

RESUMEN

Se presenta el diagnóstico etiológico y la edad de los primeros 300 reemplazos totales de cadera, efectuados en el Hospital for Special Surgery. Se comentan los resultados y complicaciones de los 100 primeros casos, con una evolución mínima de catorce meses y máxima de treinta y ocho (promedio, veintidós meses).

RÉSUMÉ

On presente le diagnostic etiologique et l'âge de les premiers 300 réformes compétes d'hanche, réalisées dans l'Hôpital de Chirurgie Spécial. On commente les resultats et les complications de les 100 premiers cases avec l'évolution la plus petite de 14 mois et l'évolution la plus grande de 38 (moyenne 22 mois).

SUMMARY

The paper presents the etiological diagnosis and the mean age of the first 300 total hip replacements performed at the Hospital for Special Surgery. The complications and the results of the first 100 cases are studied with a minimum evolution of 14 months and a maximum post-op of 38 (mean: 22 months).

REFERENCES

Charnley J. Acrylic cement in orthopaedic surgery. Edinburgh and London: E&S Livingstone; 1970.

Commentary

It is a pleasure to read Dr Salvati's paper published thirty-four years ago in the Journal of the Spanish Society of Orthopedic and Trauma Surgery. The article was written on the basis of the long experience that by then had been gained by the *Hospital for Special Surgery*. The author, who still practices in the same Centre, is nowadays Director of the Hip and Knee Unit as well as Professor of Orthopedic Surgery at Cornell University.

The Unit under Dr. Salvati's authority currently carries out 2,600 hip replacements a year, which makes it the most experienced centre in the U.S. for that type of procedure.

The *Hospital for Special Surgery* of New York is famous throughout the World for the diagnosis and treatment of knee joint problems, with more than 1800 prosthetic replacements a year, 40% more than the second busiest center in the U.S. dealing with knee prostheses. These figures added to the prestige of the surgeons that work and have worked at the Center give us an idea of the type of environment in which this paper was written.

It was undoubtedly a privilege for our Journal to publish in 1971 a paper by Eduardo A. Salvati and Philip D. Wilson Jr.

On reading this paper, a few aspects stand out. First of all, the fact that it was written in easily understandable language. At the beginning of the career, Eduardo Salvati was already a good communicator. He is very well-known in Spain since he has come to our country on many occasions

to give lectures; indeed, it is an asset to have him in our scientific meetings and congresses given his eloquence and his didactic style. Another striking factor is the aptness with which he chose his implants: in the 1960's he implanted 120 Charnley's prostheses in 3 years, a choice which seems to have been right since with very few modifications (i.e. the use of a slightly straighter stem and a slightly longer neck) remains the gold standard in hip surgery. Yet another noteworthy fact is his choice of an evaluation scale that took into consideration mobility, gait and functional capacity – a classification that was later on slightly modified by Merle d'Aubigné, who came up with a highly popular scale in the present time.

The reader may be surprised by the high infection rate at 12%, which was nevertheless fairly common in those days. Great strides have been taken since then to reduce the rate to the current 1.7% rate for hip prostheses (1.3% correspond to revisions of primary hips and 3.2% to revision surgeries). A significant part of the advances made should be credited to Eduardo Salvati, who devoted a great deal of energy to minimizing the risk of periprosthetic infections.

His work on antibiotic dispensing cement, on the review of 3175 arthroplasties performed with or without horizontal or vertical laminar flow and his many papers on periprosthetic infection have contributed to improving the hopes for success that most of our patients harbor.

It would seem that the discouraging figure for hip periprosthetic infections (13.7%) between 1939 and 1970 at the *Hospital for Special Surgery* led him to devote most of his efforts to try and improve these results.

The experience of hip arthroplasty that has been gained in the last few decades has contributed to the improvement of designs, materials and both cementation and surgical techniques. These factors have obviously had an influence upon the results obtained. Indeed, we can nowadays expect good or excellent results at 10 years in over 95% of our patients.

I would finally like to address younger orthopedic surgeons. It is not at all the case that all that we do today is better than what was done in the past and that all that is done

tomorrow will overshadow what we have today simply because it is more modern. Scientific progress does not destroy the value of the facts observed by those that have preceded us; on the contrary, it complements them, maybe slightly modifying the global result but retaining in it the elements that have contributed to its coming about.

The work of Eduardo A. Salvati and Philip D. Wilson Jr. On total hip replacement, its results and complications is evidence of the above.

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