

tinct than they are in the adult, and, when a fracture of the clavicle does occur in childhood the break is generally incomplete, because of the greater elasticity of the osseous tissue and the thicker periosteum of the child, as compared with that of the adult. This is the so-called "greenstick" fracture.

A child may be brought to the surgeon with a history of a fall and a subsequent inability to use the arm. In cases of this nature, careful examination should be made over the clavicle for any point of tenderness. This examination should be thorough, since, often, the only indication of injury may be tenderness on pressure over a portion of the clavicle, generally the middle, for reasons given above. In children the fracture is, as a rule, incomplete, hence there will likely be no displacement, and so, if the surgeon, looking for displacement and finding none, treat the case lightly, the child may be brought back, some time afterwards, with a swelling involving the clavicle—the result of callus formation. *Pain*, in fracture of the clavicle, may be due to the sharp irregular ends of the fragments pressing on the skin, but, if the pain affect the upper limb, darting down it immediately after the accident, it is probably due to injury of the brachial plexus by the fragments. Should pain in the limb come on some days after the injury is inflicted, it will, likely, be due to callus formation pressing on the plexus, although it must not be forgotten that improper appliances, or imperfect bandaging, may have the same effect. The chief structures behind the clavicle that are liable to be injured in fracture of that bone are, the brachial plexus, the pleura or lung and the subclavian artery or vein, and, although the latter is protected to a great extent by the subclavius muscle, yet, cases are on record in which this vein has been injured, one such case being that of Sir Robert Peel (Ashurst).