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A. H. WRIGHT, B.A., M.D. Tor., M.R.C.S. England.

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SUTURE OF THE EXTERNAL POPLITEAL NERVE.*

BY A. B. ATHERTON, M.D., L.R.C.P. AND S. EDIN.,
Lecturer on Surgery, Woman's Medical College, and Surgeon to St. John's Hospital, Toronto.

N.M., æt. 11, consulted me for the first time on July 22nd, 1891. A year before he had fallen from a bicycle and severely injured the left knee. The medical man called in at first took the case to be one of dislocation of the joint. Three weeks subsequently a consultation was held, and it was then decided that there had been a fracture of the lower end of the femur. An attempt was made under chloroform to rectify displacement, and the limb put up in a semi-flexed position. Two weeks after this the skin ulcerated over the outer condyle posteriorly, and the bone was laid bare. Later on an operation was done for the removal of dead bone. During the following winter the patient suffered from an attack of what was supposed to be inflammation of the bowels, which kept him in bed two or three months.

On examination of the limb, I found the following conditions present: Much wasting of the leg, with dropping of the toes and inability to extend them. Tendo-Achillis contracted, and tarsus and ankle stiff, and held in such a position as to bring the foot nearly in a straight line with the leg. Knee bent at an angle of about 150°, and moves through an angle 15°. A deep hollow in lower thigh just above patella, and a corresponding protuberance behind. He can hobble about a little with a stick, the toes of left foot merely touching the floor, with but little or none of the weight of body borne upon them. Sensation fairly good in leg and foot, except on the dorsum of the latter and of ankle. A feeling like an electric shock experienced when pressure is made on cicatrix over outer condyle. No pulsation felt in posterior tibial artery, and doubtful whether there is any in dorsalis pedis. Left femur one and a quarter inches shorter than the right.

July 2. *Operation.*—Assisted by Dr. B. E. McKenzie. An incision was made three inches in length over course of peroneal nerve behind knee. The upper end of the divided nerve was readily found to the inner side of biceps' tendon, its bulbous extremity being involved in cicatricial tissue at the site of former ulceration and operation for removal of dead bone. After much search we found a contracted cord, which seemed to answer for the lower end of the nerve, lying close to the head of tibia. The two ends of nerve were now cleared a little and a small bit cut off of each. Then they were united with two catgut sutures, the prominent portion of the outer condyle beneath nerve being previously chiselled off so as to produce less tension on united ends.

During the operation the internal popliteal nerve was exposed in the popliteal space, and seemed quite healthy. A continuous silk suture

* Read before the Ontario Medical Association.