

modelled; but the metacarpal bones and phalanges of the fingers are totally changed, and can hardly be recognised. When we look in front, instead of the four metacarpal bones we see one strong bone, the cannon bone; and posterior to this, we find two lesser bones, called splint bones. The heads of these lesser bones enter into the knee-joint; but at their lower ends they diminish gradually, and they are held by an elastic ligamentous attachment to the sides of the cannon bone.

I have some hesitation in admitting the correctness of the opinion of veterinary surgeons on this curious piece of mechanism. They imagine that these moveable splint bones, by playing up and down as the foot is alternately raised and pressed to the ground, bestow elasticity and prevent concussion. The fact certainly is that by over action this part becomes inflamed, and the extremities preternaturally joined by bone to the greater metacarpal or cannon bone; and that this, which is called a splint, is a cause of lameness.

I suspect, rather, that in the perfect state of the joint, these lesser metacarpal bones act as a spring to throw out the foot, when it is raised and the knee-joint bent. If we admit that it is the quickness in the extension of this joint on which the rate of motion must principally depend, it will not escape observation, that in the