

manner. I hope, on reflection, that he will consider this unfair both to your readers and to my obscure self. A true and acceptable judgment can surely only be formed by actual trial.—I am, etc.,

London, N.W.8.

MILOSH SEKULICH.

The Broken Acrylic Head

SIR,—The Judet arthroplasty is only a step in the development of arthroplasty of the hip. The design of the prosthesis is not perfect and will be modified before the best possible design has been arrived at. The present design is only satisfactory and gives good results provided that the head is so placed that the weight is evenly distributed on the rim and on the stem, and that the head is placed in healthy bone with a reasonable blood supply. The result will be satisfactory provided the fitted prosthesis does not rotate, be-

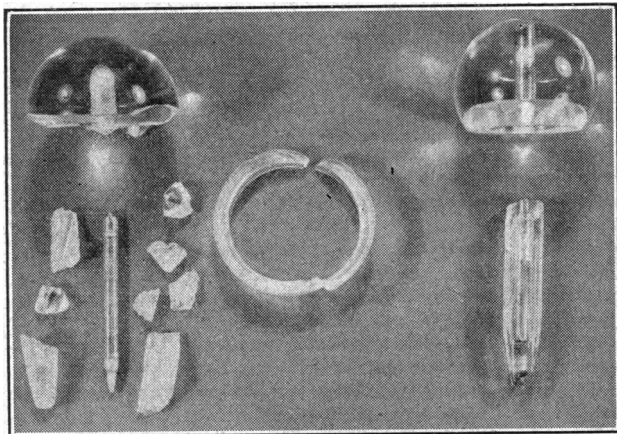


FIG. 1

come loose, or tilt, transferring all the weight to the rim, which sooner or later will break (Fig. 1). After the rim has broken the whole weight comes on to the stem, which is not strong enough to stand the strain, and therefore a fracture occurs.

In my experience, 6% will fracture in the first two years after the operation, and, after a longer interval, the breakage rate will probably be very much greater. I know of three cases of fractures in my own series, and of three cases belonging to other surgeons. An examination of these broken heads suggests that the rim fractures first, and that the stem will not support the weight of the body without the rim taking a large proportion of that weight. The metal insert is too small to be of any use and only weakens the acrylic stem, which would, in my opinion, be much stronger without the present metal insert. Shearing tests have proved this to be a fact.

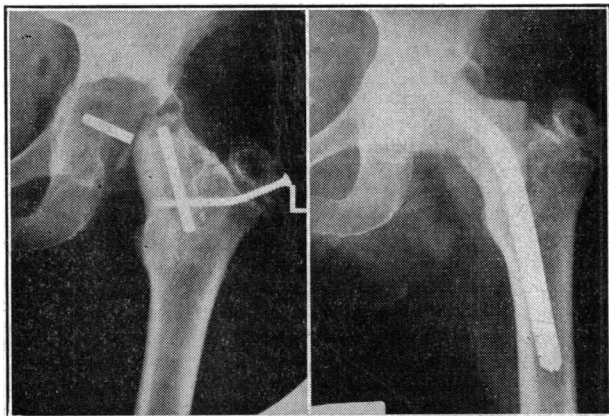


FIG. 2

FIG. 3

The signs and symptoms of a loose prosthesis are pain and spasm of the hip with marked deterioration of function once a fracture of the acrylic head has occurred. After two years of vigorous use, appreciable wear of the rounded head can be seen. Following a fracture of the rim and neck (Fig. 2), the case presents as a typical fracture of the neck of the femur, with external rotation, shortening, pain, and spasm.

The treatment of these cases of broken acrylic heads is a problem which must be faced. The fitting of a larger prosthesis of the same design does not solve the problem. A much more extensive prosthesis, such as that shown in Fig. 3, is a very satisfactory method of overcoming this problem, and gives excellent results.

I feel that the present Judet head is going to cause considerable trouble, and should be supplanted by a prosthesis which is more adequately anchored in a situation where the circulation of the bone is not affected by the disease process.—I am, etc.,

Bristol, 8.

K. H. PRIDIE.

The General Practitioner and the Psychiatrist

SIR,—I should like to make two comments on the interesting article on this subject by Dr. N. J. Bodkin and others (*Journal*, September 26, p. 723). The authors state (p. 724): "Unlike the depressive illnesses, it is not essential to treat neurosis." To many of us this will seem not only a sweeping but a hazardous generalization. The patient who "suffers agonies" (his own words—but there is no reason to disbelieve him) when he has to travel to work in a crowded bus or train; whose sleep is greatly disturbed; who grows increasingly agitated and distressed; who may become housebound and in the end bedridden—this patient is suffering from a neurosis. But is it therefore "not essential" to treat him?

I wonder if it is true that the "majority (of marital problems) can be dealt with satisfactorily by the general practitioner." Many doctors and many patients would dissent. A great deal depends on the personality, experience, and emotional maturity of the practitioner; but there are other considerations. Most of such problems are caused, or at any rate complicated, by the projection upon the marriage partner of unresolved and indeed unconscious conflicts, which to be properly understood and wisely handled require psychological skill, knowledge, and training. Not every G.P. is so equipped to deal with them. If "a legal and not a psychiatric opinion is indicated," this is often because "the psychiatric symptoms [which] have arisen as a result of marital disharmony" have been disregarded too long. It would be unfortunate if your readers were left with the impression that patients with marital troubles should be referred to a psychiatrist, not because he is likely to be of much help, but because he will relieve the G.P. of the nuisance of "legal entanglements."

Stresses and strains within the marriage relationship, severe enough to be brought to the doctor's notice, may often, if properly treated, lead, not to the solicitor's office and thence the divorce court, but to a greater self-knowledge on the part of husband and wife, and in the end to a more stable and fruitful relationship.—I am, etc.,

London, W.1

G. L. RUSSELL.

Modified Leucotomy Operations

SIR,—Dr. William Sargant's contribution (*Journal*, October 10, p. 800) is of immense importance in that it widens the applicability of leucotomies to almost universal proportions. He states: "Psychiatry often creates insoluble difficulties for itself when we leave the patient's bedside and become too involved in speculative philosophical issues." But leucotomy is the only operation performed for ill-defined reasons on healthy tissue by a technique which is purely and irrevocably destructive, and for a therapeutic result which is often unpredictable. Dr. Sargant maintains, not surprisingly, that these patients with the best-preserved personalities will