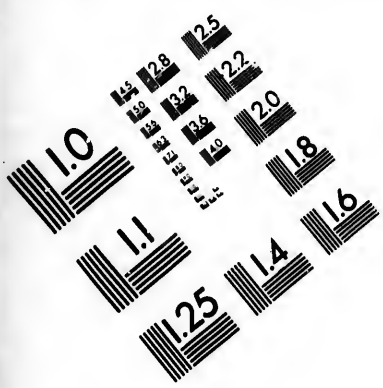

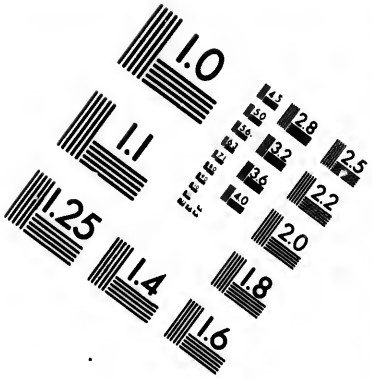

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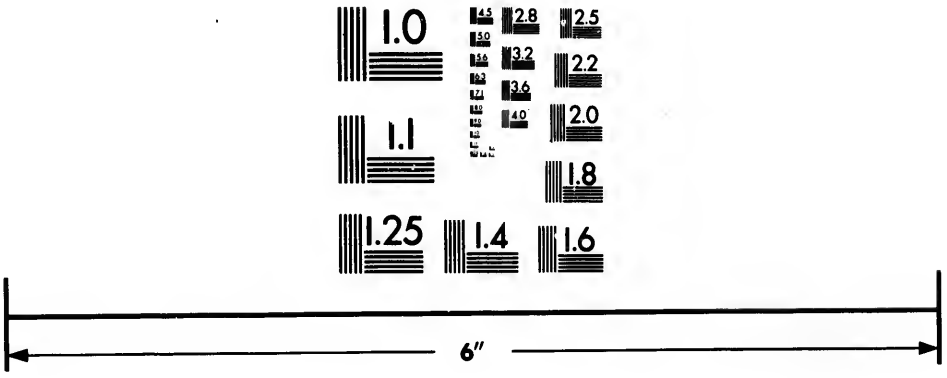

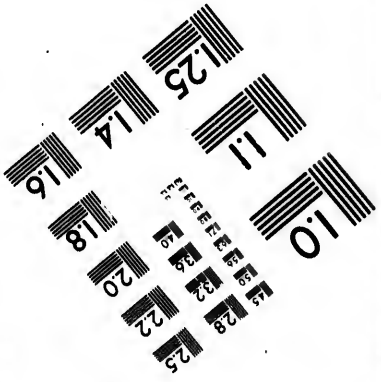

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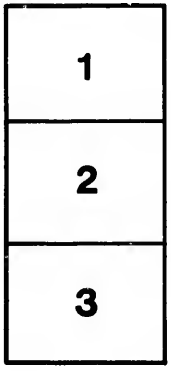

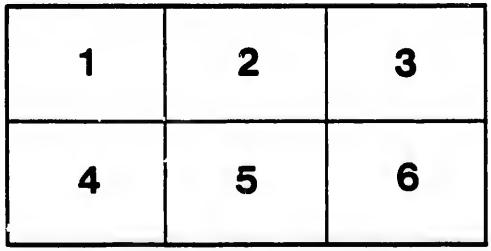

DIRECTIONS TO MEMBERS

OF THE

CLASS OF ANATOMY

FACULTY OF MEDICINE

McGill University

MONTREAL:
THE GAZETTE PRINTING COMPANY
1890

[redacted]

FACULTY OF MEDICINE.

McGILL UNIVERSITY.

WINTER SESSION.

THE instruction in Anatomy will consist of—

I. A Course of Lectures on Systematic Anatomy.
II. Special Demonstrations on Regional and Topographical Anatomy.
III. Dissections and Dissecting-room Demonstrations.

SUMMER SESSION.

During the first six weeks of the Summer Season a Course of Dissections will be given.

TEXT BOOKS.

FOR SYSTEMATIC ANATOMY, any of the following:—

Quain's Anatomy.
Gray's Anatomy.
Macalister's Anatomy.

FOR PRACTICAL ANATOMY AND DISSECTING-ROOM WORK.

Ellis's Demonstrations of Anatomy.
Heath's Practical Anatomy.
Cunningham's Practical Anatomy.

WORKS OF REFERENCE.

Osteology, . .	Holden's Osteology. Humphry on the Skeleton.
Embryology, .	Foster and Balfour's Elements of Embryology. Balfour's Comparative Embryology.
Arterial System,	Power on the Arteries. (Third Edition, by Mr. William Thomson.)

It is necessary for the Student to have a Text-book of Systematic Anatomy, and a Text-book of Practical Anatomy. Any of the other works he can consult in the Library.

ARRANGEMENTS FOR THE PRACTICAL STUDY OF OSTEOLOGY.

The Skeleton may be studied practically in the Bone-room, where the Student will find typical specimens of the bones mounted on blocks. He can obtain from one of the Demonstrators any bone or bones he may wish to study, by giving a receipt. These bones must not be removed from the Anatomical Department on any pretence whatever; the Student may, however, keep the bones in his box for a period not exceeding one week, but at the end of that time he should return the bones and claim his receipt. The advantage of combining the study of the bones with the

investigation of the soft parts is strongly urged on the Student—in fact, no dissection should be carried on without having the appropriate bones at hand for reference and comparison: for example, the Dissector of the axilla should be provided with a clavicle, a scapula, and a humerus, and should constantly refer to these bones during his dissection.

Every student is advised to purchase a set of bones for his own private use.

PREPARATIONS OF THE SOFT PARTS.

In addition to the permanently mounted Dissections and frozen Sections, which may be studied in the Demonstration room, a number of specially dissected parts are available for members of the Class who may be waiting for Subjects or preparing for Examinations.

HINTS TO STUDENTS EMPLOYED IN DISSECTION

I.—Entry of Names for Parts.

(1). As parts are allotted as far as possible in the order of entry, Students are urged to enter their names in the Dissecting book as early in the session as possible.

(2). No Student can have his name entered for more than one part at a time.

(3). Before a Student can obtain a part he must report himself as *ready* to begin it.

II.—Preservation of Parts.

Each Student should provide himself with a bottle of Methylated Spirit, with pure Carbolic Acid added to it in the proportion of 1 to 15. As soon as the part is allotted, it should be carefully covered by a bandage or a piece of cotton cloth soaked in this mixture. An oil-cloth wrapper should then be applied. The integument should, in all cases, be retained, and after each day's work replaced, and held in position by a stitch. Between the Integument and the Dissection beneath, a piece of cloth soaked in the Preservative Fluid should be placed.

By attending to these suggestions, the Student will add very materially to his comfort in Dissecting.

As soon as the brain is removed from a Subject it should be handed to one of the Demonstrators, who will, if the brain is in good condition, preserve it for future use.

The Spirit and Carbolic Mixture for the preservation of parts can be had from Mr. Cook at the rate of per quart.

This mixture (the strength of the spirit being 60 over proof) is too strong for ordinary use, and should therefore be diluted with one-third of water, except when used for the purpose of redeeming a bad subject.

III.—Regularity of Work.

Students are especially requested to work steadily and without the intermission of a single day, so long as the Limbs are attached to the Trunk. During this period

each student is, as it were, the member of a society, and he cannot stop his own work without interfering with that of his fellow-Dissectors.

Thus, when the Subject is lying on its Face, the Dissectors of the Upper Limbs must complete their share of the Dissection of the back in two days, so as to allow the Dissectors of the Head and Neck to finish what remains of the Back before the Body is turned. On the other hand, the Dissectors of the Lower Limbs will find that it will take all the time at their disposal to dissect the Gluteal Region, the Popliteal Space, and the back of the Thigh before the Subject is turned.

When the Subject is placed on its back, the Dissectors of the Head and Neck must finish the Dissection of the Posterior Triangles, and the Dissectors of the Upper Limbs must complete the Dissection of the Axillary Spaces in four days, so that they may begin work on the Thorax.

IV.

Each Student will be provided with a Dissecting-room card on which are spaces for the initials of the Demonstrators, given after a satisfactory examination on the Student's *own* part.

Every Student *must* pass three satisfactory examinations on each part dissected; at the close of the session the card should be handed to the Professor of Anatomy. No schedule will be signed by the Professor of Anatomy unless the Student's card is properly initialed by one of the Demonstrators.

V.—Changes in the Position of the Subject.

Each Subject is numbered, and the dates upon which its position is to be changed are posted on the Notice-board.

Students are not allowed to change the position of a Subject on their own responsibility.

Each male Subject, on being brought into the Dissecting-room, will be placed on its back for a short time *before* it is tied up in the lithotomy position, in order that the Student may practise passing the staff. The Dissectors of the Abdomen are requested to attend, for this purpose, before eleven o'clock.

VI.—Instruments.

The Dissecting-case employed by Students should be furnished with the following instruments :—

(1). Four to six Scalpels; very large or very small Scalpels are to be avoided. The shape, also, is important. Scalpels in which the point is on a line with the back, or which do not taper sufficiently towards the point, are a great obstacle to good work.

(2). A good-sized pair of Dissecting Forceps. In selecting these, care must be taken to choose a pair in which the spring is not too weak. The Student should also be careful to see that the teeth of the Forceps interlock accurately for their whole length, without applying so much force as to fatigue the hand while dissecting.

(3). A pair of strong Hooks, fastened one at either end of a stout chain.

(4). A pair of sharp-pointed Scissors.

(5). A Blow-pipe. (6). A needle.

COMPILED

FOR THE

USE OF STUDENTS ATTENDING THE PRACTICAL ANATOMY CLASS

OF THE

Medical Faculty of McGill University.

DISSECTION OF UPPER LIMB.

Body on Face for 4 Days.

1st Day.

Superficial Fascia and **Cutaneous Nerves of Back.**

Trapezius.

2nd Day.

Latissimus Dorsi.

Reflect Trapezius in conjunction with dissectors of Head and Neck

Nerve supply to **Trapezius, Transversalis Colli Artery** and Branches.

Rhomboids and nerve-supply.

Levator Anguli Scapulæ and **Omo-Hyoid.**

Supra-Scapular Artery and **Nerve.**

Reflect Latissimus dorsi and Rhomboids.

Follow **Posterior Scapular Artery** to its termination.

3rd day and 4th Day.

Dissector of Arm nothing further to do.

Body on Back.

1st Day.

Surface Marking.

Superficial Fascia and **Cutaneous Nerves** over Pectoralis Major.

Pectoralis Major.

2nd, 3rd, and 4th Days.

Dissection of Axilla.

Remove middle third of Clavicle, and, in conjunction with the Dissectors of Head and Neck, examine **Brachial Plexus.**

Just before removing arm, **Serratus Magnus.**

Arm Separate.

SCAPULAR REGION.

Define the exact attachments of **Trapezius, Rhomboids, Serratus Magnus, Levator Anguli Scapulæ,** and **Omo-Hyoid,** with arteries and nerves seen on 2nd day (*body on face*); also of **Pectoralis Minor.**

Superficial Fascia and **Cutaneous Nerves** over **Deltoid.**

Deltoid (clean and reflect).

Circumflex Arteries and **Nerve.**

Supra and **Infra-Spinatus, Teres Major** and **Minor, Subcapularis.**

Scapular Arteries and **Nerves.**

FRONT OF ARM.

Triangle in front of **Elbow-Joint.** Incisions similar to those recommended for Popliteal Space.

Cutaneous Structures to below Elbow.
Superficial Veins.
Nerves—**Internal** and **Lesser Internal Cutaneous, Branch** from musculo-spiral, and **Intercosto-Humeral.**
External Cutaneous of **Musculo-Spiral,** and **Musculo-Cutaneous.**
Expose, clean, but leave *in situ,* **Biceps, Coraco-Brachialis, Brachialis Anticus.**
Brachial Artery and **Branches.**
Median and **Ulnar Nerves.**
Musculo-Cutaneous Nerve.

BACK OF ARM.

Triceps.
Musculo-Spiral Nerve, and **Superior Profunda Artery.**

LIGAMENTS.

Between Clavicle and Scapula.
On Scapula and Shoulder-Joint.

FOREARM.

Reflect skin from front of Forearm as low as Wrist, and from back of Forearm and Hand.
Superficial Veins.
Nerves—Continuation of **Internal Cutaneous, Musculo-Cutaneous** and **Cutaneous** of **Musculo-Spiral.**
Radial Nerve, Dorsal Branch of **Ulnar, Palmar** of **Median** and **Ulnar.**

FRONT OF FOREARM.

Deep Fascia of **Forearm.**
Superficial muscles of front of Forearm, **Supinator Longus.**
Pronator Teres, Flexor Carpi Radialis, Palmaris Longus, Flexor Carpi Ulnaris.

Radial Artery.
Flexor Sublimis Digitorum.
Ulnar Artery.
Ulnar, Median, and **Radial Nerves.**
Deep Muscles of Forearm.
Flexor Profundus Digitorum, Flexor Longus Pollicis, Pronator Quadratus.
Anterior Interosseous Artery and **Nerve.**

PALM OF HAND.

Surface Markings.
Superficial Fascia and **Nerves, Palmaris Brevis Muscle.**
Deep Fascia and **Sheath** of **Flexor Tendons.**
Superficial Palmar Arch.
Palmar parts of **Median** and **Ulnar Nerves.**
Divide annular ligament and flexor sheath.
Flexor Tendons and **Lumbrical Muscles.**
Short Muscles of **Thumb.**
Short Muscles of **Little Finger.**
Deep Branch of **Ulnar Nerve.**
Deep Palmar Arch.
Transverse Metacarpal Ligament and **Interroseous Muscles.**
Anterior Annular Ligament.
Insertion of Flexor Carpi Radialis.

BACK OF FOREARM AND HAND.

Surface Marking.
Reflect skin from back of fingers.
Superficial Veins.
Cutaneous Nerves.
Deep Fascia of back of forearm and hand, and position of **Posterior Annular Ligament.**
Superficial Layer of Muscles.

Extensores Carpi Radiales, Longior et Brevior.
Extensor Communis Digitorum, and **Extensor Carpi Ulnaris**
Anconeus.
Deep Layer of Muscles.
Supinator Brevis.
Extensors of **Metacarpal** and **Phalangeal Bones of Thumb** and of **Index Fingers.**
Posterior Interosseous Artery and Nerve.
Radial Artery at **Back** of **Wrist.**
Compartments of **Posterior Annular Ligament** and **Dorsal Interosseous Muscles.**
General Revision of limb now dissected.
Cut away trunks of vessels and nerves, and in removing muscles define origins and insertions more exactly.
Ligament of **Elbow, Wrist,** and **Hand.**

DISSECTION OF LOWER LIMB.

Body on Face for 4 Days.

1st Day.

GLUTEAL REGION.
External Anatomy.
Cutaneous Nerves.
Deep Fascia.
Gluteus Maximus and **Medius.**
Reflection of **Gluteus Maximus.**

2nd Day.

Gluteal Vessels and **Nerve.**
Pyriformis.

Sciatic and Pudic Vessels.
Sciatic and Pudic Nerves.
Obturator Internus and Gemelli.
Quadratus Femoris.
Internal Circumflex Artery.
Obturatur Externus.

3rd Day.

POPLITEAL SPACE.

External Anatomy.
Cutaneous Structures and Deep Fascia.
Definition of Space and Main Contents.

4th Day.

BACK OF THE THIGH.

Cutaneous Nerves and Fascia Lata.
Muscles—Biceps, Semitendinosus, and Semimembranosus.
Great and Small Sciatic Nerves.
Adductor Magnus.
Perforating Arteries.
Gluteus Minimus.
Reflected Tendon of Rectus.

Body on Back.

FRONT OF THE THIGH.

External Anatomy.
Cutaneous Structures—
Fascia, Vessels, and Glands.
Nerves—Ilio-inguinal, Crural Branch of Genito-Crural, External, Middle, and Internal Cutaneous.
The Anatomy of Femoral Hernia.
Dissection of Scarpa's Triangle.

Femoral Vessels.
Anterior Crural Nerve (larger trunks of).
Hunter's Canal and **Contents.**
Muscles in relation to **Scarpa's Triangle**—
Sartorius.
Adductor Longus.
Pectineus.
Psoas and **Iliacus.**
Gracilis.
Tensor Fasciæ Femoris.
Deep Dissection of Front of Thigh.
Anterior Crural Nerve, branches as above.
Reflect Adductor Longus.
Profunda and its **Branches.**
Obturator Nerve.
Adductor Brevis.
Obturator Artery.
Obturator Externus.
Adductor Magnus (origin).
Rectus Muscle (origin).
Capsule of Hip-Joint.
Vasti and **Crureus.**
Separate Limb from Trunk by disarticulating at hip-joint.
Define Attachments of Muscles to Trochanters, and of Adductors.
Complete Dissection of Thigh—
Trace out the Branches of Artery and Nerve above mentioned.

FRONT OF THE LEG AND FOOT.

External Anatomy.
Cutaneous Structures—
Nerves—**Musculo-Cutaneous, Anterior Tibial, Internal** and **External Saphenous,** and **External Popliteal.**

Veins—**Dorsal Arch, External** and **Internal Saphenous veins.**
Deep Fascia and **Annular Ligaments.**
Muscles—**Tibials Anticus, Extensor Proprius Hallucis, Extensor Digitorum** and **Peroneus Tertius, Extensor Brevis Digitorum.**
Anterior Tibial and **Dorsalis Pedis Vessels.**
Anterior Tibial Nerve.

OUTSIDE OF THE LEG.

Muscles—**Peroneus Longus** and **Brevis.**
Termination of **External Popliteal Nerve.**

INSIDE OF LEG.

Insertion of **Sartorius, Gracilis,** and **Semitendinosus Muscles.**

BACK OF THE LEG.

External Anatomy.
Cutaneous Vessels and **Nerves.**
Superficial Muscles, Gastrocnemius, Plantaris, and **Soleus.**
Revise **Popliteal Vessels.**
Deeper Structures—
Popliteus.
Flexor Longus Hallucis, Flexor Longus Digitorum, and **Tibialis posticus.**
Posterior Tibial Vessels and **Nerve.**
Internal Annular Ligament and Arrangement of **Tendons.**

SOLE OF THE FOOT.

Superficial Fascia and **Nerves.**
Plantar Fascia.
First Layer of Muscles, **Abductor Hallucis, Flexor Brevis**

Digitorum, Abductor Minimi Digiti.
Plantar Vessels and **Nerves**
Second Layer of Muscles, **Flexores Longus Digitorum**, and **Longus Hallucis, Accessorius** and **Lumbricales.**
Third Layer of Muscles, **Flexor Brevis** and **Adductor Hallucis Transversalis Pedis,** and **Flex. Brevis Min. Digit.**
Plantar Arch and **External Plantar Nerve** (termination).
Fourth Layer of Muscles—**Interossei.**
Insertions of Tibialus Posticus and **Peroneus Longus.**
Excise base of First Metatarsal Bone, and study continuity of Plantar Arch.
Anastamoses round the **Knee.**
Ligaments of **Knee, Ankle,** and **Foot.**

DISSECTION OF THORAX.

THORACIC WALL.

Intercostal Muscles.
Intercostal Nerves and Vessels.
Triangularis Sterni and **Internal Mammal Artery.**
Dissect the **Pleura** from without.
Open **Thorax.**—(Ask for assistance.)

THORACIC CAVITY.

Pleuræ.
Mediastinal Spaces.
Follow out Branches of Internal Mammary Artery on Sternum.
Form and **Position** of **Lungs.**
Phrenic Nerves.
Pulmonary Plexuses.
Roots of the **Lungs.**

Pericardium.
Nerves crossing Arch of Aorta, and Superficial Cardiac Plexus.
Heart, form and position.
Coronary Vessels.
Cavities of Heart.
Great Vessels.—Pulmonary Artery and Aorta, Pulmonary Veins.
Vagus Nerve and Deep Cardiac Plexus.
Trachea and Lungs.
Posterior Mediastinum.
Descending Aorta.
Œsophagus.
Thoracic Duct.
Venæ Azygos.
Cord of Sympathetic.
Intercostal Nerves and Arteries.
Upper Surface of Diaphragm.
Ligaments of Trunk.

DISSECTION OF ABDOMEN.

Body in Lithotomy Position for 2 Days.

Dissection of Perineum.

Body on Face for 4 Days.

DORSAL REGION.

Muscles of Back.
Nerves and Vessels of Back.

Body on Back.

ABDOMINAL WALL.

External Anatomy and **Regions.**
Superficial Fascia of **Groin.**
Cutaneous Nerves.
Superficial Vessels and **Glands.**
Superficial Dissection of **Penis** and **Scrotum.**
Muscles of **Abdominal Wall.**
Nerves in **Abdominal Wall.**
Arteries in **Abdominal Wall.**
Fascia Transversalis and **Peritoneum.**
Inguinal Canal.
Inguinal Hernia.
Spermatic Cord.
Testis. (The Testis and Spermatic Cord can be most profitably dissected under water in the cork-lined tray provided provided for the purpose.)

ABDOMINAL CAVITY.

Open Abdominal Cavity, **Cords.**
Position and Relations of **Viscera.**
Peritoneum.
Mesenteric Vessels.
Sympathetic Plexus.
Position of **Pancreas** and **Duodenum.**
Remove and Examine **Jejunum** and **Ileum.**
Inflate **Large Intestine** with the bellows; re-examine its peritoneal relations; then remove. **Ileo-colic Valve.**
Inflate Stomach and Duodenum, and proceed to dissect **Cœliac Axis** and **Vena Portæ.**
Bile and **Pancreatic Ducts.**

Remove and Examine **Stomach, Duodenum, Pancreas** and **Spleen.**
Solar Plexus.
Remove and Study **Liver.**
Abdominal Aorta and **Inferior Vena Cava.**
Kidney and **Supra-Renal Capsules.**
Diaphragm.
Psoas, Iliacus, and **Quadratus Muscles.**
Receptaculum Chyli and **Abdominal Lymphatics.**
Lumbar Plexus.
Sympathetic Cord.
Lumbar Arteries and **Azygos Veins.**
Separate Pelvis along with last Lumbar Vertebra.
Pelvic Viscera, Peritoneal Folds.
Dissection to Expose **Pelvic Fascia.**
Pelvic Fascia, Levator Ani, and **Coccygeus.**
Pelvic Vessels.
Pelvic Nerves.
Male Viscera.
Female Viscera.
Rectum.
Obturator Internus and **Pyriformis.**
Ligaments of Pelvis.

DISSECTION OF HEAD AND NECK.

Body on Back for 2 Days.

(*During Dissection of Perineum.*)

1st Day.

SCALP.

Muscles of Pinna.
Occipito-Frontalis.
Nerves.

2nd Day.

Vessels.
Removal and Preservation of **Brain.**
Dura Mater and **Cranial Sinusus** (with the exception of the Cavernous and Circular), and **Exit** of **Cranial Nerves.** (Do not expose the Gasserian Ganglion.)

Body on face for 4 Days.

1st Day.

BACK OF NECK.

Surface Marking.
Nerves.—Small Occipital, Great Auricular. Great Occipital, Third Occipital, and **Branches of Cervical Nerves.**
Cervical Fascia.

2nd Day.

Posterior Triangle (Upper Part) Boundaries and **Floor.**
Spinal Accessory Nerve.
Glandulæ Concatenatæ.

Trapezius (clean and reflect in conjunction with Dissectors of Arm).
Nerves to Rhomboids and Levator Anguli Scapulæ.
Superficial Cervical, and Posterior Scapular Arteries.
Levator Anguli Scapulæ.
Serratus Posticus Superior.
Splenius Capitis and Colli.

3rd Day.

Complexus.
Deep Cervical and Occipital Arteries, and Cervical Nerves.
Suboccipital Triangle.

Body on its Back.

NECK.

External Anatomy.

SIDE OF NECK.

Superficial Structures, Platysma Myoides, External Jugular Vein, Descending Cervical Nerves.
Cervical Fascia.
Posterior Triangle.
Sterno-Mastoid Muscle.
Omo-Hyoid (posterior belly).
Transverse Cervical and Supra-Scapular Arteries.
Subclavian Artery (third part).
Brachial Plexus. (This Plexus should be dissected in conjunction with the dissector of the Upper Limb.)
Cervical Plexus.

FRONT OF NECK.

Superficial Structures, Platysma Myoides, Transverse Cervical and **Facial Nerves, Anterior Jugular Vein.**
Cervical Fascia.
Anterior Triangle.
Descendens Noni Nerve.
Muscles Depressing Hyoid Bone.
Submaxillary and **Parotid Glands,** and **Thyroid Body.**

SIDE OF NECK.

Common Carotid Artery.
Internal Jugular Vein.
Relations of **Sterno-Mastoid Muscle.**
Hypoglossal Nerve.
Digastric and **Stylohyoid Muscles.**
External Carotid Artery.
Sympathetic Nerve.
Scaleni.
Subclavian Artery (1st and 2nd parts).
Dissection of the **Face.**
Pterygo-Maxillary Region.
Submaxillary Region.
Cavernous Sinus and **Orbit.**
Remove Mastoid Process.
Deep Vessels and **Nerves** of **Neck.**
Prevertebral Muscles and **Vertebral Artery.**
Ligaments of **Cervical Vertebræ.**
Dissection of **Pharynx** and **Soft Palate.**
Dissection of **Tongue and Larynx.**
Superior Maxillary Nerve.
Cavity of the Nose.
Middle and **Internal Ear.**

MEDICAL FACULTY, MCGILL UNIVERSITY,
July, 1890.