

followed up 52 patients after knee revision. Infection was noted in 4% of patients, and 2 patients had aseptic loosening. Poor results were obtained in 29% of patients.

Shindell and colleagues,<sup>7</sup> using the Noiles knee, reviewed 18 patients with knee replacement. In 56%, the operation failed within 32 months. No indications were given. Egsted, Olsen and Krogh<sup>8</sup> reported on the use of the St. George hinge prosthesis in 38 knees. There was a loosening rate of 3.5% and an infection rate of 3.8%. Indications were not given.

The St. George hinge, the original Guepar prosthesis, and the original Noiles knees are now obsolete. Except with these components, loosening has not been a major problem. Extensor mechanism problems do exist and may in part be due to the fixed-axis nature of these prostheses. When most of these prostheses were used, however, the need to externally rotate the femoral component slightly was probably unrecognized. A rotating platform tibial component may help with patellar mechanics. The majority of extensor mechanism problems we experienced, however, related more to multiple surgeries with consequent problems with blood supply to the extensor mechanism than to the prosthesis.

Infection remains a concern, and the problems experienced in removing a cemented long stem may be formidable and make re-revision exceedingly difficult, although the advent of the modular hinge prosthesis may render this possible.

With the availability of posteriorly stabilized knees, constrained condylar knees and other knees with modular stems, some of the original indications used in this series no longer apply. The main indication that we still feel exists is anteroposterior instability, especially if there is a very large flexion

gap in comparison to the extension gap, complete absence of the medial collateral ligament and lateral rotational instability due to complete absence of any lateral stabilizing structures. Complete absence of any functional extensor mechanism also requires a hinge prosthesis capable of slight hyperextension to allow a swing-through gait.

**References**

1. Cameron HU, Jung YB. Hinged total knee replacement indications and results. *Can J Surg* 1990;33(1):53-7.
2. Insall JN, Ranawat CS, Aglietti P, Shine J. A comparison of four models of total knee replacement prostheses. *J Bone Joint Surg [Am]* 1976;58(6):754-65.
3. Cameron HU. Femoral neck stress fracture after total knee replacement. *Am J Knee Surg* 1991;34:625-6.
4. Blauth W, Hassenpflug J. Are unconstrained components essential in total knee arthroplasty? Long-term results of the Blauth knee prosthesis. *Clin Orthop* 1990;258:86-94.
5. Hoikka V, Vankka E, Eskola A, Lindholm TS. Results and complications after arthroplasty with a totally constrained total knee replacement. *Ann Chir Gynaecol* 1989; 78:94-6.
6. Karpinski MR, Grimer RJ. Hinged knee replacement in revision arthroplasty. *Clin Orthop* 1987;220:185-91.
7. Shindell R, Neumann R, Connolly JF, Jardon OM. Evaluation of the Noiles hinged knee prosthesis. A five-year study of seventeen knees. *J Bone Joint Surg [Am]* 1986;68(4):579-85.
8. Ejsted R, Olsen NJ, Krogh P. St. George hinge knee prosthesis. A 2.5 to 8 year follow-up. *Arch Orthop Trauma Surg* 1985;104:218-23.

This list is an acknowledgement of books and other media received. It does not preclude review at a later date.

Cette liste énumère les livres et autres documents reçus. Elle n'en exclut pas la critique à une date ultérieure.

**3-D Human Anatomy Models.** CD-ROM (demonstration software). Visible Productions, LLC, Fort Collins, Colo. 1996. (Contact: Chris D. Olmstead, Director Sales & Marketing, tel 800 685-4668, fax 970 407-7248, [visiblep@aol.com](mailto:visiblep@aol.com), [www.visiblep.com](http://www.visiblep.com))

**Handbook of Physiology. Section 13: Comparative Physiology.** Volumes I and II. Edited by William H. Dantzler. 1824 pp. Illust. Published for the American Physiological Society by Oxford University Press, New York. Oxford University Press Canada, Toronto. 1997. Can\$421.95 (2 volumes). ISBN 0-19-507419-X (2 volumes)

**Non-Standard Medical Electives in the U.S. and Canada.** Kenneth V. Iserson. 150 pp. Illust. Galen Press, Ltd., Tuscon, Ariz. 1997. US\$15.95. ISBN 1-883620-12-0

**Positioning in Anesthesia and Surgery.** 3rd edition. Edited by John T. Martin and Mark A. Warner. 345 pp. Illust. W.B. Saunders Company, Philadelphia. Harcourt Brace & Company, Toronto. 1997. Can\$109. ISBN 0-7216-6674-4

**Shoulder Surgery.** Edited by Stephen A. Copeland. 361 pp. Illust. W.B. Saunders Company Ltd., London. Harcourt Brace & Company, Toronto. 1997. Can\$145. ISBN 0-7020-2063-X

**A Textbook of Paediatric Orthopaedics. From the Royal Children's Hospital, Melbourne.** Edited by Nigel S. Broughton. 336 pp. Illust. W.B. Saunders Company Limited, London. Harcourt Brace & Company, Toronto. 1997. Can\$145. ISBN 0-7020-1962-3