SPECIMENS FROM THE HUNTERIAN COLLECTION

R. J. LAST, LONDON, ENGLAND

9. Avulsion of Digital Tendons (Specimen S 65 1)

The specimen shows two digits avulsed by being caught in revolving machinery. That on the left is the ring finger of a man aged twenty-six. The tendon of flexor digitorum profundus, measuring 13 inches (32·5 centimetres) has been completely avulsed from the muscle, indicating the strength of its attachment to the distal phalanx. The flexor digitorum sublimis and extensor digitorum communis insertions are not so strong, and each tendon has ruptured near its insertion. In the case of the thumb (specimen on the right, from a girl) the extensor pollicis longus, in the absence of an extensor expansion, is attached to the terminal phalanx with comparable strength to that of the flexor pollicis longus, so that both have been avulsed from their muscle bellies.

The specimens were presented to the Museum by Mr G. P. Arden, F.R.C.S., from the King Edward VII Hospital, Windsor, England.

10. Left Elbow and Forearm (Specimen S 31 1)

This specimen is a gift from the Anatomy Department of Sydney University, Australia. Its chief orthopaedic interest lies in the demonstration of the course of the ulnar nerve about the elbow. Above the elbow the nerve can be seen lying on the posterior surface of the medial intermuscular septum. Below this it lies against the humerus, in a groove behind the medial epicondyle and in this situation it is, contrary to popular belief, not very vulnerable, being protected from injury by the projecting bony prominences of medial epicondyle and olecranon. It enters the forearm by passing between the two heads of origin of flexor carpi ulnaris and then comes to lie directly on the coronoid process of the ulna. Here it is more vulnerable than in its course behind the humeral epicondyle, and can easily be pressed against the bone in such occupational postures as those which entail leaning forward with the upper forearm pressed against a sharp edge. Professor H. A. Harris of Cambridge has pointed out that ulnar palsy from this cause is not uncommon in radio workshops where operatives are engaged in assembling small parts while leaning over the edge of a tray in which the components are kept.

In the cubital fossa can be seen the glistening aponeurosis of brachialis passing to its insertion in the coronoid process. The bicipital aponeurosis is preserved and has been displaced laterally across the brachio-radialis muscle; medial to it the brachial artery and median nerve can be seen. At the wrist the amputated flexor digitorum profundus muscle has become displaced and obscures the lower part of the ulnar nerve, which lies on the surface of the muscle at this level.

SPECIMEN S 65 1

SPECIMEN S 31 1