ankle. I gave her to understand that it might not be too late to remedy the displacement so that she could walk. At this time the way she went about the house was only by resting the injured limb on a chair, and with the aid of the other and carrying the chair, move about in that way. Having willingly agreed to an operation, a plaster cast of the limb was taken. On the 7th September, assisted by Dr. Baxter and Mr. Farrell (subsequently a graduate of Royal College of Kingston), the patient having been duly placed under chloroform, an attempt was first made at reduction by the aid of a Jarvis adjuster. Not succeeding by what was considered by us as a fair trial, I divided the tendo-Achilles, when reduction with the hands was easily effected. The fibula, broken in the usual place in like cases, was ununited. The chief after-treatment of the case consisted in keeping the end of the tibia in place with due support of the heel and foot, which was done by a well-fitting anterior tin-splint with foot piece, such as Dr. Kerr of Galt was in the habit of using in simple fractures of the leg near the ankle-joint. She recovered with a stiff joint. Passive motion was advised after the removal of the splint, but insufficiently used by her husband, and the distance from my house in Caledonia being some sixteen miles, it was out of my power to attend to it. I saw the patient some years subsequently at the house of her son in London, Ont., when she was well and had good use of the foot.

This dislocation is very uncommon, which is my only excuse for bringing this case before the Society. The tibia rests in these cases from half an inch to three-quarters of an inch in front of its proper place.