

ing the right foot to be operated upon, immediately behind the scaphoid tubercle, as in Chopart's operation; the incision, however, instead of being carried over the dorsum, is firmly carried directly across the sole of the foot to the opposite limit of Chopart's dorsal incision—namely, a thumb's-breadth behind the base of the fifth metatarsal bone. This incision strikes directly on the articulation between the os calcis and astragalus behind, and the scaphoid and cuboid in front; the joint is now opened by severing the ligaments on the sole and sides. The second or upper incision is carried firmly from the middle of one malleolus directly across the back of the ankle to a corresponding point on the opposite side. The upper and lower incisions are now united on each side by a straight lateral cut down to the bones. The ankle joint is disarticulated from behind, and now the free astragalus and os calcis are carefully removed from the soft parts in front; this is the only part of the operation where a serious mistake may be made. The anterior tibial artery being now the sole dependence of the foot for blood supply, a wound of that vessel, through rough or careless surgery, would ruin the operation. The articular surface of the tibia, with the malleoli, as also the corresponding cartilaginous surfaces of the scaphoid and cuboid having been removed by the saw, the two bony surfaces are brought together, care being taken that the foot be in the proper line; the scaphoid is pegged, nailed or wired to the tibia, drainage tubes inserted, the wound sewed up and antiseptically dressed, a starch, stiff muslin or plaster bandage is applied outside to give support.

This operation was very successfully performed here a few weeks ago by Dr. I. Salzer, assistant to Professor Billroth. In this case, the lower three inches of the fibula, with the associated soft parts, being diseased (tuberculosis), had to be removed; a sole flap was ingeniously retained on the foot to fill up the defect. The greatest difficulty in the operation in this case was the very free bleeding from this sole flap; in an ordinary case this, of course, would not occur, and it was, at least in this, far from satisfactory. It showed the very free supply of blood afforded to the foot by the anterior tibial artery. Tenotomy,