

In consequence of this the head presents two facets, one sometimes devoid of cartilage on the inner aspect of the head or side of the neck, and the second external to this on the anterior surface of the head.

The inner facet articulates with the scaphoid, while the outer, well marked in fetal astragali, more or less overgrown with ligamentous structures in older cases, presents itself as a prominence on the dorsum of the foot. These facets are separated by a distinct vertical ridge, where ligaments are not attached to the outer facet.

The neck is elongated and presents an abnormal inward obliquity and downward deflection. These conditions are the main obstacles to correction of varus and equinus deformity.

The length of the neck equals, in most cases, the length of the body of the bone, while in some the neck forms more than one-half the total length of the bone. Normally the length of the neck is about one-third the total length of the bone.

The obliquity has been extensively investigated by Parker and Shattuck, of London, and they have made some very interesting comparisons of the obliquity in the fetus, in adults, in talipes and in anthropoid apes.

The angle of obliquity is found by fastening a thread across the trochlear surface parallel to its internal border; and another parallel to the inner side of the neck. The angle formed by the union of these two lines is taken as the angle of obliquity.

Parker's results are as follows: Twenty specimens of adult astragali were taken promiscuously and the mean angle was found to be 10.6°, the maximum was 26°, and in three cases the angle was so small that it was impracticable to measure it.

In the fetus the mean angle was 38°, the maximum 42°, and the minimum 35°.

In equino-varus the mean angle was 49.6°, the maximum 64°, the minimum 31°.

In only one case was the angle in talipes less than the mean angle of the fetal astragalus.

	Maximum Angle.	Minimum Angle.	Mean Angle.
Adult ..	26°	0°	10.6°
Fetus ..	42°	35°	38°
Talipes..	64°	31°	41.6°

Besides the inward obliquity there is in nearly every case a downward deflection of the neck, which is increasingly great as the age of the patient advances and the foot has been walked upon.

The internal surface is shortened from above downwards, as compared with the normal bone, and in some instances is so much so as to make the bone wedge-shaped with the base of