

*Soleus*.—An origin from the upper portion of the fibula posteriorly; it is joined by the gastrocnemius tendons and the tendo-achillis tendon thus formed passes to its insertion into the os calcis.

*Peroneus Longus*.—Arises from the posterior surface of the fibula, below and slightly external to the origin of the soleus.

*Peroneus Brevis*.—Arises below the peroneus longus, the two muscles being in line. The tendon of the peroneus longus is small and passes down between the malleolus and the outer side of the os calcis to the base of the fifth metatarsal bone, it then crosses the sole to its normal insertion on the inner side. The peroneus brevis lies in front of the peroneus longus on the outer side of the os calcis. It is an unusually large and powerful tendon, and goes to the fifth metatarsal bone.

*Small Muscles of the Foot*.—Nothing of interest or peculiar was observed with regard to them. They were present apparently in normal relations.

The vessels were not injected, so that it was difficult to ascertain the accurate relations of the deeper vessels and nerves. The ligaments were apparently shortened on the plantar aspect of the foot, and elongated on the dorsal aspect, the shortening was more marked on the inner margin.

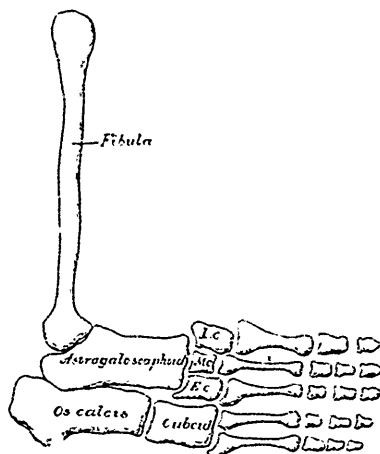
*The Bones*.—After removal of the soft parts the following points were noted concerning the bones:

*Fibula*.—This was the only bone present in the leg. Its general conformation was like that of the normal bone, but the margins were not so sharp, they were somewhat rounded off and there was no interosseous ridge. The upper portion terminated in a head closely approaching the normal condition, the articular facet was not found, although looked for. Below the bone terminated in an expanded portion, which was in shape somewhat like the external malleolus of the normal foot, but was much longer in an antero-posterior direction. An articular facet existed on its inner side of considerable extent, the articular surface for the astragalus being apparently continuous with the articular surface for the tibia. The foot is so completely inverted that the articular surface on the fibula articulates with the superior and to a very limited extent with the internal surface of the astragalus. The foot is in this way turned so that the inner margin

looks upwards and outwards and the sole looks upwards and inwards.

*Astragalo-scaploid*.—The bone which I have referred to above as the astragalus, is in reality both astragalus and scaphoid, the two bones being joined into one. This bone is somewhat elongated in form and tapers somewhat, the larger end being that representing the astragalus. This bone articulates behind with the fibula in the manner described. The os calcis articulates with it below on its inferior surface and the cuboid along its outer surface anteriorly. The anterior face of the bone articulates with the three cuneiform bones. There is no apparent tubercle on the scaphoid.

*Os Calcis*.—Fairly normal in shape. The sustentaculum tali is well marked as also are the tubercles on the under surface. The peroneal tubercle is not distinguishable. The bone articulates above with the astragalus and with the part of the same bone anteriorly which seems to represent the scaphoid. The bone articulates in front with the cuboid.



*The Cuboid*.—Articulates with the external cuneiform and with the anterior end of the scaphoid in front with the third, fourth and fifth metatarsal bones.

*Internal Cuneiform*.—Articulates behind with the scaphoid, in front with the first and second metatarsal bones externally with the middle cuneiform.

*Middle Cuneiform*.—Articulates behind with the scaphoid, in front with the second metatarsal bone, to the inner side with the internal cuneiform bone, to the outer side with the external cuneiform.