JOHN HUNTER'S SPECIMEN OF TALOCALCANEAL BRIDGE

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In 1948 we called attention to talocalcaneal bridge (synostosis talocalcanea) as a cause of rigid flat foot, which until then had been unrecognised as a clinical entity.¹ Since the publication of this paper there has been ample confirmation of the accuracy of our observation from the experiences reported to us by our colleagues and from our own further investigations. Though orthopaedic surgeons have only now come to recognise the existence of this anomaly, and to appreciate its importance in the etiology of certain cases of peroneal spastic flat foot, anatomists have long been aware of it. We have discovered recently, in the Pathological

FIG. 1

Specimens prepared by John Hunter, and now mounted together under the number S.84.26.

Museum of the Royal College of Surgeons of England, a magnificent example of this anomaly. It is worth recording not only because it is one of John Hunter's original preparations but because it is the most perfect specimen we have yet seen. The specimen consists of the talus and calcaneus from the right and left feet of the same individual (Fig. 1). In each, the talus is united to the calcaneus by a plate of bone which extends backwards from the sustentaculum. The anomaly is precisely similar in each pair of bones.

Hunter's notes on the specimens have not survived and there is no means of knowing their source. It would seem a fair presumption that they came from a dissecting room cadaver. The notes that are available are in the first printed catalogue of the Hunterian Museum: "1884—A right astragalus and os calcis, firmly and smoothly united by a thin plate of bone laid over the inner margin of their inner and anterior articulation. 1885—The left astragalus and os calcis of the same person united in exactly the same manner."

We are much indebted to the College and to Dr L. W. Proger, the Pathological Curator, for permission to publish this note.

¹ HARRIS, R. I., and BEATH, T. (1948); Etiology of Peroneal Spastic Flat Foot. *Journal of Bone and Joint Surgery*, **30-B**, 624.