this as it may, the definitions of "reckless conduct", "mentally unsound" and "mental unsoundness due to one's own misconduct" are thus crucial.

No specific cases have been researched, but Walsh and his colleagues (1977) note that the military courts have ruled autoerotic asphyxial deaths accidental, but due to a deliberate action that is by definition reckless with regard to the victim's personal safety. Therefore within their interpretation of the relevant statutes, these deaths are not seen to have occurred in the line of duty. This results in the denial of survivors' benefits to the beneficiaries.

In 1983, Hazlewood noted that none of the American courts have had before them sufficient real information and scientific evidence upon which to base valid judgements. He feels that the issue of mental infirmity is still far from decided, and that the temporal sequence of subjective and physiologic effects during an asphyxial episode remains a long way from being understood. He also observes that the precipitous loss of consciousness that may obtain from the carotid baroreceptor reflex has yet to be discussed in the courts. He concludes with the prediction that these areas will become the focus of expert evidence in future litigations. In this he is certainly correct, which behooves us to be prepared.

In a 1993 personal communication with a senior lecturer at the University of Natal's School of Law, it was learned that no cases involving autoerotic death have ever been argued in the Republic of South Africa. Cognizant of the fact that references to this type of case may have been made indirectly and even obliquely, Ms. Hebbethwaite employed cross-references such as "hangings", "suicides" and "sexual misadventures" in her investigation; her perseverance and ingenuity notwithstanding, no cases were discovered.

SUMMARY

It is not enough that forensic pathologists be able to use the NASH classification, whereby a death is pronounced either natural, accidental, suicidal or homicidal. They must in addition realise that these pronouncements will be given great weight in a court of law, where disputations involving large sums of money or a person's reputation and freedom may be at stake. As a consequence, forensic pathologists must be able to speak authoritatively on all issues relating to the sexual asphyxias. To do this, they must first learn the language of the courts, and then learn which are the issues that remain contentious. It goes without saying that they must also be sufficiently conversant in the pathophysiology and paraphernalia as to earn the appellation "expert witness".

EPILOGUE

It has not been possible to investigate the sexual asphyxias without forming an opinion as to what they bode for the community as a whole. Strictly speaking, the medico-legal ramifications of these paraphilias are community ramifications, and it is because of this that I feel the most disquietude and foreboding when contemplating what has been learned these past months.

It is not my intention to use this final section as a platform from which to harangue the reader with personal views of morality. Rather I submit to you that other than traditionally normal sexual behaviour is increasing, and historically -- and by this I am looking back to Imperial Rome, to England between the World Wars, and to America these past few lustra -- historically, the increase in and increased acceptance of sexually deviant behaviour has preceded and then paralleled general declines in those countrys' national vitalities. A direct cause and effect I am not propounding; but the association has unmistakably been there.

Be this as it may, I wish the reader to understand that men and women coming to grief with ropes around their necks whilst masturbating is not confined to history of Harrismith, or to a negligible subgroup of Durban's whores. Moreover, this and behaviour of a similar nature is increasing. As an example, allow me to relate my one and only interview with a prostitute I think of as "La Bel", "The Beauty". I think of her thusly because I never learned her name, and because she is stunningly beautiful. She looks very much like the young Doris Day, the American actress from the 1960's and 70's who was reknown for her radiant wholesomeness. "La Bel" is in her late twenties, and during the course of our discussion she informed me that "... men are changing. It used to be every man's biggest dream to have two women do him. Now they all need different stuff -- they're getting kinkier and kinkier". This from a girl who cannot have been in the business more than fifteen years at the most.

I submit to you, readers, that traditional values are being increasingly cast aside. It is uncumbent upon you to decide what this portends.

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