relax the sternal part of the sterno-mastoid, which passes across the inner side of the articulation. When the arm hangs by the side, the base of the V is widened, and hence the patient depresses the shoulder so as to enlarge the V when the joint is inflamed. A knife, inserted immediately external to the sternal portion of the sterno-mastoid muscle, will enter the joint.

Functions.—The *clavicle* acts as an outrigger or radius, with its centre at the sterno-clavicular articulation. It keeps the scapula, and, therefore, the upper limb, at a certain definite distance from the trunk, thus permitting the lateral or rotary movements of the shoulder. In addition, it supports the limb and affords, through its connection with the scapula, a permanent base for the movements of the humerus, for, if the clavicle were absent, the scapula would be unsupported and would be thrust, here and there, between the muscular planes, when the arm is in use. The *acromio-clavicular* joint permits those movements between the scapula and the clavicle that are necessary to secure the best effects of the former in relation to the head of the humerus, for, if there were no joint here, *i.e.,* if the two bones were united, then, although the humerus could rest firmly against the glenoid fossa in one position, it could not in another, since the absence of the joint would prevent the scapula being placed directly behind the head of the humerus in the different positions of the arm. Further, this joint allows the lower angle of the scapula to be approximated to the chest wall by the serratus magnus—thus increasing its power—when it is brought into play in such actions as supporting weights on the shoulder, etc. The *sterno-clavicular articulation* permits elevation, depression, adduction and abduction of the shoulder, as well as their combination, circumduction. In elevation and depression of the shoulder, the clavicle