

sterno-mastoid muscle to the acromio-clavicular joint. This incision extended down to the bone, and the periosteum over the clavicle was incised longitudinally, and also a circular incision of the periosteum was made at each extremity of the longitudinal incision. The periosteum was then separated from the bone by a rugine and the clavicle divided by a saw at each end of the incision and the middle third removed. The subclavius muscle was then separated at the inner extremity and turned outward, thus exposing the subclavian artery and vein. Two strong catgut ligatures were passed around the artery and vein and tied, the artery being tied first, that as little blood as possible might be left in the arm. The vessels were then divided between the ligatures. An antero-inferior and postero-superior flap was then fashioned and the remaining soft parts divided. The operation performed in this manner is practically a bloodless operation, the only hæmorrhage being from the supra-scapular and posterior scapular arteries.

The brachial plexus was divided high up.

There was no shock following the operation, because there had been no hæmorrhage. The patient made an uninterrupted recovery and was discharged seventeen days afterwards.

She remains in perfect health up to the present. She is strong and active. There is remarkably little deformity noticeable when she is dressed, in fact if met on the street one would think that she had her arm under her cloak.

The dangers of the operation, hæmorrhage, entrance of air into the sub-clavian vein, and sepsis, can all be controlled by Berger's method.