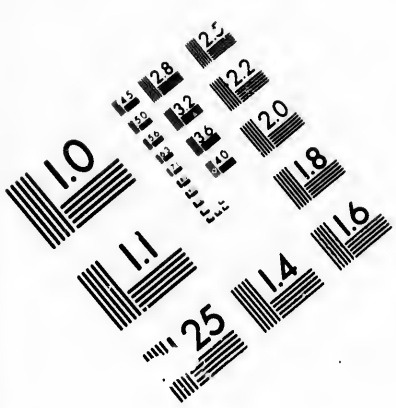

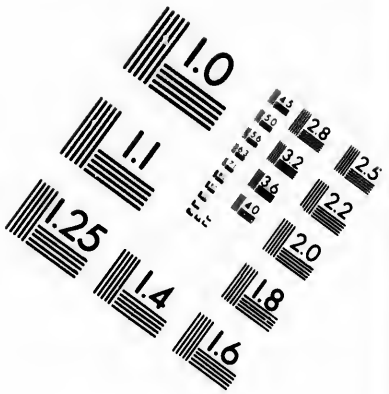

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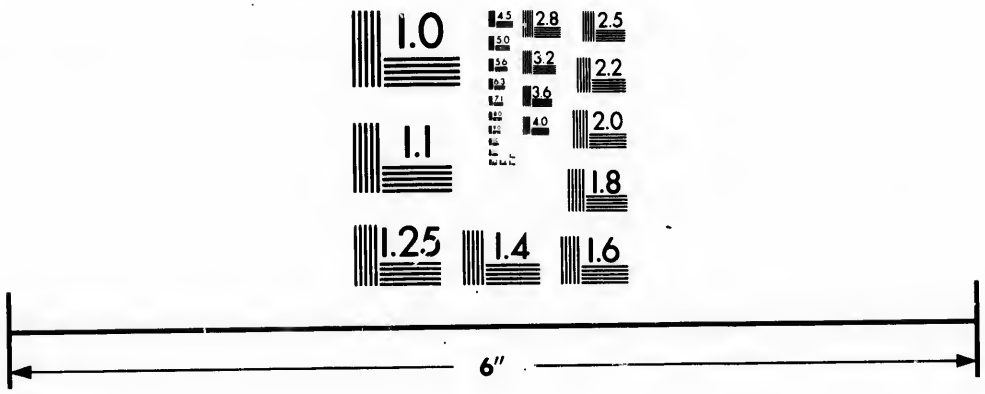

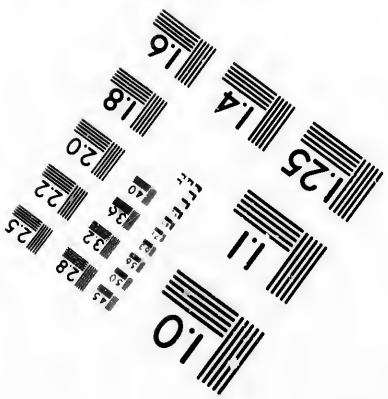

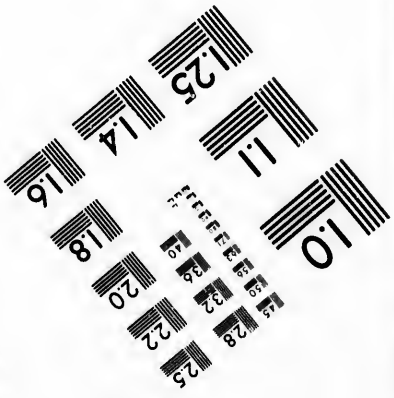

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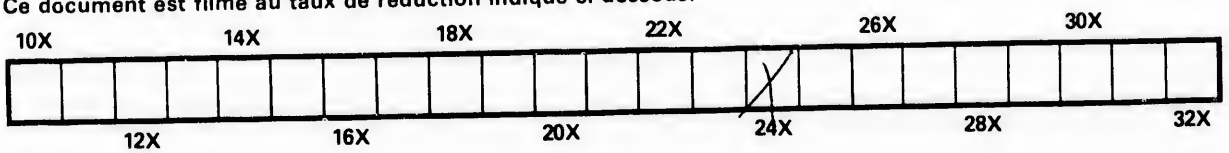

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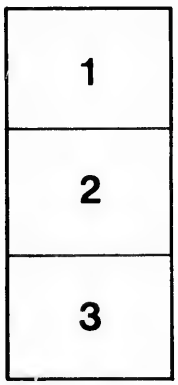

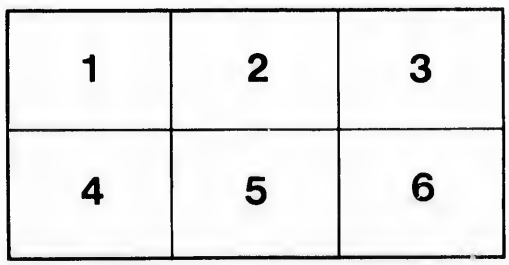

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PAPERS BY THE STAFF

OF THE

MEDICAL FACULTY,

McGILL UNIVERSITY.

1899

[Reprinted from THE PHILADELPHIA MEDICAL JOURNAL, October 14, 1899.]

A CASE OF CONGENITAL DEFICIENCY OF BOTH CLAVICLES.

BY W. F. HAMILTON, M.D.,

of Montreal, Can.

Lecturer in Clinical Medicine, McGill University, Assistant Physician to the Royal Victoria Hospital.

THE subject of this anomaly was admitted to the Royal Victoria Hospital complaining of pains in the back and legs, of weakness and of inability to sleep.

She was a fairly well developed woman, 38 years of age and unmarried. Her shoulders were sloping and her gait was marked by slight swaying from side to side with lordosis. She had worn a plaster jacket for the last three years, as she felt her back needed more support than her muscles afforded.

It was found on inquiry that she had "always been troubled with a weak back." As a babe she was not strong. Her first teeth came at 2 years of age and thereafter. They were not lost until after her fifteenth year, and the second teeth were very poorly developed, few of them appearing above the gums. She began to walk at 3 years of age.

She is one of a family of 8 children, all of whom are living and well with the exception of one brother who died of pulmonary tuberculosis. She has had measles, scarlet-fever and whooping-cough. Her height is 5 feet, and she weighed on admission about 120 pounds. The frontal eminences are prominent and separated by a wide and shallow furrow, running back over the crown. The upper teeth are artificial, the palate is high and arched. The joints generally are lax. There is double

talipes planus, but no bone deformity nor deficiency is noticed anywhere except that presented by the clavicles. The scapulas are somewhat winged when the patient is erect.

On examination of the clavicles one finds only the sternal end of each bone with about one-third the shaft. Each ends abruptly about 2¼ inches from the sterno-clavicular articulation and the remainder of the dis-

Fig. 1.

tance to the acromion process is spanned by a fibrous cord, more readily felt on the left than on the right side. There does not appear to be any abnormality in the muscles about the clavicle, although one cannot be certain on this point without dissection. At all events, all the ordinary movements of arms and shoulders are well performed, and the patient has experienced no disability on account of this abnormality.

Such a condition is very rare indeed, and a careful search over medical literature is not rewarded with finding many examples of the kind.

Gustave Schorstein reports a case similar in the greater number of characteristic points. George Carpenter

FIG. 2.

gives a report of another patient undergoing treatment for impetigo contagiosa in whom deficiency of the clavicles was discovered. The patient whose case is described by Dr. Carpenter was one of six belonging to the same family in whom clavicular deformities, among

other anomalies, are described. The father's clavicles were divided near the center; one brother, aged 14 years, had a divided right clavicle; a sister, aged 12, and a brother, aged 7, presented a similar condition. In another brother, aged 19, a peculiar kink was observed in the position where, in the other cases, the fragments were divided.

In reviewing the literature as suggested by these two recent writers in the *Lancet*, we find that 20 cases showing clavicular deficiency in some part have been reported. This case now reported makes 21. The sternal end of the bone seems to be generally present while the acromion or outer portion of the shaft is represented by a fibrous band.

Todd, of St. Louis, as quoted by Carpenter, discovered in the dissecting-room " a subject without clavicles. Rudiments of the clavicles were attached to the acromion process and to the sternum—the intermediate portions being wanting."

An attempt was made to take a skiagraph of our case, but it showed so poorly in this way that no effort has been made to reproduce it for this report.

I am indebted to Dr. H. B. Cushing, house physician, for references to the literature on this case, and to Dr. Patrick for the photographs.

287 Mountain Street,
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