

# DELIVERY OF A DECAPITATED HEAD

(A Case Report)

by

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## Introduction

Unsound obstetric practice is seen only in those countries where expert medical facilities are not easily available, and this practice jeopardises the life of the child in all cases and the life of the mother in most cases, also. The following case report is an example of the sort of obstetric practice that goes on in our villages.

## Case Report

Mrs. S. L., aged 42 years, from Awadgaon, was admitted on 25-7-1968 at 11.45 p.m. with the history of amenorrhoea of 9 months and labour pains since 10 a.m. on 23-7-1968. The membranes had ruptured and one hand of the foetus had prolapsed with the onset of labour pains. She was seen by a local doctor the next day at 6 p.m., i.e. on 24-7-1968, as the labour did not progress. She was treated by the doctor at home who gave her one injection and extracted the baby upto the neck and left the patient in the same condition till 6 a.m. next day, i.e. 25-7-1968. The body of the baby was then cut away at the neck leaving behind the head in the uterus by the same doctor and the patient was then transferred to Bramhapuri Hospital at 4 p.m. The doctor from there referred the case to the Medical College Hospital, Nagpur.

## Obstetric History

She was a 12th gravida. All her deli-

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veries took place at home except the 9th when she had retained placenta which was removed in the hospital. Only four of the children were alive; the last childbirth was 3 years ago.

## Menstrual History

Patient had only one period after the last childbirth on 15-11-67 and the expected date of delivery was 21-8-1968.

She had a loop put in 2 years ago during lactational amenorrhoea in a Loop Camp in Magalwadi. She had no check-up after the loop insertion. She had only one period and then she conceived. She did not go for check-up during this pregnancy, but she said that there was excessive distention of the abdomen, due probably to hydramnios.

On examination, the patient was a moderately built woman. Pulse—136/minute; blood pressure—130/90 mm. of Hg.; temperature—100.6°F (axilla); pallor, dehydration and oedema feet present; cardiovascular and respiratory systems revealed nothing abnormal. Examination of the abdomen revealed a palpable uterus of 18 weeks' size, well contracted. There was no tenderness over the abdomen and no free fluid. There was crepitus felt over the uterus.

On vaginal examination, the cervix was found to be thick and 4 cms. dilated. The foetal head was felt through the cervix in the uterine cavity. There was very foul-smelling discharge coming out of the vagina.

The patient was given intravenous Re-  
verin 275 mg. and a 5 per cent glucose drip was started. Injection Efodin, one ampoule, was given by the intramuscular route and the patient was taken up for removal of the head per vaginam under open ether anaes-