CASE REPORT

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An Unusual Case of Railway Suicide

REFERENCE: Romero Palanco JL, Gamero Lucas JJ, Vizcaya Rojas MA, Arufe Martínez MI. An unusual case of railway suicide. J Forensic Sci 1999:44(2):444–446.

ABSTRACT: A rare case of suicide in which the victim had been lying along the railway track in a supine position and with extended extremities is described. The wheels of a train caused longitudinal hemisection with complete evisceration. Epidemiological data on train suicides are given and the relationship between this method of suicide and mental illnesses and consumption of alcohol are discussed.

KEYWORDS: forensic science, forensic pathology, suicide, railway, train, nature of injury, death

A detailed study we carried out on suicide in the city of Sevilla, Spain, between 1957 and 1987 (1,2) revealed that of a total of 10 838 autopsies carried out in the Instituto Anatómico Forense de Sevilla, 8377 were cases of violent death. Of these, 1305 deaths were due to suicide (15.57%). The ratio of males to females was 2.12:1.

In regard to the method used, 33.48% of individuals chose to jump from a height, followed by hanging (15.47%), drowning (15.47%), the ingestion of toxic products (12.72%), jumping in front of a train (11.87%), firearms (4.82%), cutting/stabbing (4.44%), jumping in front of trucks or cars (0.91%), burns (0.61%), electrocution (0.07%), and suffocation (0.07%).

The methods used by the victims of both sexes are specified in the results shown in Table 1. The method most frequently employed by both sexes was jumping from a height (25.5% men; 50.3% women). It must be emphasized that when the sample is analyzed in periods of five years, from 1953 to 1987, a decrease in the frequency of drowning, cutting/stabbing and trains as methods of suicide may be observed while cases involving jumping from heights, hanging and ingestion of toxic products remained constant. However, there has been an marked increase in the frequency of suicides involving firearms.

During the period 1953 to 1987, a total of 155 cases of railway suicides (133 men, 22 women) took place, representing 11.87% of all suicides. The ratio of males to females was 6.04:1. During the period from 1953 to 1977, the average age of individuals who committed suicide employing this method was 54 for men and 49

¹ Chief and professors, respectively, Department of Legal Medicine and Toxicology, Faculty of Medicine, University of Cádiz, 11003 Cádiz, Spain. Received 8 June 1998; and in revised form 27 July 1998; accepted 29 July 1998. for women. During the period 1978 to 1987, the average ages for men and women were nearly identical at 54 and 53, respectively.

These results evidently differ from those obtained by other researchers who have found that the average age of the groups of individuals who had committed suicide was lower (3–9). On the other hand, there are significant differences in regard to sex distribution when observations by other authors are compared (5,7,10).

Suicide and Nature of Injury

As in many other cases in medicolegal practice, the discovery of a body on a railway track poses the problem of ascertaining the actual cause of death: Is it a case of suicide, an accident, or homicide? Have injuries been deliberately inflicted on a corpse to conceal the actual cause of death?

The above questions are not easily answered once the nature of the injuries is established and attempts have been made to correlate these injuries with the medicolegal cause of death. In general terms it may be affirmed that the type of injury itself does not distinguish a suicide from an accident or from homicide; furthermore, separating antemortem injuries from postmortem injuries may be very difficult (11).

However, different authors have pointed out that in suicide cases transversal sectioning of the body in the neck area, in the trunk area or in the extremities predominates. This is due to the fact that on most occasions suicide victims lie transversely on the tracks (12–19). Decapitation with no other injury is regarded as typical for a suicide (20–23).

Although it may be true that few characteristics of a medical nature permit one to distinguish between accidental injuries and

TABLE 1-Violent suicide methods used by both sexes.

Suicide Method	Total Cases	Males	Females	Ratio ♂:♀
Jumping from a height	437	227	210	1.08:1
Hanging	202	177	25	7.08:1
Drowning	202	154	48	3.20:1
Drugs/toxic products	166	76	90	0.84:1
Railway	155	133	22	6.04:1
Gunshot	63	62	1	62:1
Cutting/Stabbing	58	43	15	2.86:1
Jumping in front of trucks or cars	12	9	3	3.00:1
Burning	8	5	3	1.66:1
Electrocution	ī	1	-	
Suffocation	1	1		
Total	1.305	888	417	2.12:1

those produced by suicides, fatal railway injury is characterized by extensive disruption of more than one body region (4). Injuries are usually numerous and distributed over very different areas of the body, including open or closed multiple fractures in the extremities which, on occasions, are completely amputated. Cases of true evisceration are not infrequent. Sometimes the injuries suffered reveal an attempt by the victim to avoid being hit (e.g., when only the lower extremities are affected) (4,12,14,24).

Case Report

The subject suicide was a 46-year-old male, single, unemployed, separated from his family, and with a history of schizophrenia with several psychiatric hospitalizations. The last stay in hospital had been 14 months previous to his death. At the time of death he had been under medical supervision at home.

The place of the incident was an uninhabited area quite far from the city center and approximately 8 km from the nearest railway station. The train driver was able to see a man lying along one of the tracks in a supine position and with the extremities fully extended (in the shape of an X). The wheels of the train ran longitudinally from the most caudal part of the body upwards.

The body suffered longitudinal hemisection with complete evisceration (Fig. 1). Traces of viscera were found up to 60 m from



FIG. 1-Longitudinal hemisection of a corpse in an unusual case of railway suicide.

the point where the body had been lying initially. The skin and underlying tissue from the anatomical zones in which amputation had taken place appeared with the characteristic bruising of this type of injury. They were found covered in a black, greasy substance and with clearly dried up zones. The massive hemorrhage suffered by the victim prevented alcohol intoxication measurement. The presence of drugs was tested and negative results were obtained.

Discussion

We have not been able to find any other case of railway suicide in the consulted bibliography that is similar to this unusual case and its peculiar characteristics. Some authors have affirmed that the originality observed in certain suicidal behavior indicates the existence of mental illness (24), as shown by the manner in which suicide took place in this case. On other hand, many authors have also pointed out that the results of most research suggest that the most violent methods of suicide are used by those with severe mental illness. For other authors there were no essential differences between the methods of suicide used by individuals whether or not there was a psychiatric history (25). Beskow et al. (6) in a sample of 294 cases of railway suicide found histories of severe mental illness in 57% of these cases. Lindekilde and Wang (8) in a study of 505 cases of railway suicide found that 81% were psychiatric patients, correlating mental illness with the degree of violence involved in the methods of suicide. Emmerson and Cantor (9) found that in a sample of 23 railway suicides, 57% of the victims had been treated for schizophrenia. Likewise, Symonds (26) found cases of greater psychosis and neurosis among the railway suicide population, but fewer and less severe alcoholics. In the study carried out by Cooper and Milroy (7), with the exception of the railway and firearms deaths, the more painful/disfiguring methods of suicide (jumping from a height, self-immolation, cutting/stabbing, road traffic "accidents") were more and/or previous suicide attempts than those committing suicide by other means.

Although it was not possible to determine the blood alcohol level in this particular case, some authors have found significant alcohol levels among the railway suicide population (27% of cases) (6), while for other authors the consumption of alcohol may be closely associated with death of accidental etiology (4,23,27).

References

- 1. Romero Palanco JL. Aspectos epidemiológicos del suicidio en la ciudad de Sevilla, referidos a los años 1953 a 1977. Rev Española Med Leg 1985;12(42/43):35-54.
- 2. Romero Palanco JL, Gamero Lucas JJ, Vizcaya Rojas MA, Arufe Martinez MI, Hernandez Triviño A. Evolución del suicidio consumado en la ciudad de Sevilla en los años de 1978 a 1987. Rev Española Med Leg 1989;16(58/59):9-21.
- O'Donnell I, Farmer RD. The epidemiology of suicide on the London Underground. Soc Sci Med 1994;38(3):409-18.
- Lerer LB, Matzopoulos RG. Fatal railway injuries in Cape Town, South Africa. Am J Forensic Med Pathol 1997;18(2):144-7.
- Schmidtke A. Suicidal behaviour on railways in the FRG. Soc Sci Med 1994:38(3):419-26.
- Beskow J, Thorson J, Ostrom M. National suicide prevention programme and railway suicide. Soc Sci Med 1994;38(3):447-
- Cooper PN, Milroy CM. Violent suicide in South Yorkshire, England. J Forensic Sci 1994;39(3):657-67.
- Lindekilde K, Wang AG. Train suicide in the county of Fyn 1979-82. Act Psychiatr Scand 1985;72(2):150-4.
- Emmerson B, Cantor C. Train suicide in Brisbane, Australia, 1980-1986. Crisis 1993;14(2):90-4.

- Clarke M. Railway suicide in England and Wales, 1850–1949. Soc Sci Med 1994;38(3):401–7.
- Watanabe T. Atlas of Legal Medicine. Philadelphia: JB Lippincott Company, 1968.
- Derobert L. Éléments de Médecine Légale. Ed. Medicales et Universitaires 1977, Paris.
- Lopes C. Guia de Pericias médico-legais. 5th Ed. Livraria Cruz 1972, Braga.
- Canuto G, Tovo S. Medicina Legale e delle Assicurazioni. 12th Ed. Piccin 1996, Padova.
- Simonin C. Medicina Legal Judicial. Sec. Ed. Edit. Jims 1973, Barcelona.
- Martini M, Di Nardo R, Giolli C, Tornotti L, Malavolti L, Guglielmini M. Sinossi di Medicina Legale. Edizioni SBM 1990, Noceto.
- Pellegrini R, Loro A. Compendio di Medicina Legale. 3rd Ed. Cedam 1947, Padova.
- Chiodi V, Puccini C, Fallani M, Gilli R, Portigliatti-Barbos M, De Barnardi A. Manuale di Medicina Legale. Casa Edit Dr F Vallardi 1978, Milano.
- De Bernardi A, Marras G, Turletti M, Lubinu F, Sini MG. Elementi di Patologia Medico Legale. A Delfino Editore 1981, Roma.
- Cazzaniga A, Cattabeni CM. Compendio di Medicina Legale e delle Assicurazioni. 4th Ed. Unione Tipografico-Editrice Torinese 1974, Torino.

- Camps FE, Robinson AE, Lucas BG. Gradwohl's Legal Medicine.
 3rd Ed. Bristol: John Wright and Sons Ltd., 1976.
- Knight B. Railway hazards in "Forensic Medicine." In: Tedeschi CG, Eckert WE, Tedeschi LG, editors, Philadelphia: WB Saunders Co., 1977.
- Cina SJ, Koelpin JL, Nichols CA, Conradi SE. A decade of trainpedestrian fatalities: the Charleston experience. J Forensic Sci 1994;39(3):668-73.
- Derobert L. Médecine Légale. Flammarion Médecine-Sciences 1974, Paris.
- Seager CP, Flood RA. Suicide in Bristol. Br J Psychiat 1965;111: 919-32.
- Symonds RL. Psychiatric aspects of railway fatalities. Psychol Med 1985;15(3):609–21.
- Davis GG, Alexander CB, Brissie RM. A 15-year review of railway-related deaths in Jefferson County, AL. Am J Forensic Med Pathol 1997;18(4):363-8.

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