



Madness In Self Injury-Severe Cut Throat Self Inflicted Injury By A Mentally Deranged Person

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ABSTRACT

There are innumerable cases in which mentally deranged individual have attempted self inflicted injury over the neck and throat. This injury is glaringly absurd in nature and could defy logic and reasoning. The present case report is on in series of such cases. The uniqueness in the present case is that mentally unsound person practically severed his neck under the command of a voice considered by him holy and binding.

Key-words: *Self-inflicted injury, mentally deranged, cut-throat, psychiatric disorder, Command from spirit.*

CASE-HISTORY

Mr X, 30 years old, married, was brought to the causality section of JNMC Aligarh, accompanied by his wife in the month of July 2015, in a critical condition requiring immediate emergency measure. He was provided the required medical treatment at the emergency section and was kept under observation for two days. Once his condition stabilised he was shifted to the surgical ward for additional treatment and recuperation.

HISTORY

Personal and Past History

The patient was of average built and illiterate. The history was provided by the attendant accompanying the patient because he was

incommunicado. It appears that he was hearing voices since the past several months. These voices were commanding in nature, forceful and instrumental in enforcing the individual to submit himself to its dictate. Most of the time family members recognised his condition and did not leave him alone. Therefore, he was prevented in principal from doing any damaging act by the constant vigil provided by the relatives. However, in this particular occasion he was left unattended and therefore, he got the opportunity to self destruct. Basically this is against the nature and objective of forensic psychiatry. Clinical studies have demonstrated that such people at risk should not be left with razor^{1,2} sharp instrument³ or appliance⁴ that could facilitate hanging. In fact

anti-ligature⁵ appliances are used to the best availability.

Family History

No significant finding was elicited pertaining to the psychiatric illness favouring his schizophrenic, manic depressive psychosis, delusion and paranoid tendency. The family members were unable to provide the treatment card from a psychiatrist or the treating doctor indicating that he was suffering from a recognized psychiatric illness.

PHYSICAL EXAMINATION (At the time of admission)

Vitals: BP: 110/76 mm of Hg.

PR: 96/min regular. RR: 18/min.

Temp: 98.6°F.

NECK

- An incised wound running from one lateral most side of the neck to the other side.
- Depth 3 inches and gaping.
- Margins clean cut, no bruising or foreign body was detected within the injured area.
- Slight bleeding persisted, indicating that injury was fresh and approximately of two hours duration.
- Trachea was partially cut.
- The patient was calm and non panicky.
- The neck was firmly covered and pressed by the relatives with multiple layers of cloth to stop bleeding.



Fig. 1: Tracheostomy tube in situ which has been inserted in the opening of the wound.

DISCUSSION & CONCLUSION

Mentally challenged individuals particularly those suffering from schizophrenia, manic depressive psychosis (MDP), and of delusional propensity are known to indulge self inflicted injury^{6,7,8,9,10}. There are instances in which person attempted suicide by cutting neck by scissor,¹¹ sickle,¹² table saw,¹³, sword,¹⁴ sharp spike,¹⁵ fencing guard,¹⁶ and occasionally by pliers¹⁷ and pincer.¹⁸

The present case doesn't fall into the grisly act because the weapon used was sharp-edged knife and not other weapon mentioned above. Nevertheless the nature and dimension of injury speaks volubly about the influence of unknown an unseen voice.

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