



Pathology Biology Section – 2007

G38 Chemical Asphyxia and Bondage: Autoerotic Fatality Induced by Chloroform Inhalation

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It is important to acknowledge variations from characteristic autoerotic asphyxial death practices. The use of chemical inhalation, more specifically chloroform, as a means to create a euphoric autoerotic state has rarely been discussed in past literature. After attending this presentation, attendees will learn how autoerotic asphyxia is also rarely observed in those older than the sixth decade.

It is well recognized in contemporary literature that autoerotic asphyxial deaths are most commonly observed among Caucasian males in the third to fourth decade of life. However, there are cases that are distinct from the common pattern of age demographics and the means of attaining a hypoxic state. This presentation will impact the forensic community and/or humanity by demonstrating how it is imperative to acknowledge that significant variations from characteristic autoerotic asphyxial practices do occur. The possibility of autoerotic asphyxial death should be entertained in the aged population when corroborated by appropriate scene and evidentiary information.

Autoerotic asphyxia is a paraphilia in which a hypoxic state is induced in order to enhance orgasm during sexual activity. The medical examiner becomes involved in those situations in which the hypoxic state becomes irreversible and results in the death of the practitioner. While this practice is observed most commonly in Caucasian males whose ages range from the third through fourth decades, deviation from these demographic variables do occasionally occur. Autoerotic asphyxiation through the use of a ligature about the neck, with escape mechanism, is the most common means of this practice. More atypical approaches to reach a euphoric state through oxygen deprivation include rebreathing via the use of a plastic bag, positional asphyxia through thoracic compression, submersion, and chemical inhalation. Chemicals most frequently cited as hypoxic agents in available literature documenting autoerotic practices include propane, butane, ether, aerosol glue, tetrachloroethylene, 1-1-1 trichloroethane, and ketamine. Documentation of chloroform use in autoerotic asphyxial practice is distinctly uncommon.

A 67-year-old Caucasian male was discovered in bed and multiply bound within his suburban Philadelphia, PA residence. The decedent was discovered wearing a black rubber gas mask, with a bottle of chloroform situated on an end table adjacent to his head. A postmortem interval of at least two to three days had transpired from the time of death until the time of discovery. Toxicological assessment demonstrated the presence of chloroform in the blood, liver, brain, and lung of the decedent, consistent with inhalation of this agent in an effort to induce a hypoxic, reversible state. Scene investigation disclosed evidence supportive of multiple paraphilias engaged in by the decedent, including leather and black rubber fetishism and masochistic acts, including earplugs and genital entrapment. Numerous enema bags were distributed throughout portions of the otherwise fastidious residence, suggesting klismaphilia. While deaths arising from the performance of autoerotic asphyxia characteristically involve young Caucasian males through the use of a neck ligature, it is important to recognize significant variation from this general pattern. It is likewise imperative to consider the possibility of additional participants and criminal activity when confronted with such scenarios.

Chloroform, Autoerotic, Paraphilia