astragalus, perched on the upturned end of os-calcis, and there is always a marked degree of insecurity. As in children the simple erasion of the ankle joint in not sufficient to permanently secure the foot as growing bones are not able to resist so great a tendency to recurrence of the instability. Recognizing this, Whitman does what he calls an astragalectomy, arthrodesis, tendon—shortening, and backward displacement of the foot. The astragalus is removed after division of external lateral ligaments, and this allows sufficient freedom of movemement of the foot to slip it bodily backward, thus carrying the centre of gravity of the leg further forward toward the centre of the foot

D. H., eight years of age, marked calcaneus deformity from complete paralysis of the calf-muscles, the os calcis being up-turned with its long axis almost in line with the posterior surface of the flattened calf. Spring supports were tried without avail, as he succeeded in breaking any and all forms of support in a very short time. Two years ago the tendo Achillis was shortened and arthrodesis at the ankle performed. Deformity recurred by reason of great mobility at other tarsal joints. Whitman's operation was performed, and balance of the astragalus, and a portion of the scaphoid removed, after division of the external lateral ligaments. The whole foot was displaced backward so that the tibia came in contact with the anterior end of the os calcis, cuboid, and scaphoid. Wound was closed in the ordinary way, and a fixed dressing applied for eight weeks. The boy has now a secure base of support without deformity, without possibility of recurrence, and can walk long distances without apparatus.