SUBCUTANEOUS SUTURE OF FRACTURED PATELLA.

By D. W. AITKEN, M.B. EDIN.

Fig. 1.

of the suture being held, the instrument is withdrawn while the wire occupies its track. The drill is to be then reintroduced at the same lower hole, but superficial to the patella, in fact just beneath the skin, as shown in Fig. 3. When the end points from the same upper hole, the wire which was left

Fig. 2.—First Stage.

projecting there is bent back and pushed into the drill tube and carried down along with the instrument. Both ends of the wire now project from the same hole below. The loop above

is made to enter the skin, and the ends of the wire are pulled tight until it is felt to be close down upon the patella

Fig. 3.—Second Stage.

itself. The ends are lastly tied and the knot allowed to sink beneath the skin. Fig. 4 shows the final stage.

Fig. 4.—Third Stage.

The advantages claimed are:

1. The great ease of the operation with the instrument described and shown in Fig. 1.
2. The fragments are themselves acted upon and united firmly together.
3. No foreign body is left to irritate the joint.
4. It is entirely subcutaneous—that is, if strict antiseptic precautions are taken.

Again I am indebted to Dr. Symington and Mr. Kerr, artist.

PRESENTATION.—Mr. W. J. Spence, L.R.C.P., L.R.C.S. Ed., has been presented with a handsome gold watch by the members of the Syston Branch of the St. John Ambulance Association, in recognition of his services as surgeon-instructor. The watch had a suitable inscription engraved upon it, and the presentation was made by the vicar of the parish. Sixty-four candidates have been presented for first aid certificates, and a large number for re-examination, and so far there has not been a single failure.