ON TWO CASES OF EXCISION OF THE ASTRAGALUS FOR INJURY.

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The astragalus is not very frequently removed except in the course of the operation of excision of the ankle or for correcting the deformity in the severer forms of club-foot. The two cases narrated below have many points of interest. In both, iniury necessitated the operation; in one case the traumatism caused dislocation with fracture, and in the other dislocation alone. Both cases resisted all efforts at reduction. In one case this was apparently due to the fact that the tendon of the tibialis posticus had in some way become tightly stretched over the outer surface of the astragalus and thus prevented its reduction. The case of fracture, which afterwards became compound, resulted from jumping off a train whilst in motion, and within the last few years I have seen several cases which were due to the same cause, though in all these cases the fracture was simple. patients recovered with useful feet but stiff ankle-joints, and with some deformity. In the cases of excision the result was much better, and the patient could move about with more freedom and less limping, although there was more shortening. In the case of fracture, there was also dislocation of the anterior fragment. The character of the fracture was of interest. The astragalus was broken into three pieces, the central portion corresponding to the part covered by the lower articular surface of the tibia. The anterior portion was formed by the head and the posterior by the projecting portion of astragalus which is grooved for the tendon of the flexor longus hallucis muscle.

Case I—Dislocation of the Astragalus, with fracture of the inner and outer malleoli of the ankle-joint.—M. G., aged 25, a pedlar, was admitted into hospital July 10th, 1886, with the following history. On 27th May last fell out of a waggon and caught left foot in wheel; in this way twisted ankle. On being released, found foot out of place and could not walk. Twelve hours after accident, was seen by Dr. H. Stevenson of Wake-