



D19 Emasculation: Auto-Inflicted Wound or Aggression

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After attending this presentation, attendees will learn that specific injuries need assessment of auto aggressive behavior.

Around 21 hours 30, the firemen bring to the University Hospital of Toulouse a forty-year-old man to take care of a hemorrhage due to a complete emasculation. The surgical operation consists on a cleaning of the wound and a joining of the cutaneous plan. The following day, the services of gendarmerie intervene to question the victim. He describes an attack by two unknown individuals when he was changing the tires of his car following a puncture on the roadside. The individuals threw him in a ditch and attached him to a tree. They placed an opaque bag on his face. The victim thought that they used a cutter like weapon for the emasculation. He would then have lost consciousness for a few minutes. Then he would have gone to the roadside where he would have been taken in charge by some passers by who took him to the hospital.

This type of wound is rare most of the time in the context of gangland killing.

The medical examiner established a descriptive certificate of the wounds the following day at the request of the legal authorities, where he noted the absence of wounds on the level of the wrists and the ankles. The examination of the skin highlights the presence of two separated testicles, associated the scrotal skin, the rod would not have been found on the spot.

The victim, with his request, profits from a psychiatric consultation two days after his aggression. He is married, the father of three children, follows the occupation of house painter, does not have particular toxic practices, and will initially evoke the absence of conflict concern with a third person.

The contact is of good quality, without thymic collapse, without productive symptomatology of the psychotic line, without structured depressive symptom. The study of the antecedent does not reveal anything notable on the psychopathological level other than one month imprisonment for voluntary violence in his youth. No psychiatric care was initiated, thus, he would never have recourse to the psychotropic treatments.

During initial questioning, regarding the action to be taken with his children, of the image which his close relations of him will have when they know the nature of his wound, we didn't notice any emotion. Four days after the aggression, he is again heard by the legal authorities, after a long interrogation, he ends up acknowledging that he auto-inflicted his wound. He is the subject then of a new psychiatric evaluation where he appeared relieved and reassured to have evoked these facts with the policemen.

The successive talks will make it possible to update a conjugopathy evolving for many months, the scenario of an amputation of a body lying dormant already for 4 months.

With the question of the choice of the emasculation, a very particular amputation, the answer will remain pragmatic and concrete, the interested party arguing that the amputation of another member would have bothered him in his professional life.

Such a passage to the auto-aggressive act apart from any delirious and depressive structured symptomatology appears to us to have to be studied within the framework of hospitalization, hospitalization in psychiatric medium which the interested party accepts.

Let us note that the day after his hospitalization, in front of the psychiatrists of the service of reception, he revealed that it was the pressure of the gendarmes which had obliged him to acknowledge an auto-castration but that he was in fact the victim of an aggression as he had initially evoked.

The interest of this case is to share the medico-legal data and the psychiatric talks data in order to conclude on the origin of the castrating gesture, while respecting the professional secrecy.

Emasculation, Self-Injury, Mental Disorder