Attempted infanticide by insertion of sewing needles through fontanels

Report of two cases

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The insertion of sewing needles through the fontanels of an unwanted baby is apparently an ancient practice of which there are still instances. In this paper two such cases are described, one a man of 32 and the other a woman aged 31 with needles in a vertical position near the midline of the convexity of the brain. The first patient had had epileptic attacks for 8 years, and the other headache and hemiparesis for 7 months. Removal of the needles resulted in amelioration of the symptoms. The needles obviously had been introduced when the anterior fontanels were still open. The long interval before the onset of symptoms has been observed in the two other cases reported in the literature.

Key Words: infanticide · intracranial foreign body · needle · brain injury · fontanel

History of cruelty to children, especially to step-children, is as old as man. The story of Cinderella, and similar tales in the "Arabian Nights," demonstrate man's awareness of this problem. "Battered babies" have attracted a good deal of attention in recent years; in Great Britain in one year 78 cases came to the attention of the National Society for Prevention of Cruelty to Children.4

In Iran and other Moslem countries where polygamy is still practiced in spite of many restrictions in recent years, a different set of problems arise. Sadegh Hedaya,8 a contemporary Iranian writer, in one of his short stories describes how the childless wife of a farmer in Western Iran kills the babies born to another wife by inserting needles and pins into the babies' fontanels. Although villagers of Western Iran often talk of such happenings, rarely do the cases come to trial. The one such case convicted in Tehran in the last 20 years concerned a childless stepmother who had inserted 18 needles into the thorax and abdomen of a 5-year-old girl.5

We report two cases involving the introduction of sewing needles into the brain. In both cases the needles were in the midline in the posterior frontal region. As it was extremely unlikely that the needles could have entered the skull accidentally it is presumed that they were inserted intentionally before the closure of the anterior fontanel. In neither case could the culprit be identified or even suspected.

Case Reports

Case 1
A 32-year-old farmer from a small town in the northwest of Iran was admitted on September 2, 1966, for investigation of epi-
leptic attacks. His father had had two wives who lived with their children in the same household. According to his brothers the patient had always been quarrelsome; in 1958 during one of these quarrels he received a blow to the right side of his head causing a scalp laceration, which was sutured by a local physician. Two weeks after this injury he had his first fit. Since then he had had many seizures, uncontrolled by the usual anticonvulsant drugs.

**Examination.** Except for a depression in the right parietal region beneath an old scar, no abnormality was detected. Plain x-ray films of the skull not only demonstrated the depressed fracture but also two sewing needles in the midline in the posterior frontal region (Fig. 1). Neither the patient nor his brothers had been aware of the presence of these needles.

**Operation.** The depressed fracture was dealt with and the two needles were removed. The lower ends of the needles were imbedded in the brain substance and surrounded by a small amount of xanthochromic fluid. The surface of the needles was irregular and covered by a small amount of fairly adherent cream-colored hard deposit which proved to be phosphate of iron (Fig. 2).

Since operation the patient has been free of fits, and apparently he is a much more amiable person. His only medication is one tablet of Garoin at night.

**Case 2**

This unmarried woman aged 31 from northwest Iran lived only 30 miles away from Case 1. She was admitted for investigation of attacks of headache and left hemiparesis of 7 months duration. She was the only child of the family and had not had a stepmother.

**Course.** On examination the only abnormality was a slight left hemiparesis more noticeable in the left leg. Radiographs of the skull demonstrated a sewing needle in the posterior frontal region less than 1 cm from the right of the midline. This was successfully removed. One month after the operation the patient no longer complained of

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**Fig. 1.** Case 1. Lateral view of skull (left) and anteroposterior view (right).

**Fig. 2.** Appearance of the needles after extraction. The rough surface was due to coating with phosphate of iron.
Intracranial sewing needles

headache and the hemiparesis had also much improved.

Discussion

Askenasy, et al., reported two cases with intracranial sewing needles. Their first case was a woman aged 23 years suffering from epileptic attacks for 5 years. A needle was found in the right parietal region with a small defect in the bone overlying the needle. The needle was removed. The second case was a 54-year-old woman with a history of left-sided headache for 2 years. X-rays showed a needle in the midline in the posterior frontal region but the patient refused operation. We have found no other such reports.

In these two cases and the two that we have described the needles in the midline of the posterior frontal region were probably introduced early in infancy before the closure of the anterior fontanel. Although accident cannot be ruled out, it seems extremely unlikely, since in one case two needles were present and in all cases the needles had entered vertically. The upper ends of the needles were 1 to 3 cm away from the bone, which again supports the idea of intentional insertion through the soft fontanel.

Professor Askenasy has informed me that his patients had not spent their infancy in Iran, but one in Hungary and the other in Poland. This suggests that this peculiar method of attempted infanticide is not limited to Western Iran. One can speculate that jealousy, frustration, or even mental aberration provided the background for the act.

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References


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