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Psychiatric Aspects of Female Sterilization

SIR,—Intelligently applied interval sterilization by laparoscopic or other means has a very real and increasing place in the total care of women. It is to be hoped that the sane and balanced report by Dr. Myre Sim and others (28 July, p. 220) will finally dispel most of the ill-founded suspicions of serious psychiatric sequelae in anything other than a tiny minority. It is, however, a great pity that in an otherwise highly commendable article they should deprecate, with singularly little scientific evidence, the application of sterilization in the immediate postpartum or postabortive state.

In a unit where the possibility of sterilization is carefully discussed with the patient, and often with her husband, from early in pregnancy and throughout, where necessary, and a balanced decision made, sterilization in the first two postpartum days is an excellent procedure. There are a few medical

contraindications and a few cases of low parity where the outcome for the child must be first determined. The patient is already in hospital, her postpartum stay is still only 6-7 days, she does not need to return, and she goes home with a tidy, complete family. Moreover, it is probably a safer procedure than interval sterilization. The same considerations apply to termination with sterilization—that is, careful discussion and intelligent selection.

Very many women already of high parity welcome the suggestion of sterilization with termination, and the idea of coercion or a package deal would certainly be, in my experience, totally unacceptable.—I am, etc.,

JAMES WALKER

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Irradiation of the Fetus

SIR,—Radiologists in Britain are experiencing difficulty with delay in implementing the requirements of the *Code of Practice for the Protection of Persons against Ionizing Radiations Arising from Medical and Dental Use*.^{1,2} Similar considerations apply in the United States.³ The problem is to convince the referring doctor of the need to co-operate.

What the profession needs is to know how the radiation risk compares with the risks inherent in other activities. I suggest that it is fair to consider that the thalidomide problem is relevant. Thalidomide was given to many thousands of women over a period of 4-7 years for reasons that seemed pertinent to the doctors at the time. No one suggested that there was negligence. Many thousands of women are submitted for x-ray

examination for good reasons, but we now have a recommendation from a responsible committee to "reduce the likelihood of radiation of an early pregnancy."

The legal battle over 433 children who sustained harm as a result of thalidomide ended in an agreed settlement of £20m⁴—about £45,000 per child. The work of Dr. Alice Stewart on which the recommendations of the code of practice is based suggests that approximately 50 children per year die in Great Britain from childhood cancer attributed to radiation exposure in utero—that is, 500 children in 10 years unless changes are made in medical practice (Dr. Alice Stewart, personal communication). No one has yet refuted Dr. Stewart's work, and there is some support. Sir Richard Doll⁵ states that the evidence has now been

demonstrated "so often and so consistently that it cannot be challenged." Unless and until Dr. Stewart's work has been refuted ought we not to take simple steps to avoid unnecessary irradiation of the unborn child? Alternatively, if there is any serious doubt about the validity of this research the relevant recommendation of the code of practice should be rescinded.

When taking steps to implement the spirit of the code it is necessary to remember that many doctors have difficulty in appreciating a risk the consequence of which they may never see and which may be delayed for 10-15 years. It is necessary to remember the clinical pictures of children who die with childhood cancer and the pain and anguish the parents suffer. It is difficult to evaluate the loss in monetary terms as has been done for the thalidomide victims, but in general terms it appears that a dead child arouses less sympathy than a crippled one. When preparing an estimate it is necessary to bear in mind that many children with childhood cancer now survive for five years or more. My legal advisers suggest that such a child might reasonably expect to receive £20,000 in settlement.

Why are doctors unwilling to take effective action to avoid or minimize such problems?—I am, etc.,

F. H. KEMP

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¹ Department of Health and Social Security, *Code of Practice for the Protection of Persons against Ionizing Radiations Arising from Medical and Dental Use*. London H.M.S.O., 1972.

² Warwick, C., Personal communication—inquiry into the "10 day rule," summary of findings up to 28 February 1973.

³ Boice, J. D., and Burnett, B. M., *Considerations of Possible Pregnancy in the Use of Diagnostic X-rays*. Symposium of the Health Physics Society, December 1972.

⁴ O'Driscoll, J., *Daily Telegraph*, 31 July, 1973, p. 6.

⁵ Doll, R., *The Epidemiology of Leukaemia*, London, Leukaemia Research Fund, 1972.