

about one inch in the forward and back line, and three-quarters of an inch laterally.

That children sway to a slightly greater extent than adults, and that, both in adults and in children, closing the eyes increases the sway about 50 per cent.

An artificial agent, such as ether, simply exaggerates the normal sway.

That a law of rhythmical motion governs the sway of man. The cause of this is not yet clear.

The methods introduced by Dr. Mitchell for studies of this kind enable clinical inquirers to make accurate statements which may be comparable with the observations of others.

EXCISION OF THE ENTIRE CLAVICLE FOR CENTRAL CARCINOMA.

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JAMES F. M., of Washington Co., Indiana, came to my office November 21, 1885, with his physician, Dr. Maxedon, to consult me in relation to an enlargement of his right clavicle. He was fourteen years old, large and robust. Had had pain in the bone since May; observed an enlargement October 15th, and consulted his physician. It had grown rapidly, extending upward and inward, the greater enlargement about two and a half inches from the sternum. I advised its immediate removal.

He returned November 28th, accompanied by Dr. M. and two other physicians of his town, who, with several others of this city, assisted in the operation. On examining the mobility of the shoulder, before placing him on the table, I fractured the bone, which made the operation more protracted. He took chloroform kindly. An incision was made from the centre of the sternum to a little beyond the acromial extremity of the bone; the parts were dissected from the anterior surface; it was disarticulated from the scapula, a noose of cord placed around it for traction; and it was carefully separated from its connections with probe-pointed scissors and scalpel to the place of fracture. The sternal fragment was seized with forceps, disarticulated from the sternum, and carefully dissected out. Arteries as divided were seized and held by compressors. Capillary hemorrhage was arrested by hot sponges.

The time occupied in the removal was forty-five minutes. Three small tents of twisted marine lint were placed in the wound for drainage, it was closed with wire sutures, dressed with a compress of marine lint

and bandage. No vessels required ligation. The drainage tents were removed on the second day; there was moderate suppuration from two places. The sutures were removed on the seventh day; union was complete at the extremities, and a portion of the centre.

On January 13th he returned home, thirty miles, by stage. The wound was healed, except two small points which had scabbed over. Dr. Maxedon remained with and cared for him the first ten days. His highest temperature was $101\frac{1}{2}^{\circ}$, on the second day; afterward normal. Morphine was given for a few nights to procure sleep, and an occasional laxative.

The circumference of the bone, three inches from the sternal articulation, was five and a half inches. On section it presented a thin shell of bone exteriorly with calcareous infiltration throughout the interior; I dissolved the bony and calcareous material in dilute hydrochloric acid, made some sections, stained them in picro-carminic, and mounted them in glycerine. They showed a dense stroma of connective tissue, with some spindle cells, and large nests of cancer cells. He visited me about the 5th of April; there was evidence of the return of the cancer in the line of the cicatrix, and in the glands of the neck.