

A PALMARIS LONGUS MUSCLE WITH A REVERSED BELLY,
FORMING AN ACCESSORY FLEXOR MUSCLE OF THE
LITTLE FINGER. By Captain JOHN T. MORRISON, F.R.C.S.
R.A.M.C., *Pathologist, Royal Southern Hospital, Liverpool.*

(Liverpool Merchants' Hospital, B.E.F., France.)

DURING the dissection of an arm, amputated for a severe compound fracture of the humerus, a curious muscle was found lying in front of the left wrist.

Description.—Taking origin from the tendon of the palmaris longus about 2 inches above the wrist, it passed as a small somewhat flattened muscle belly, distally and medially, into the palm of the hand. It lay first upon the tendons of the flexor sublimis digitorum, and then crossed the anterior carpal ligament, keeping close to the os pisiforme. When the muscle had been hardened *in situ* this bone was found to have left a distinct indentation upon its medial border.

About one-quarter of the distance from the pisiform to the base of the 5th metacarpal, the muscle belly tapered off into a delicate tendon which ran on between the abductor minimi digiti and the opponens. With both muscles it finally blended, receiving a common insertion into the base of the proximal phalanx of the little finger on its medial side. A fascial expansion passed to the common extensor tendon on the dorsal aspect of the joint.

In the photograph a rod is seen passed under the tendon of the palmaris longus. The palmaris brevis has been reflected and the mesial portion of the palmar fascia dissected away to show the entire length of the muscle.

Nerve Supply.—The nerve supply was double. Two minute twigs, both from the ulnar nerve, entered its substance. One of these was given off above the level of the wrist joint and entered its deep surface; the other, an offshoot from the branch of the ulnar to the medial border of the little finger, entered the muscle just below the pisiform on its medial border. The trunk of the median nerve lay in direct contact with the deep surface of the muscle as it crossed the anterior carpal ligament.

Blood Supply.—The arterial supply came from the ulnar artery and accompanied the nerves.

Action.—When this muscle contracted it must have resulted in strong flexion of the small finger with a distinct tendency towards opposition. It can only have exerted its maximum power, of course, when the palmaris longus was also in contraction.

Remarks.—The patient, a soldier, had been in civil life a labourer. He told me afterwards that he had never noticed anything unusual about his left hand or its little finger. It had not been stronger or more useful than the right. His other hand was carefully examined, but no trace of a



similar muscle could be seen, although his palmaris longus was strongly developed. There did not seem to be anything unusual in the range, power, or delicacy of movement in the little finger of the right hand, nor were any other bodily peculiarities discoverable.

The muscle described above is doubtless an additional belly of the palmaris longus. This extremely variable muscle is said to be occasionally digastric, and to have insertions into the muscles of the thumb or little finger.

NOTE.—The digastric condition of palmaris is very rare. The condition of a palmaris with a long tendon of origin and a reversed belly just above the wrist is not very uncommon, and this seems to be the condition existing in this specimen. In a number of the examples of this reversed palmaris it coexists with a normal palmaris, from which it differs in having an ulnar nerve-supply.

J. T. M.

BIBLIOGRAPHY.

- QUAIN'S *Anatomy*, 10th ed., vol. ii. part ii.
JOHN WOOD, "Variations in Human Myology," *Proc. Roy. Soc. London*, vols. xiii., xv., xvi.
J. PARSONS SCHAEFFER, "On the Variations of the Palmaris Longus Muscle," *Anat. Rec.*, April 1909, vol. ii. No. 4.