

Surgery.

Dislocation of the Ulnar Nerve.

WHARTON, H. R. "A report of fourteen cases of dislocation of the ulnar nerve at the elbow."—*American Journal of Medical Science*, October, 1895.

In this article Dr. Wharton reports one case observed by himself. The patient was a boy aged 15 years, who was struck upon the inner aspect of the right elbow by the point of a stick of wood. Upon the reception of the blow he felt a sharp pain at the seat of injury and noticed a sense of tingling in the inner side of the forearm and in the little and ring fingers. Upon examination some time afterwards, when the swelling had been reduced by hot applications, a cord was discovered in front of the inner condyle, pressure upon which caused pain and tingling in the little and ring fingers. The diagnosis was dislocation of the ulnar nerve. The nerve could be pushed back into its normal position. When the arm was flexed the dislocation recurred. A pad was applied which retained the nerve in its proper place, but upon removal of the pad the nerve invariably slipped forward again upon flexion of the arm. The pain became, however, gradually less, and the parents of the boy declined to have any operation performed.

Dr. Wharton has collected brief reports of thirteen other cases. They all presented the same symptoms. In all of them the nerve could be replaced without difficulty when the arm was in the extended position, and in all of them the nerve slipped forward again when the arm was flexed. In six or seven cases an incision over the back of the inner condyle was made and the nerve inclosed in a sheath of fascia. In all the cases so operated upon recovery ensued. The nerve remained in position and functionated normally.

Dislocation of the ulnar nerve at the elbow is a comparatively rare affection, occurring independently of fractures or dislocations of the bones of the elbow, and may result from direct violence, from muscular effort or violent flexion of the arm at the elbow, causing laceration of the fascia holding the nerve in its groove at the back of the inner condyle of the humerus.

Zuckerlandl, in an examination of two cases of dislocation of the ulnar nerve in dead subjects, noted that the internal condyle of the