9-40 TERMINATION OF THE THORACIC DUCT

Sternomastoid and the enveloping fascia of the neck are removed. The deeper layer of fascia, "the Omohyoid fascia," is partly snipped away.

Observe:
1. "The Omohyoid fascia" continuous in front of Sternohyoid and across the suprasternal space with the fascia of the opposite side.
2. The thoracic duct, receiving a tributary from the nodes of the neck (jugular trunk), and another from the nodes of upper limb (subclavian trunk), and ending in the angle between the internal jugular and subclavian veins. (For thoracic course, Figs. 1-47 and 1-83.)
3. The phrenic nerve, descending in naked contact with Scalenus Anterior, i.e., deep to Scalenus Anterior fascia, which is a lateral prolongation of the prevertebral fascia, and clamped down by the 2 arteries labeled.
9-38 ROOT OF THE NECK, VIEWED OBLIQUELY FROM ABOVE

Observe:
1. LATERALLY: The pleural cupola, rising 1½ inches above the sternal end of the 1st rib. The subclavian artery, which arches over the pleura, divided into 3 unequal parts by Scalenus Anterior. The 3rd part of the artery and the brachialplexus appearing between Scalenus Anterior and Scalenus Medius, the lowest trunk of the plexus (C8 and T1) being behind the artery.

2. The phrenic nerve, descending almost vertically and crossing the obliquely running Scalenus Anterior to which it is clamped by the suprascapular artery. On leaving Scalenus Anterior it lies on the pleura and crosses the internal thoracic artery before meeting the right brachiocephalic vein.

3. IN THE MEDIAN PLANE: The oesophagus applied to the vertebral column, the trachea applied to the oesophagus, the thyroid gland applied to the trachea and overlapping the common carotid arteries. The inferior thyroid veins descending to the left brachiocephalic (innominate) vein, and an occasional branch of the inferior thyroid artery descending to the thymus.

4. LATERAL TO THESE MEDIAN STRUCTURES: "The triangle of the vertebral artery" bounded laterally by Scalenus Anterior, and medially by Longus Colli. The apex where these 2 muscles meet at the carotid tubercle (anterior tubercle of transverse process of C6); the base being the 1st part of the subclavian artery. The vertebral artery, which ascends from base to apex, dividing the triangle into 2 nearly equal parts.

Anterior to the triangle, the carotid sheath and its 3 contents (artery, vein, and nerve). On the left side, between sheath and vertebral artery, and therefore below the level of the carotid tubercle, 2 vessels arching in opposite directions—the inferior thyroid artery and the thoracic duct. The artery of both sides arching medially, and on the left side the duct arching laterally. The artery reaches the thyroid gland as 2 branches, an upper and a lower. The recurrent laryngeal nerve bears a varying relationship to these 2 terminal arteries (being either anterior to, or posterior to, or between them), here, between them.

The duct pulled down by the reflected internal jugular vein in which it ends. The arching duct lying immediately behind the carotid sheath and its 3 contents and sometimes, as here, a 4th structure, namely, the vertebral vein.

5. The right and left vagus nerves descending on the lateral side of the corresponding common carotid artery. The right vagus is conducted to the subclavian artery which it crosses, giving off its recurrent nerve (not labeled) as it does so; the left vagus is conducted to the aortic arch (not in view) where it behaves similarly. The vagus nerves, free, and not clamped down as are the phrenic nerves.

6. Scalenus Anterior intervening between the subclavian artery and vein.