

moves on the interarticular fibro-cartilage, but, in adduction and abduction, the clavicle and cartilage together move on the sternum. The joint, therefore, acts as a pivot for the whole of the supporting arch of the shoulder. Elevation is due to the trapezius, the sterno-mastoid and the levator anguli scapulæ; depression, to gravity, assisted by the subclavius, pectoralis major, latissimus dorsi, pectoralis minor and the lower fibres of the trapezius; abduction to the rhomboidei, levator anguli scapulæ, middle fibres of the trapezius, and indirectly, to the latissimus dorsi; adduction to the pectoralis minor, the serratus magnus and the pectoralis major.

Application.—When the sterno-clavicular joint is inflamed, the swelling is early appreciated in front, partly because of the superficial situation of the joint, and partly from the fact that the anterior ligament is more lax than the other portions of the capsule. It is said that this joint, more than any other, is affected in pyæmia, possibly because every movement of the shoulder disturbs it, with the result, that there would be greater chance of the arrest of pus organisms in it. A patient suffering from inflammation of the sterno-clavicular articulation will lower the point of the shoulder, as much as possible, since such depression of the clavicle would increase the capacity of the joint by separating the sides of the V and thus lessen the pressure of the effusion on the sensitive nerves of the inflamed synovial membrane. In inflammation of this joint, the muscles controlling the movements of the scapula and clavicle will hold these bones as rigidly as possible, since any movement of them would affect the joint and thus cause pain. In this connection it is interesting to note that both the joint itself and the principal muscles controlling it are supplied by the same nerves. The trapezius, for instance, is supplied by the fourth cervical nerve, but