

the fourth cervical sends a branch to the fifth, and the fifth supplies the joint through its branch, the subclavian nerve. Again, the serratus magnus, a powerful factor in the movement of the joint, is supplied by the external thoracic nerve, and this derives one of its roots from the fifth cervical nerve. *Pain*, in synovitis of the sterno-clavicular articulation, may be local, or may be referred to the shoulder or to the region of the clavicle through the descending branches of the superficial cervical plexus, which arise from the fourth cervical nerve and are, therefore, related to the joint by the branch from the fourth to the fifth nerve.

Dislocation at the *sterno-clavicular articulation* is very rare, since the tough unyielding ligaments bind the bones, firmly, together, and when it does occur, the sternal end of the clavicle is displaced, generally, forwards, as shown by Hamilton, who reported thirteen cases of sterno-clavicular displacement, of which eleven were forwards, and two upwards. *Acromio-clavicular joint*.—When dislocation is present at this joint, the acromial end of the clavicle is, as a rule, displaced on to the upper surface of the acromion process, since the oblique direction of the line of joint favors over-riding of the clavicle. The integrity of the coraco-clavicular ligament, and especially the trapezoid portion of it, prevents much lateral displacement, so that not more than half an inch of the clavicle, as a rule, rests on the acromion.

Fracture of the Clavicle, when complete, and when due to indirect violence, occurs, as a rule, at the junction of the outer and middle thirds of the bone. Vibrations, set up by a blow applied to the point of the shoulder, will alter their amplitude at the inner end of the outer third of the bone for the following reasons: (1) Since both the coraco-clavicular ligament and the trapezius mus-