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## Original Contributions.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

### NOTES ON THE SYMPTOMATOLOGY AND DIAGNOSIS OF SENSORY, MOTOR OR TROPHIC PARALYSIS, CONSECUTIVE TO LESIONS OF CONTIGUOUS PARTS, RESULTING FROM VIOLENCE.

BY THOMAS H. MANLEY, M.D.,

Professor of Surgery in the New York Clinical School of Medicine, New York.

IN the vast majority of cases of the above named description, we will have a clear history of trauma, as a contusion, sprain, fracture or dislocation. The immediate proximate results are direct disorganization of structure, with or without advanced inflammatory changes. The peripheral nerves of a prehensile organ, as the upper extremity, which is called into a great complexity of motion, more often suffer from direct damage, and are therefore the seat of more pronounced pathologic changes than those of the lower limb.

The nerve sheaths of the brachial plexus, as they dip under the acromial end of the clavicle, pass closely to the shoulder joint, and are so firmly held in position by the cellular tissues that a sudden wrench of sufficient violence to twist the head of the humerus out