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A neglected but prevalent tragedy

Aminata, aged 24, was admitted as an emergency suffering from fever and severe pelvic pain in February 1998. Medical examination showed signs of peritonitis and foetid leucorrhoea. She told the doctor that she had had an illegal abortion after 12 weeks of amenorrhoea. An emergency laparotomy detected an abdominal cavity filled with pus (>300 ml), many adhesions, and a 3 cm perforation of the uterus around the isthmus.

She had a hysterectomy, a left annexectomy, and a right salpingectomy. Careful peritoneal cleaning, prolonged drainage, and a long course of strong antibiotics simplified the postoperative procedure. She returned home two weeks later.

Aminata was born in Dakar. She received several years of primary education, married at the age of 17, and had two children. She divorced in 1993 and now lives with her aunt and cousins. She has had two relationships since her divorce. The first began in February 1997, and she decided to use contraception because she did not want another child. She went to a family planning centre to obtain oral contraceptives, but she did not take them regularly. This first relationship ended. In September 1997 she met a married man in regular employment. She did not plan to have a baby with him but she used no contraception. She had her last period at the end of November. She attended a clinic at the start of January although her period was only one week late. With no medical examination, she was given a prescription to "start the period."

One week later she visited another medical centre, where a midwife confirmed that she was in the early stages of pregnancy. She had already decided not to continue with the pregnancy and told her partner of her decision. He refused to accept it and left. She then contacted a childhood friend, who gave her the address of a man who performed abortions. The price was set at CFA20 000 (£25). It took her two weeks to obtain the money.

On 28 January she went to the man's house in a run down area of town. She lay down on a mattress on the floor. The man, who was alone, said that he was going to "scrape out the womb with two instruments," that she "would bleed," and that it "would hurt." An hour later she went home.

Over the next three days she lost a large amount of blood. The bleeding subsided, but she then suffered severe pelvic pain. Given the deterioration in her health, her family decided to take her to a medical centre. Without any medical examination, she was diagnosed as having acute malaria and was treated by quinine perfusion. Back home, her condition deteriorated rapidly and her mother decided to take her to the hospital, where she was admitted on 6 February.

The recent estimates suggest that between one third and a half of the 600 000 maternal deaths that occur each year result from abortion complications.¹⁻³ We must add to this overwhelmingly sad statistic the millions of women who are traumatised and mutilated, victims of inertia and fatalism.⁴

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We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.