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# A Rare Case of Burking: A Case Report

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Abstract: Homicide by causing asphyxia is a less commonly encountered finding during the autopsy. Burking being one of the methods of asphyxia is very infrequent. It is a method of combination of homicidal smothering and traumatic asphyxia. Thorough post mortem examination with proper detailed history, crime scene visits and photos are very important in such kinds of cases to conclude the cause of death. In the present case, we report such a rare case of burking.

Keywords: Burking, Homicidal smothering, Traumatic Asphyxia, Chest injuries

#### 1. Introduction

Burking is a method of homicidal smothering and traumatic asphyxia. William Burke and William Hare used this method in Scotland to kill the persons and sold their bodies to Dr Robert Knox for use as specimens in his anatomy class. 1,2 A victim was invited to their house and given alcohol. When drunk, he was thrown to the ground. Burke would kneel or sit on the chest and close the nose and mouth with his hands and Hare used to pull him around the room by the feet till he is dead. As it is a combination of smothering and chest trauma, there will be features of asphyxia and chest injuries. Small contusions may be seen on the inner lips and chest. 3,4 In severe cases, there may even fracture of the ribs. Burking as such is a rare method of homicide but may be seen occasionally in older age and younger age groups. 5,6

# 2. Case Report

It is a case of a 65 years old male who was found dead on his bed in the morning by his nephew. He also found the dead body of the deceased's 70-year-old wife on the other bed. Both of them were living alone in their farmhouse. He immediately informed the police and during the investigation, it was found out that the deceased couple was murdered withthe motive of looting them by the farm labours. The dead body was referred to the Forensic Medicine Department, M. P. Shah Government Medical College, Jamnagar for the expert opinion by the Medical Officer of the Community health centre of that region.

# 3. Autopsy Findings

The Victim was 65 years old male with average build and nourishment. The body was brought covered with a bedsheet, wearing a brown coloured sweater, cream-white coloured shirt and bluish-green coloured pent. The clothes were intact and no blood stains or tearing was seen on them. The dead body was cold, bluish-purple coloured post mortem lividity was seen on the dependant parts of the back of the body and it was fixed. The rigor mortis was completely developed in the whole parts of the body and both upper and lower limbs were straight and parallel to the body. The face was congested with multiple petechial haemorrhages were seen on the face, scalp and conjunctivae

of both eyes. Both eyes were closed and both pupils were dilated and fixed. The mouth was open and the tongue was inside the mouth. A dry blood stain was seen coming out from the mouth and both ears (Fig-1). The bluish discolouration was seen over the fingernail bed of both hands, both ears and both lips.

Following external injury marks were seen on the body:

- 1) 1x0.3cm size lacerated wound was seen on the helix of the right ear with a diffuse reddish-blue coloured contusion. The right ear was swollen and edematous.
- 2) 3x3cm size reddish-blue coloured contusion was seen on the left side of the cheek, over the ramus of the mandible and underneath it, closed displaced fracture of ramus of the left side of the mandible was palpable. It was swollen and oedematous.
- 3) Reddish-blue contusion was seen over the upper eyelid of the left eye.
- 1x0.5 cm size red coloured abrasion was seen over the left side of the upper cheek.
- 5) About 5x4 cm and 4X3cm size reddish-blue contusions were seen over the front of the mid-chest region, 10 cm below the sternal notch. It was swollen and edematous and underneath it, a closed displaced fracture of the middle-third of sternum bone was palpable (Fig-2).
- 6) 1x0.5 cm size lacerated wound was seen on the inner surface of the mid-upper lip of the mouth. Its margins were red and irregular.

On dissection, diffuse red coloured scalp haematoma was seen on the left frontal region of the head (Fig-3). All the meninges of the brain were intact and the brain was congested. The thoracic cavity contained about 280-300 ml of free clotted blood on the right side. A closed displaced fracture of 2<sup>nd</sup>-6<sup>th</sup> ribs was seen on the right side of the chest anteriorly. Its margins were red and irregular. A closed displaced fracture of the middle-third of sternum bone was seen, its margins were red and irregular. Both lungs were congested and multiple petechial haemorrhages were seen on the surface of both lungs. On the cut-section of both lungs, blood-tinged frothy fluid is seen oozing out. The pericardium was intact and the heart was filled with clotted blood. All the coronaries showed changes of atherosclerosis. There was no injury or any free fluid found in the abdominal cavity. Buccal mucosa was congested and it contained red clotted bloodstains at places. The stomach contained about

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20-30 cc of usual smelling semi-digested food and its mucosa was normal. Rest all the other abdominal organs were congested. Considering the injuries and signs found on the body, the cause of death was given "Died due to asphyxia on account of Burking (Traumatic asphyxia and smothering)".

## 4. Discussion

The body of the deceased person showed signs of asphyxia along with the physical assault on the body. There were secretions from the mouth and both ears, petechial haemorrhages on the face, scalp, and conjunctiva of eyes, abrasion over the left cheek and internal injury over the upper lip of the mouth. A similar type of copious secretion from the mouth was also reported by Durga Prasad D. There were features of cyanosis and other signs of asphyxia. These findings are consistent with smothering. The ribs on the right side were fractured along with a fracture of the mid-part of sternum bone suggestive of kneeling over the deceased causing fixation of the chest leading to traumatic asphyxia. So, considering both entities found on the body, the cause of death was given as burking. It is an effective way to cause easy and quick death to an old debilitated person or a child.

### 5. Conclusion

Burking is a rare type of asphyxia employed by criminals with the knowledge of using it on old persons or children to cause quick and easy death.

### References

- [1] Dr. K.S. Narayan Reddy. The Essentials of Forensic Medicine and Toxicology. 34th edition, Jaypee brothers Medical publishers, 2017: Dr. O.P. Murthy, New Delhi, Ch13–Pg.341.
- [2] Pilay V V, Textbook of Forensic Medicine and Toxicology. 16th edition. s.l.: Paras medical publisher, Hyderabad, 2011, Ch 14, Pg. 260-286.
- [3] Apurba Nandy. Principles of Forensic Medicine Including Toxicology, 3rd edition, publisher: new central book agency (p) ltd., New Delhi, 2011 Ch 16, Pg 517-564.
- [4] Biswas Gautam, Review of Forensic Medicine and Toxicology, 4<sup>th</sup> edition, Jaypee brothers Medical publishers, New Delhi, 2019, Ch 10, Pg. 182
- [5] Bernard Knight, Pekka Saukko. Knight's Forensic Pathology, 3rd edition, publisher: Saffron House, London, 2004, Ch. 8, Pg, 352-367.
- [6] J K Mason, B N Prude. The Pathology of Trauma, 3rd edition, publisher: Holder headline group, London, 2000, Ch. 15, Pg. 230-253
- [7] D. Durga Prasad. Burking A Case Report. JEMDS. Aug'2014. 3(39). 9959-9963



Figure 1



Figure 2



Figure 3