

than that of the ankle-joint, and my observations would lead me to believe that the tuberculous process in ankle-joint cases not infrequently finds its starting point in the calcaneo-astragaloid articulation.

T. M., aged 26, Dr. Northmore, Bath. Patient gave a history of a sprain of the ankle in alighting from a rig. Pain disappeared in a few days. Ankle remained weak, however. A mis-step would cause return of pain. About six weeks after the first "sprain" the pain and swelling about the ankle-joint were marked, the skin dark and shiny, and he consulted his physician, who suspected tuberculosis and referred him to me for X-ray examination.

A skiagram showed tuberculosis of the calcaneo-astragaloid articulation, both bones being affected, but chiefly the astragalus. In three months under appropriate treatment he was able to bear his weight on the foot, and he has since (18 months) remained well.

Miss G., aged 16, Oct., 1900, Dr. Emery, Gananoque. No history of injury. For past three months she has complained of pain in the instep worse in the evening and especially at the menstrual epochs. Foot and ankle much swollen and very tender. In this case the os calcis was not involved, but the process had extended rather more than half way through the astragalus towards the ankle-joint. Dr. Emery began treatment at once, and reports (Apl. 28th, 1902,) patient perfectly well.

*Sub-periosteal abscess.*—Frank K., age 11, admitted to hospital Oct. 2nd, 1897. Service of Dr. Anglin. History of injury: Complained of pain in the lower part of the thigh, no swelling or discoloration; tenderness on deep pressure. Skiagram showed a large sub-periosteal abscess at the junction of the middle and lower third of the shaft of the femur.

*Rickets.*—The fluoroscope will at once show the deformity, but a plate should be taken in order to accurately estimate the