influenced in her request by her husband) and were therefore unlawful if performed in the United Kingdom.

Although there is no decided case on this point of law, the council of the Medical Protection Society, in conjunction with the councils of the other two defence societies, took the opinion of eminent counsel, both in England and in Scotland, on the legality of human sterilization a few years ago. These opinions were that the only circumstances in which an operation to sterilize a person can be lawfully performed are those in which the operator honestly believes upon reasonable grounds that such an operation is necessary to preserve the life, or to avert serious injury to the physical or mental health, of the patient.

Counsel advised that whatever other steps a doctor may feel he should take to bring himself within the law in such cases, he should never omit (1) to make sure that such danger to life or health as is described above exists; (2) to obtain in all cases where possible a second opinion; (3) to make quite plain to the patient the nature of the results of the operation; and (4) to make sure that the patient's consent in writing is freely and fully given without undue influence by others.

Counsel also advised that if these principles are properly applied both surgeon and patient should be safe from any suggestion of infringement of the criminal or civil law. If, however, the operation is unlawful then it may very well be that both surgeon and patient will have rendered themselves liable to a criminal charge and possibly the patient in certain circumstances to divorce proceedings based on cruelty.—I am, etc.,

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Accidental Arsenical Poisoning

SIR,—In view of the report (July 16, p. 242) of death following the use of "S.V.C." pessaries the following case history may be of interest.

A patient, aged 41, developed a heavy vaginal discharge due to *Trichomonas vaginalis*, which did not respond to "sterisil" (hexetidine) gel or "penotrane" (phenylmercuric methylenebis) pessaries. There was no previous history of drug allergy, and a three months' course of S.V.C. pessaries (twice daily) was begun on February 19, 1960. Ten days later the patient complained of frontal headache, which gradually increased in intensity over the next fortnight. On the morning of March 15 she was found unconscious in bed and was admitted to hospital. On admission she had recovered consciousness but was still drowsy and showed marked mental confusion, but there were no other localizing signs in the central nervous system.

The investigations showed the cerebrospinal fluid to be normal in pressure and content. A blood count and *x*-ray examination of the skull and chest were also normal. The electroencephalogram was abnormal, showing paroxysmal outbursts of 2–3 c/s slow waves of high voltage throughout both hemispheres, but more marked over the frontal regions than elsewhere. For the next five days drowsiness and mental confusion alternated with periods of relative alertness, although at no time was the mental state normal. Five days after admission she had a major convulsion and her general condition deteriorated rapidly. Further E.E.G. recordings had shown a persisting abnormality similar in type to the first record; this, taken in conjunction with the clinical picture, gave support to a diagnosis of "encephalitis" possibly of allergic type.

She was given hydrocortisone 100 mg. intramuscularly and prednisone 10 mg. four-hourly. Within 24 hours there was a rapid improvement in the patient's clinical condition, and in a further 48 hours she was alert and co-operative. Treatment with steroids was gradually reduced, and discontinued after four weeks. The E.E.G. abnormality persisted for a fortnight, but then reverted gradually to normal over a period of three months. She is now quite well.

Encephalomyelitis has been reported following small doses of carbarsone orally in the treatment of amoebic disease.[1] Furthermore, encephalopathy is now a well-recognized complication of treatment with N.A.B., and there is no apparent relationship between the severity of the disease and the dose used.[2 3] Study of the case reports shows that symptoms usually appear within two to three weeks of commencing treatment.

In the case referred to in the *Journal* (July 16) death followed the use of S.V.C. pessaries, and it was considered that death was due to acute arsenical poisoning. The history of the patient described above, where the onset of symptoms occurred within 10 days of starting treatment (a total of 80 gr. of acetarsol being used), gives some grounds for the belief that encephalopathy may complicate treatment with arsenical pessaries.

I wish to thank Dr. E. C. Hutchinson for permission to refer to the hospital notes.

—I am, etc.,

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2 Ransome, G. A., Paterson, J. C. S., and Gupta, L. M., *Brit. med. J.*, 1945, **1**, 659.
3 Halcrow, J. P A., ibid., 1943, **1**, 663.

Long Cord

SIR,—I was most interested to read Dr. P. F. R. Lankester's letter (July 23, p. 311) in which he reports an umbilical cord 165 cm. in length. This is one of the longest cords reported in recent literature but is not a record.

In their series of 177 cases, Walker and Pye[1] report the longest cord as 121.9 cm., and in a personal series of 110 cases studied at this hospital the longest cord was 120 cm. However, Gardiner[2] quotes Leray who reported the length of the umbilical cord in 10,457 cases, the longest in this series being 172 cm. In the same article he mentions a case reported by Cazeau, in which the umbilical cord was 300 cm. long; this surely must be the record.—I am, etc.,

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1 Walker, C. W., and Pye, B. G., *Brit. med. J.*, 1960, **1**, 546.
2 Gardiner, J. P., *Surg. Gynec. Obstet.*, 1922, **34**, 252.

Pitfalls in the Treatment of Tuberculosis

SIR,—The following case reveals yet another hazard associated with the treatment of tuberculosis.

A 6-year-old boy was admitted to hospital with an acute primary pulmonary tubercular complex. He had not been immunized against poliomyelitis (on the grounds that he was asthmatic). He was treated initially by rest in bed. His condition deteriorated. Isoniazid by mouth and streptomycin by injection were added, the injections being given in alternate buttocks. His condition gradually improved, the temperature slowly settled, appetite improved, the E.S.R. began to drop. Six weeks after the start of chemotherapy, when his condition had ceased to cause anxiety, he suddenly