

Case Report

Infant with Congenital Anomalies: Born To Die?

¹S. Bitam Singh, ²Memchoubi Phanjoubam, ³Th. Meera Devi

Abstract

Forensic investigation of fetuses, stillbirths and new-borns and their differential diagnosis often present many difficulties. In practice all cases of abandoned new-borns deaths are reported to the police, who ask for a post-mortem examination because only this can establish the viability of the infant and the cause and manner of death in such cases. In this paper, a gruesome killing of an infant with congenital anomalies viz. polydactyly, bilateral cleft lip and palate and low set ears, is presented. The infant was killed by an **act of commission** using a sharp cutting weapon, and the motive behind the crime in all possibility was to get rid of a malformed child by the parents. In the present world, modern medical science can do wonders and there is possibility of a child with congenital anomalies growing up as a normal human being. The present case emphasizes the importance of spread of awareness to the general public, especially those in remote areas, so that such primitive and gruesome crimes are not committed in the future.

Key Words: Congenital anomalies, Parents, Infanticide, Crime, New-born

Introduction:

The Medico-Legal Encyclopaedia states that the term 'infanticide' is often taken to mean the killing of any young child, but should be reserved for the meaning implicit in the Infanticide Act 1938, that is the killing of a child under the age of 12 months by its mother, by 'wilful act or omission' during a period of mental disturbance. [1] It has been practised since time immemorial by various civilizations including the Greek and the Roman. [2]

Reasons of infanticide are social taboos surrounding a baby born out of wedlock, economic reasons, sex selection, getting rid of deformed babies, child sacrifice to supernatural forces, etc. [3] In this paper, we presented a case of gruesome killing of an infant with congenital anomalies.

Case Report:

On the 12th April 2013, the body of an infant was brought for post-mortem examination to a tertiary health care teaching institute in Imphal. As per the history, the body of the infant was found abandoned at a paddy field of a remote village in Manipur.

Corresponding Author:

³Associate Professor, Dept. of Forensic Medicine
Regional Institute of Medical Sciences, Imphal
E-mail: meera_th@yahoo.com

¹Post Graduate Student

²Assistant Prof

DOR: 01.12.2014 DOA: 18.06.2015

DOI: 10.5958/0974-0848.2015.00079.2

Autopsy Findings:

The body was found inside a blue carry-bag, which was wrapped by a green plastic sheet. (Fig 1) A white thread was tied at the wrist with a small pouch containing a few rice grains. The length of the baby was 51 cm, and weight was 2 kg.

Rigor mortis had passed off and putrefactive changes were present, with maggots crawling on the body.

Umbilical stump had fallen off (healing). Multiple congenital anomalies in the form of polydactyly (6 digits on both hands and feet), bilateral cleft lip and palate and low set ears were seen. (Fig 2 & 3)

External injuries consisted of a chop wound on the left side of the face, vertically placed, 12cm x 0.5cm x cavity deep.

Another chop wound on the right side of the nose (extending from nose to chin) 5.5cm x 0.5cm x muscle deep and two lacerated wounds, one at back of the head (occipital area) and the other on the nape of the neck, 2.5cm x 1cm x scalp and 3cm x 1.5cm x scalp respectively.

A chop wound was also present on the right lower part of the abdomen extending up to the perineum of size 10cm x 1cm x cavity with extrusion of the intestines. (Fig 2 & 3)

Internally, a cut fracture of the frontal bone was seen along with a corresponding cut on the meninges. Brain was liquefied and reddish brown in colour.

The left maxilla was fractured and the stomach was empty. Intestines were cut at

multiple sites. Both the testes were present in the scrotum.

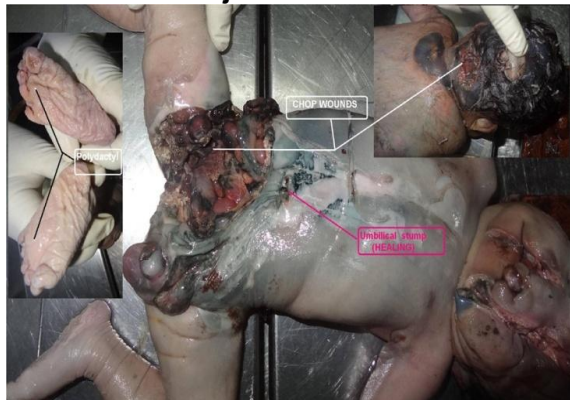
Fig. 1: Body Found Inside a Blue Carry Bag Wrapped by a Plastic Sheet



Fig. 2: Congenital Anomalies and Injuries Observed on the Body



Fig. 3: Healing Umbilical Stump, Congenital Anomalies and Injuries



The cause of the death was found to be the Injury to the brain with fracture of the skull produced by a moderately heavy sharp-cutting weapon, and the nature of death was homicidal.

Discussion:

Roman and certain other ancient cultures regarded the birth of a deformed baby as a bad omen and babies born with even a minor defect viz. a cleft palate, harelip or missing finger were put to death. [4] In India, “Bringing

up a daughter is like watering a neighbour’s plant”- a common expression. [5]

Hence, female infanticide is more common than the killing of male offspring in this country. Poverty, ignorance of family planning, cost of dowry, etc. have been reported as the possible causes for this crime. [6]

Commonly employed methods of infanticide are divided into Acts of commission and Acts of omission. [7] Acts of commission include suffocation by the hand or a cloth, strangulation, blows on the head, or dashing the child against the wall, drowning by putting it in the privy or in a bucket of water, burning, twisting of neck, stabbing, poison etc. Sometimes, clandestine stabbing by a long needle or pin into the spine, fontanels, eye or nose are also practiced. [8]

Acts of omission are failure to tie the umbilical cord after birth, failure to protect the child from exposure to heat or cold, failure to supply proper food or to clear air-passages, etc.

Neglect, defined as the failure of a caregiver to adequately provide safety, food, clothing, shelter, protection, medical care and supervision for a child, is a relatively uncommon but important cause of child mortality. [9]

Hypothermia among new-borns is considered an important contributor to neonatal morbidity and mortality. They are more prone to develop hypothermia because of large surface area per unit of body weight. [10]

Out of the acts of commission, the common methods usually employed are suffocation, strangulation, blows on the head, or dashing the child against the wall or drowning. [5] In our case, the victim was a male infant killed by an act of commission; and the method employed for killing was an uncommon one.

The motive behind the crime in all possibility was to get rid of a malformed child by the parents.

In some remote areas, killing of a malformed baby with mutilation of its body parts by a “Louri thangjou”- a moderately heavy sharp cutting weapon is traditionally practised by parents in order to avoid rebirth of a baby with such malformations in future.

Conclusion:

In the present world, modern medical science can do wonders and there is possibility of a child with congenital anomalies growing up as a normal human being.

The present case emphasizes the importance of spread of awareness to the general public, especially those in remote areas,

so that such gruesome crimes are not committed in the future.

References:

1. **Mason JK, McCall-Smith RA.** Medico-Legal Encyclopedia. London, Butterworth's: 1987.
2. **Montag BA, Montag BW.** Infanticide-A historical perspective. *Minn. Med* 1979; 62: 368-72.
3. **Malcolmson RW.** Infanticide in the eighteenth century. In: Cockburn JS (ed) *Crime in England 1550-1800*. Prince town N.J., Prince Town U.P, 1997.
4. **Westhusian CV.** A historical overview of infanticide in South Africa, *Fundamina*: 2009; 15(2): 175-77.
5. **Praveen S.** Female Infanticide. *JIAFM*. Oct-Dec 2011; 33(4): 366-69.
6. **Tandon SL.** Penal Sanctions on Violence against Women: An appraisal, In.: Centre for Social Research, Violence against Women in Delhi: Determinants and Remedies New Delhi. 1999; Centre for Social Research p. 46-57.
7. **Reddy KSN.** Infanticide. *The essentials of Forensic Medicine and Toxicology*. 32nd Ed. K. Suguna Devi, Hyderabad 2013.
8. **Saukko P, Knight B.** Knight's Forensic Pathology. Arnold, London 3rd edition 2004.
9. **Knight LD, Collins KA.** A 25-yr retrospective review of deaths due to pediatric neglect. *Am J Forensic Med Pathol*. 2005 Sep; 26(3): 221-8.
10. Hypothermia in newborn: NNF Teaching Aids: Newborn Care. Available from: www.newbornnwhocc.org/pdf/teaching-aids/hypothermia.pdf. Last accessed Dec 2013.