Complication of Austin Moore Prosthesis

SIR,—Most orthopaedic surgeons know that the stem of an Austin Moore prosthesis may perforate the shaft of the femur if misdirected on insertion (fig. 1). Nevertheless, Morris and Udigawa¹ and Smith *et al.*² do not mention this complication in their reviews of cases of arthroplasty with this prosthesis. Probably this is because the x-ray facilities available in operating theatres in western countries enable a misplacement of the prosthesis to be seen and corrected during operation. Many hospitals in India, however, and perhaps in other developing countries, do not have portable x-ray apparatus for routine use in operating theatres and a misplacement may not be diagnosed until later. We have therefore devised the following method of checking during operation that the shaft of the prosthesis is correctly positioned.

FIG. 1

FIG. 2

Before proceeding to insert the prosthesis a hole 3 mm in diameter is drilled in the shaft of the femur through to the bone cavity about 10 cm below the great trochanter near the attachment of the adductor magnus muscle. This hole enables a probe to be inserted (fig. 2) to check, firstly, the position of the rasp and, secondly, the position of the stem of the prosthesis after insertion. If the probe does not sound the stem it is clearly lying outside the marrow cavity.

We have found this procedure simple and effective and we now carry it out routinely. Another indication of the positioning of the prosthesis may be gained from examining the rasp after withdrawal. If it is coated

with blood rather than blood tinged with yellow marrow tissue probably the shaft of the femur and the periosteum and soft tissues have been penetrated.—We are, etc.,

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¹ Morris, J. B., and Udigawa, E., *Journal of Bone and Joint Surgery*, 1969, 51B, 197.

² Smith, D. M., *et al.*, *Journal of Bone and Joint Surgery*, 1972, 54A, 1796.

"Locked-in" Syndrome

SIR,—Dr. C. H. Hawkes (16 November, p. 379) makes no reference to the work of Kahn *et al.*,¹ who described this symptom-sign complex in 1969. In one of their cases basilar artery thrombosis was an aetiological factor. At necropsy softening of the base of the pons near its rostral border had destroyed the corticospinal tracts and corticonuclear fibres to cranial nerve nuclei except that the midbrain aberrant pyramidal pathway was spared bilaterally.

Kahn *et al.* named this condition the "Monte Cristo syndrome" after a character named M. de Noirtier in *The Count of Monte Cristo* by Alexander Dumas, who had been stabbed in the head during a duel. His survival was characterized by total paralysis except for his eyes and lids. His granddaughter and servant were able to communicate with him through his ability to look upwards and to raise and lower his eyelids. By these means he drew up a will before a notary public.—I am, etc.,

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¹ Kahn, E., *et al.*, *Correlative Neurosurgery*, p. 207. Springfield, Thomas, 1969.

SIR,—I have seen this syndrome (16 November, p. 379) once in general practice—apparently as a result of migraine. The patient recovered within an hour or two. I do not know how commonly migraine causes this.—I am, etc.,

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Kidneys for Transplantation

SIR,—For several years now, as a consultant neurosurgeon, I have been asked about the availability of kidneys for transplantation from patients who have suffered severe head injuries and in whose cases I have been able to say that they would never have recovered consciousness, dressed or fed themselves, recognized relatives, or been able to understand the world about them. I have never felt that my medical training gave me the authority to say that my patients should die by my hand. In this dilemma I wonder if the following suggestion would be more ethical. Given that a patient is in such a state as never again to become conscious or to enjoy even the simplest aspects of normal life, would it not be possible for such a patient to be transferred to a renal unit, with the relatives' permission, so that a direct transplantation of one kidney could be

passed from this patient to a renally damaged patient. In this way there would be no suggestion that my patient's life expectancy would necessarily be shortened and, moreover, the actual kidney donated would be in a much better state for the recipient.

I have not in any way discussed this with any of my colleagues, medical or lay. Perhaps your correspondence columns might aerate this subject.—I am, etc.,

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Choice of Contraceptives

SIR,—Though your recent leading article on choice of contraceptives (14 September, p. 642) was largely related to Britain the same range of choices are often suggested for developing countries. This is perhaps characteristic of Western "linear" scientific conditioning which too often ignores the age-old "curved" biotraditional method of child spacing—that is, lactation. This old wives' tale has been difficult for technological medicine to accept. However, recent investigations have shown increasingly that suckling at the breast induces a neuro-endocrinological reflex with release of pituitary prolactin (and other hormones) and with a contraceptive anovulatory effect.

This biological spacing of offspring should come as no surprise. All mammals have some such technique, usually via a mating or rutting season. Man has extended mating to a pleasurable year-round pursuit, so that lactation-induced child spacing took the place of spaced breeding seasons. Recent community investigations have endorsed the effectiveness of this biological system, provided breast feeding is of the traditional pattern—unrestricted, on demand, permissive.¹⁻⁴ Conversely, "token" breast feeding leads to decreased prolactin secretion and hence a diminished contraceptive effect. Rosa⁵ has recently calculated that at present the woman/year conception protection rate in the world is greater from breast feeding than from technological methods of family planning.

From a practical view point this means that failure of breast feeding in communities in resource-poor, less technically developed countries has a great and under-appreciated anticontraceptive effect, quite apart from nutritional, anti-infective, and economic considerations.⁶ The need seems clear—to try to devise the best system of child spacing and family planning which combines modern "linear" technology with the ancient "curved" biotraditional. Research into such "curvilinear" compromises is urgently needed.⁷—We are, etc.,

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¹ Bonte, M., and Van Balen, H. J., *Journal of Biosocial Science*, 1969, 1, 97.

² Jain, A. K., *et al.*, *Demography*, 1970, 7, 255.

³ Van Ginneken, J. K., *Studies in Family Planning*, 1974, 5, 201.

⁴ Jelliffe, D. B., and Jelliffe, E. F. P., *Journal of Pediatrics*, 1972, 81, 829.

⁵ Rosa, F. Personal communication.

⁶ Jelliffe, D. B., and Jelliffe, E. F. P., *Human Milk in the Modern World*. In press.

⁷ Jelliffe, D. B., and Jelliffe, E. F. P., in *Proceedings of International Conference on Nutrition, Agriculture and Economic Development in the Tropics*. INCAP, Guatemala City, 1974.