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PRESSURE PARALYSIS.

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Gentlemen:—So recently as November 23rd, I was requested by Dr. C. A. Pease, assistant division surgeon of the Rutland Railroad Company, to come to Burlington and deliver an address on December 15th to the surgeons of the Railroad Company. This invitation I at once accepted, feeling honoured by the request. The subject I have decided to talk about is Pressure Paralysis, and I shall present it under the following heads:—

First—Cerebral pressure, one case.

Second—Spinal cord pressure, one case.

Third—Corda equina pressure, one case.

Fourth—Paralysis of the brachial plexus in adults, seven cases.

Fifth—Paralysis of the brachial plexus in children, six cases.

In the present paper I shall give only a brief description of the thirteen cases of brachial palsies in adults and children, stating mainly the essential features, and shall confine myself chiefly to the three groups just mentioned. In a future publication I shall take up the cases of brachial paralysis more in detail.

The clinical symptoms of pressure paralysis frequently follow railway accidents, and are also not uncommon in general practice. So for that reason I think this subject appropriate to lay before you, who are not only railroad surgeons but general practitioners as well.

Pressure paralysis is a very wide term, but what I intend to speak about more particularly to-night is the result of pressure on the central nervous system, as in cases of depressed fracture, fracture and dislocation of the spinal column, and, lastly, pressure on the peripheral nerves from injury.

I think that it would be just as well to make a hasty sketch of the central nervous system before taking up the subject proper. The central nervous system is made up of motor and sensory neurones. A