1. **Rogmark C, Carlsson Å, Johnell O, Sernbo I.** A prospective randomised trial of internal fixation *versus* arthroplasty for displaced fractures of the neck of the femur. *J Bone Joint Surg [Br]* 2002;84-B:183-8.
2. **Calder SJ, Anderson GH, Jagger C, Harper WM, Gregg PJ.** Unipolar or bipolar prosthesis for displaced intracapsular hip fracture in octogenarians: a randomised prospective study. *J Bone Joint Surg [Br]* 1996;78-B:391-4.
3. **Parker MJ.** The management of intracapsular fractures of the proximal femur. *J Bone Joint Surg [Br]* 2000;82-B:937-41.

Authors' reply:

Sir,

I thank Mr de Roeck for his interest in our article.

When the material is divided into age groups, the rate of failure is 14/31 (45%) in the youngest group, aged from 70 to 74 years (Table I). We therefore concluded that primary arthroplasty was suitable for patients aged 70 years and older.

Table I. Outcome at two years after internal fixation

Age (yrs)	Number	Successful	Failure	Uncertain	Died <4 months
70 to 74	31	14	14	2	1
75 to 79	51	30	18	1	2
80 to 84	62	29	30	1	2
85 to 89	52	25	23	1	3
>90	21	6	8	4	3
Total	217	104	93	9	11

We now use this scheme when treating displaced fractures of the femoral neck. Consequently, all patients under 70 years receive internal fixation (Hansson hook pins). In an on-going follow-up study of patients treated in the first year using this system, we found that the rate of failure was high even in this younger population. Of 25 patients with displaced fractures of the femoral neck aged under 70 years, 11 (44%) were considered to be failures within one year. All had reoperations, ten by total hip replacement and one by hemiarthroplasty.

I do not think that in an average population of patients with hip fractures there are those who would be considered to be biologically fit 70-year-olds unless higher-energy trauma has occurred. If a patient is frail enough to sustain a hip fracture after low-energy trauma, she or he is frail enough to develop healing complications as well, regardless of age.

I think it is reasonable to have an age limit to guide the choice between internal fixation and arthroplasty. The younger a patient is, the greater is the chance that she or he will endure a second procedure if necessary. The possible preservation of the femoral head is of course a benefit. Which age limit to apply, biological or chronological, will still be a matter of debate. Perhaps different populations (urban or rural, high or low incidence of osteoporosis, etc) should have different guidelines.

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Sweden.

Correction

White SP, Porteous AJ, Newman JH, Mintowt-Czyz W, Barr V. Arthrodesis of the knee using a custom-made intramedullary coupled device.

J Bone Joint Surg [Br] 2003;85-B:57-61.

On page 59 Table I was reproduced incorrectly. The correct table is shown opposite.

Table I. Details of the nine patients who underwent arthrodesis using a Mayday nail and the 17 treated by alternative techniques

	Mayday nail	Alternative techniques
Number of patients	9	17
Mean age in years (range)	68 (39 to 91)	64 (35 to 82)
Gender		
M	3	5
F	6	12
Mean number of previous procedures (range)	1.3 (1 to 3)	2.82 (0 to 8)
Previous history of infection (%)	67	65