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## Original Communications.

### ANGEL-WING DEFORMITY.

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This is a peculiar affection which, on account of its rarity, is more of a curiosity than otherwise. In the course of twenty-five years' practice I have met with three cases of it, and all of these have occurred within the last seven years. I also heard of another case from the first patient I saw with it. He stated to me that an acquaintance of his was similarly affected and that he obtained relief by wearing a strap around his shoulders in such a manner as to keep a pad firmly pressed against the posterior surface of the shoulder-blade. The deformity is easily recognized, once its prominent features are known; but since so few authors have noticed it in their writings, a patient afflicted with it might easily pass under review without its being detected—the pain and weakness of the shoulder being referred to a sprain or bruise or to a rheumatic affection. To give such a short account of it as may refresh the minds of some of the readers of your widely circulated journal, is my object in detailing the following particulars.

The disease usually commences by pains in the shoulder and upper part of the arm, at the root of the neck, above the scapula or immediately beneath it; the pains may be of an intense darting neuralgic character, or dull and aching so as to produce a tired sensation rather than acute pain. Neuralgic pain may co-exist in other parts of the body. Loss of power in the parts and inability to sustain prolonged exertion with the arm and shoulder, gradually make their appearance. When the patient's arms are held loosely by his or her side, very little deviation from the normal can be seen. By close inspection, however, the inferior angle of

the scapula on the affected side may be found somewhat nearer to the mesial line than the other one, the vertebral border traced from below upwards thus assuming a direction more outwards than natural, and the lower angle of the scapula may also be a little too far from the chest-wall. When the patient attempts to raise the arm, all these deviations are exaggerated and can be readily and distinctly seen. The arm can be raised voluntarily only to the horizontal position, and while this is being done the vertebral border of the scapula rotates outwards in such a manner that the anterior surface of the bone forms nearly a right angle with the wall of the chest. This leaves a very large and deep hollow between the thorax and the scapula, and thus exhibits that peculiar outstanding condition of its posterior border which has given this deformity the distinctive name of "angel-wing." Faradic reaction is lost and galvanic excitability greatly diminished in the paralyzed muscles. In long standing cases, atrophy of the muscles supervenes. This disease may be from two weeks to two months from the beginning of the pains till loss of power in the parts and the full characteristic symptoms manifest themselves, and it has an indefinite duration.

This disease usually occurs in weakly young persons, and may result from injury or overwork (and hence is more common in males and on the right side of the body), from direct injuries to the nerves, from falls, blows, wounds, carrying heavy weights upon the shoulder, from rheumatic influences contracted by sitting in draughts, or exposure to wet; and even the syphilitic poison has been suspected as a cause. In my first case, the patient was a loosely made, rapidly growing farmer's son, about 18 years of age, in whom the disease was directly traceable to hoeing, having been a long time engaged in hoeing potatoes and corn. In my last, the subject was a delicately formed young lady, of nervous and excitable temperament, who had overdone herself by long hours and intense application at some fancy needlework which she was anxious to have completed within a given time.

Putzel says, "quite an extensive journal literature has been published on the subject, but as the paralysis which produces the affection is of comparatively rare occurrence, its real cause remains undecided." He further remarks that it is usually unilateral, and that the large majority of cases have