

the divided end of the fibula was firmly implanted in a cup-shaped depression in the stump of the tibia.

This operation was performed the end of January, 1903. In September, 1903, the patient walked well with the help of two lateral splints as a support to the ankle joint owing to a tendency towards eversion of the foot.

In October, in order to better establish the balance of the foot, a second operation was performed on the lower end of the fibula to the lower fragment of the tibia. This gave the solidity required, and was an excellent result. The radiogram in the article shows the fibula to have developed practically to the size of the tibia of the other leg, and the patient plays games just as other boys, the only present functional defect being the bowed leg and $\frac{3}{4}$ -inch shortening.

As an object lesson, the writer would keep the leg at rest between the two operations and thus avoid the bowing of the fibula and the slight eversion of the foot.

Photographs and radiograms accompany the article.

The second article is by T. S. Stone, Boston. *Annals of Surgery*, October, 1907. He reports a similar case to that of the previous writer, and the first stages were carried on identically. After eleven weeks there was moderate union which was quite solid two months later. $5\frac{1}{2}$ months after the first operation the patient was again operated on, and in this case the lower end of the fibula was fully exposed and then carefully split, the periosteum being first carefully incised to prevent stripping it from the bone. The two fragments were then carefully sutured into the main shaft near the former junction of the upper part of the fibula and the lower part of the tibia. The result corresponding to that of Huntington's case.

[Codman in *Annals of Surgery*, June, 1909.]

A report of a case almost identical with the preceding. In this case there occurred union between the lower end of the fibula and the united tibiofibular shaft, *per se*, without the second operation.

All three reports demonstrate the rapid development of the new shaft to fulfil the functional demand, and the preservation of the ankle joint allowed for the proper balance of the foot.

The previous articles, and having recently seen some of Carrel's work in the Rockefeller Institute suggested the review of some very interesting articles by Lexer, of Königsburg, on joint-ankylosing and joint-transplantation.

Three are referred to: