

Harakiri: Two Cases of Self-Stabbing Suicide

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Abstract

Harakiri is a form of Japanese ritual suicide. A sharp instrument is used to inflict a wound to the abdomen, causing disembowelment and slow and painful death. The two cases of suicide by harakiri described in this article are the only cases that happened over a period of 20 years in the wider Rijeka area. One victim suffered from depression with psychotic episodes, whereas more detailed background information for the other victim wasn't available.

Keywords: Harakiri • Suicide • Stab wounds • Disembowelment • Mental illness

Introduction

Harakiri, a term deriving from the Japanese language means "cutting the stomach". It was never widely used in the western world, but now this form of suicide is rare even in the east [1,2]. It's first mentioned in 988 A.D. as a man committed suicide desperately trying to avoid getting arrested after he was caught for theft [1,3].

Harakiri was used by warriors (samurai) throughout history to escape tortures after being caught by enemies [1]. Harakiri is formally performed by sitting upright with legs folded and the shirt taken off. A katana sword (30 to 60 cm blade) is used to inflict a stab wound in the lower left abdomen [4].

The sword is pulled to the lower right abdomen and then upwards. This creates an L-shaped cut. The goal of this ritual suicide is to die slowly and painfully, so if performed right, only the abdominal wall should be cut, without damaging internal organs. This significantly delays death. Apart from this traditional way, cut wounds can also be present on other parts of the body such as the neck, chest wall, and wrists [2].

Sometimes trial cuts (hesitation marks) are found either near the deeper fatal cut wound or on other body parts such as wrists [2]. In contrast, smaller cut wounds may be found on the victims fingers and those are considered unintentional, as a result of grasping the sharp edge of an instrument [3].

This article presents two cases of suicide by self-stabbing and disembowelment that happened in Croatia in the wider area of Rijeka, one in 2008 and the second more recently in 2021.

Case Reports

Case 1

A 54-year-old man was found dead on a bed inside his home. He was lying on his back, head resting on a pillow. His hands, covered in blood, lying on his chest. He had just a T-shirt and underpants on and the lower part of his body was covered with a blanket. His abdomen was uncovered and there was an extensive cutting wound in the lower left abdominal region shown in Figure 1. Next to him was a bloody kitchen knife and a few empty alcohol bottles were also found in the room shown in Figure 2.



Figure 1: The uncovered abdomen of the victim shows an extensive cutting wound in the lower left abdominal region with protruding intestines.

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Figure 2: The knife used for the self-stabbing.

The horizontal abdominal cut injury, about 15 cm in length, was mainly horizontal, located 2 cm below the navel and extending to the left. Intestinal loops were protruding from the deep wound.

On the victim's left forearm were 18 superficial hesitation marks in total, extending from his wrist up to the elbow shown in Figure 3. Toxicological findings excluded the presence of drugs in the victim's body, while the total blood alcohol concentration was 0.48 g/kg.



Figure 3: The victim's left forearm with superficial hesitation marks.

Case 2

A 54-year-old man with a known history of depression with psychotic episodes was found lying on his flank on the kitchen floor in his apartment. On the floor next to him was a kitchen knife covered in blood.

The corpse presented with a cut wound measuring 2 cm x 0.5 cm and located 1 cm below the xiphoid appendix of the sternum. Under the rib cage on the left side, around 3 cm away from the previous wound was a defect measuring 9x2cm. The knife penetrated the skin, subcutaneous tissue, muscular layer and peritoneum. A portion of the intestine was protruding from the defect shown in Figure 4.



Figure 4: A portion of the intestine protruding from the cut wound.

Upon examination of the abdominal cavity, an injury of the upper mesenteric artery was found along with 800 mL of blood in the abdomen shown in Figure 5. It was concluded that the cause of death was cardiac arrest following exsanguination with consequent hypovolemic shock.



Figure 5: The injured upper mesenteric artery with subsequent blood in the abdominal cavity.

Unlike the previous victim this man had no trial cuts on his body and toxicological findings excluded the presence of drugs or alcohol in the body.

Results and Discussion

The most common ways of suicide in modern times include hanging, poisoning, and drowning [5].

When it comes to suicides by sharp instruments, the incised wound is the most common cause of death (42% male and 41% female) [1]. Harakiri incidents are recorded on a sporadic basis, despite the fact that they are extremely rare.

Because people tend to insert the sharp instrument in the upper abdomen and the tracts are usually upwards, cutting or stabbing the abdomen might be interpreted as an attempt to do damage to the heart [6,7].

Harakiri is defined as committing suicide by injuring the abdominal viscus fatally [8]. Traditional swords, which were once used for harakiri, are now rarely used; instead, simple household are more commonly used for self-cutting or stabbing. Harakiri has developed over time from a form of warrior suicide to a grant of death [1].

These types of deaths pose a challenge for the death investigation. The scenes of death are usually messy, with a lot of blood pools, and are difficult to process. Nevertheless, all cases of harakiri should be thoroughly investigated because the primary challenge for investigators is distinguishing between suicide and homicide [4,9].

Conclusion

In cases of self-stabbing there is always a justified suspicion whether it's a suicide or homicide. Therefore a criminal investigation should always be conducted. In these two presented cases some elements of the crime scene, as well as autopsy findings (such as the victims position, removal of clothes, the proximity of the weapon), helped in deducing that they were probable suicides. Past medical history (in one of the presented cases a history of mental illness) can also prove helpful as well as the presence of trial incisions on the body.

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