

of the muscle appears as an oblique elevation with a thick, rounded, anterior border, best marked in its lower part. The sternal heads of the two muscles are separated by a V-shaped depression, in which are the **Sternohyoideus** and **Sternothyreoideus**.

Above the hyoid bone, near the middle line, the anterior belly of the **Digastricus** produces a slight convexity.

The anterior border of the **Trapezius** presents as a faint ridge running from the superior nuchal line, downward and forward to the junction of the intermediate and lateral thirds of the clavicle. Between the **Sternocleidomastoideus** and the **Trapezius** is the posterior triangle of the neck, the lower part of which appears as a shallow concavity—the **supraclavicular fossa**. In this fossa, the inferior belly of the **Omohyoideus**, when in action, presents as a rounded cord-like elevation a little above, and almost parallel to, the clavicle.

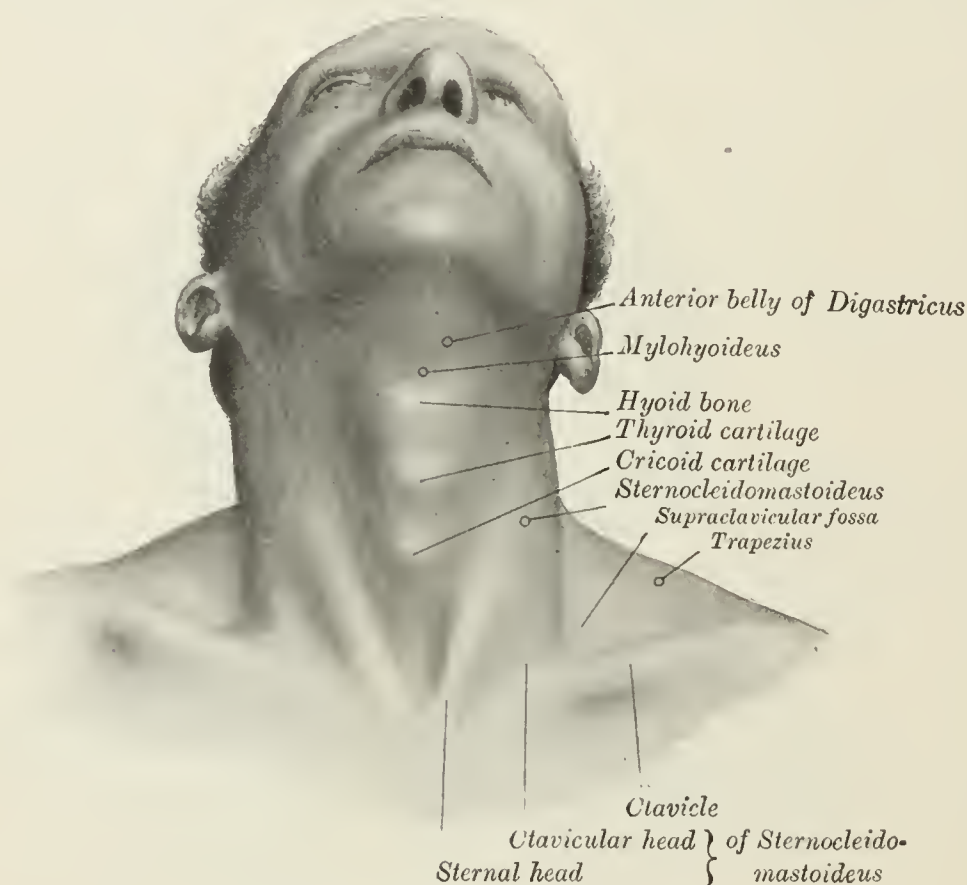


FIG. 1195.—Front view of neck.

Arteries.—The positions of several of the larger arteries can be ascertained from their pulsations.

The **subclavian artery** can be felt by making pressure downward, backward, and medialward behind the clavicular head of the **Sternocleidomastoideus**; its **transverse cervical branch** may be detected parallel to, and about a finger's breadth above, the clavicle. The **common and external carotid arteries** can be recognized immediately beneath the anterior edge of the **Sternocleidomastoideus**. The **external maxillary artery** can be traced over the border of the mandible just in front of the anterior border of the **Masseter**, then about 1 cm. lateral to the angle of the mouth, and finally as it runs up the side of the nose. The pulsation of the **occipital artery** can be distinguished about 3 or 4 cm. lateral to the external occipital protuberance; that of the **posterior auricular** in the groove between the mastoid process and the auricula. The course of the **superficial temporal artery** can be readily followed across the posterior end of the zygomatic arch to a point about 3 to 5 cm. above this, where it divides into its frontal and parietal branches; the pulsation of the frontal branch is frequently visible on the side of the forehead. The **supraorbital artery** can usually be detected immediately above the supraorbital notch or foramen.