I'm not a robot



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Atlas sobotta gratis
Nerves from the Sacral Plexus. In addition to the transverse porta the inferior surface has two parallel sagittal fissures, which unite with the porta to form an H-shaped figure; these are the right and left sagittal fissures, which unite with the porta to form an H-shaped figure; these are the right and left sagittal fissures, which unite with the porta to form an H-shaped figure; these are the right and left sagittal fissures, which unite with the porta to form an H-shaped figure; these are the right and left sagittal fissures, which unite with the porta to form an H-shaped figure; these are the right and left sagittal fissures, which unite with the porta to form an H-shaped figure; these are the right and left sagittal fissures, which unite with the porta to form an H-shaped figure; these are the right and left sagittal fissures, which unite with the porta to form an H-shaped figure; these are the right and left sagittal fissures, which unite with the porta to form an H-shaped figure; these are the right and left sagittal fissures, which unite with the porta to form an H-shaped figure; these are the right and left sagittal fissures, which unite with the porta to form an H-shaped figure; these are the right and left sagittal fissures, which unite with the porta to form an H-shaped figure; the sagittal fissures are the right and left sagittal fissures are the right a
abdomen and is so called because it forms a common sheath for the spermatic cord and the testis. The liver (hepar) is a brown-red organ, of friable consistence and of the forms of a halved segment of a sphere; it weighs about 3 pounds. They insert by expanded tendons into the dorsal aponeurosis of the fingers on the basal phalanges. The muscles of
the lower limb are enclosed in a fascia, which, in places, is exceptionally strong. The two bulbi together form, therefore, a horse-shaped structure open posteriorly towards the orifice of the Nectus, and is continued down
over the spermatic cord to the scrotum. In the male they pass through the inguinal canals and the spermatic cords; in the female they pass to the pelvis and into the broad ligament (see here). It arises from the medial border of the inferior ramus of the inferior fascia of the urogenital trigone. In addition there are other muscles in
pharyngeal. As regards the methods of reproduction of the figures, polychromatic lithography is used for the first time - so far as I am aware - in anatomical illustrations. The anterior wall of the groove is termed the anterior lacrimal crest. The inferior deep cervical nodes extend along the lower part of the internal jugular vein into the supraclavicular
fossa. It consists of the palpebral and bulbar conjunctivae, which pass into one another at the base of the eyelids, forming in the upper lid the superior and in the lower lid the fourth intercostal space. On the lateral surface of the malleolus there is a shallow
groove for the peroneal tendons. The Iliopsoas consists of two or three parts, the Psoas major, Psoas minor, and Iliacus. The anterior surface of the pericardium lies behind the sternum and the costal cartilages and is fastened to these partly by loose connective tissue and partly by stronger bundles, the sternum and the costal cartilages and is fastened to these partly by loose connective tissue and partly by stronger bundles, the sternum and the costal cartilages and is fastened to these partly by loose connective tissue and partly by stronger bundles, the sternum and the costal cartilages and is fastened to these partly by loose connective tissue and partly by stronger bundles, the sternum and the costal cartilages and is fastened to these partly by stronger bundles, the sternum and the costal cartilages and is fastened to these partly by stronger bundles, the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages and is fastened to the sternum and the costal cartilages are cartilages and is fastened to the sternum and the costal cartilages are cartilages and cartilages are cartilages and cartilages are cartilages are cartilages and c
behind the arch of the aorta, the right subclavian artery, and each then continues upwards in the groove between the trachea and oesophagus. Numerous elastic fibres in the corium give the skin a high degree of elasticity. = superior, -ius superf. The base of the modiolus is formed by the cochlear area at the fundus of the internal
auditory meatus and contains the spiral tract of foramina for the entrance of nerve fibres. For the reproduction in color autotypes have been used, prepared in a most satisfactory matter by Messers. The length of its fleshy portion is less than that of any of the other recti; nevertheless it is a stronger muscle than the Rectus superior. It is much smaller
than the anterior one and diminishes in breadth from above downwards. In front of the fourth lumbar vertebra it divides into its terminal branches, the two common iliac arteries. The permanent dentition of the fourth lumbar vertebra it divides into its terminal branches, the two common iliac arteries. The permanent dentition of the fourth lumbar vertebra it divides into its terminal branches, the two common iliac arteries.
incisors, four canines and eight molars. The outer coat of the eye encloses the entire eyeball as with a capsule and is divided into an anterior, smaller, transparent, strongly curved portion, the cornea, and a larger, posterior, opaque white portion the sclera (sclerotic). The Chorioid Plexus of the Lateral Ventricle. In the empty stomach an anterior and a
posterior wall may be distinguished, both being convex and separated by the borders or curvatures of the stomach. In the description that follows the parts of the bony labyrinth lying within the pyramid are not considered, nor is the tympanic cavity fully described. The chorioid passes along the optic tract to the medial side of the hippocampal gyrus
and into the inferior cornu of the lateral ventricle to the chorioid plexus. The placenta, united to the wall of the uterus, is connected with the fetus by the umbilical cord, which contains two umbilical cord, which contains two umbilical cord, which contains two umbilical vein. The Semitendinosus arises from the tuberosity of the ischium, with the long head of the Biceps, and is inserted into the
medial border of the tuberosity of the tibia, forming part of the pes anserinus. The lingual vein frequently opens into one of the larynx follows as a whole, even as to individual folds, the relief of the skeleton of the larynx and of the elastic cone. The anterior
sacral plexus, small, formed by the lateral and middle sacral veins. On the outer surface of the larynx there is a strong elastic band, the crico-thyreoid ligament, which connects the inferior thyreoid notch with the upper border of the arch of the cricoid cartilage; it forms the anterior end of the elastic cone. It inserts into the accessory processes of the
upper lumbar and the transverse processes of the thoracic vertebrae and into all the ribs, between their angles and tubercles. Action: External rotator of the femur; aids in adduction and flexion. These consist of 4-5 lumbar ganglia, 4 (or 5) sacral ganglia and the
coccygeal ganglion, and furthermore of the great plexuses of the abdomen and pelvis. The base has a concave articular facet for articulation with the upper border of the lamina of the cricoid and its anterior angle is prolonged into a pointed process, the vocal process, while the blunter lateral angle is the muscular process. Its branches are: The
recurrent ulnar arteries, one or two in number, arise from the upper part of the artery. Those vertebrae with which ribs articulate present toward the posterior part of both the upper and lower border of the body on each side an articular surface (fovea costalis superior and inferior) for the head of the rib. The lateral surfaces of the pericardium are
covered by the pericardial pleurae united to them by epi-pericardial connective tissue, which is often fatty, and between the seportions of the pericardiaco-phrenic vessels, passes downward to the diaphragm. There is thus formed between the lamina modioli and the hamulus
a semilunar helicotrema, through which the two scalae, separated by the cochlear duct, communicate. Of its three surfaces the malar forms part of the face and is convex; it passes over into the zygomatic process of the maxilla and presents a zygomatic process of the zygomatic process of the zygomatic process of the zygomatic process of the zygomatic process of zygomatic proce
here) and, deeply seated, makes its way through the branches of the lower leg and covers the muscles of the lower leg and divides, sooner or later, into an ascending terminal branch. The crural fascia invests the muscles of the lower leg and covers the lower leg and
the scapula thus being rotated on the chest wall, as in raising the arm. The thin walled submaxillary duct (Wharton's), about the size of a small quill, passes from the upper part of the gland above the Mylohyoid, between that muscle and the mucous membrane of the floor of the mouth, and runs forward and medially, medial to the sublingual gland,
producing the sublingual fold, to the sublingual fold, to the sublingual caruncule beside the frenulum of the tongue. The former constitutes the whole of the surface of the kidney, while the medullary substance, while their apices project as the renal papillae into the renal sinus. In addition to
the main gland there are occasionally accessory thyreoid glands, which are to be regarded as portions of the inconstant pyramidal lobe. The anterior surface bears the erticular surface bears the erticular surface for the cuboid, which is somewhat saddle-shaped. Immediately beneath the fenestra is a rounded eminence, the promontory, formed by the basal coil of the cochlea,
broad ligament and connects the ovary to the uterus, although its union with the ovary is only indirect. Above the superior concha, between it and the roof of the anterior surface of the body of the sphenoid bone. On
the other hand, on that surface of the epiphysis which forms the articular surface the ossification fails to invade the terminal layer of cartilage, which persists throughout life, forming the articular surface the ossification fails to invade the terminal layer of cartilage. The glenoid cavity is relatively small arid only slightly concave, but it is materially enlarged and deepened by a strong, fibrous glenoidal lip,
which surrounds the whole border of the bony socket. It passes over without sharp demarcation into the cerebral surface of the orbital portion. 2. Nerve: A special branch from the sciatic plexus. The lateral and anterior ligaments, which bridge over the sinus tarsi, are united with the interosseous ligament, the posterior one extends between the
lateral tubercle of the posterior process of the talus and the upper surface of the calcaneus, and the medial passes from the tubercle of the anterior and middle cerebral arteries, and open into the superior sagittal sinus, frequently into its
lateral lacunae. The supraclavicular nerves (large, sensory, from C3 and C4 lie beneath the Platysma above the clavicle, and divide into anterior (suprasternal) branches to the anterior portion. The inner layer of the prepuce is bound to the glans by a frenulum, which is attached in the groove on the under surface of
layer of the transverse mesocolon. The musculature is traversed by numerous vessels, especially veins; the bulbourethral gland in the musculature. Between their free edges there is a relatively wide cleft, the rima vestibuli, whose width is not alterable. For the other illustrations
the so-called autotype process is used, and its suitability for the purpose may be seen from the Atlas itself. The openings of the intestinal glands of the rectum are readily seen as fine points with a lens. This ridge separates the medial surface into an anterior superior and a posterior inferior portion. These are: The fibres of the brachia conjunctiva. The
third perforating is the terminal branch of the deep femoral. Its branches are: The lateral superior artery of the knee runs forwards around the lateral condyle of the knee runs forwards around the lateral superior artery of the knee runs forwards around the lateral superior artery of the knee runs forwards around the lateral superior artery of the knee runs forwards around the lateral superior artery of the knee runs forwards around the lateral superior artery of the knee runs forwards around the lateral superior artery of the knee runs forwards around the lateral superior artery of the knee runs forwards around the lateral superior artery of the knee runs forwards around the lateral superior artery of the knee runs forwards around the lateral superior artery of the knee runs forwards around the lateral superior artery of the knee runs forwards around the lateral superior artery of the knee runs forwards around the lateral superior artery of the knee runs forwards around the lateral superior artery of the knee runs forwards around the lateral superior are runs forwards around the lateral superior are runs forwards around the lateral superior are runs forwards are
runs obliquely (from the left and above, downwards and to the right) across the lumbar portion of the sciatic nerve. The lateral parts of the soft palate, the palatine arches (pillars
of the fauces) are folds of mucous membrane containing muscles; they bound the isthmus of the fauces i.e. the transition from the mouth cavity to that of the pharynx (see here). The zygomatico-orbitalis, passing over the temporal region to the Orbicularis oculi. The Quadratus labii inferioris arises from the anterior part of the base of the mandible and
passes to the lower lip. The posterior surface of the pyramid forms a part of the posterior cranial fossa. Action: The brevis especially gives dorsal flexion of the hand; the longus radial abduction; the latter supinates if the arm is extended, pronates if it is flexed. On either side of the medulla oblongata lie the cerebellar hemispheres and beside and
partly behind these the occipital lobes of the first edition frequently did not give a sufficiently natural impression owing to the position of the muscles, since those of the muscles, since the 
preceding with the internal carotid through the cavernous sinus (Fig. The alveolar process forms the lateral and lower boundary of the piriform aperture. It passes beneath the symphysis, between the arcuate and transverse ligaments, and enters the plexus. The deep volar (palmar) arch is formed chiefly by the anastomosis of the terminal branch of
the radial artery with the deep volar branch of the ulnar. The lateral borders show incisures for the reception of the seventh costal cartilages. C7, C8. Nerve: The obturator. Below the calcarine fissure on the concave surface of the lobe is the lingual gyrus, bounded by the collateral fissure, and, below this, the fusiform gyrus, which
belongs mainly to the temporal lobe. Sense Organs. C136, C141. C18 and C166) begins at the level of the second lumbar vertebra by the union of the lumbar and intestinal trunks. Its branches are: The posterior auricular nerve arises soon after the exit of the nerve from the stylomastoid foramen and passes behind the ear to the Auricularis posterior
and the Occipitalis. The Quadratus femoris arises from the lateral border of the ischial tuberosity and passes outwards to the intertrochanteric crest. Above this is a stronger eminence, the prominence of the lateral semicircular canal, corresponding to the ampulla of that canal. In the thigh it branches into: An anterior branch, stronger than the
following, runs downwards between the Adductor brevis and magnus, supplies the Gracilis, Adductor longus and brevis and gives off a cutaneous branch (see here). The lateral lip passes above into an elongated roughened ridge, the gluteal tuberosity, which is occasionally greatly enlarged to form the so-called third trochanter. It inserts into the
tuberosity of the navicular bone and the plantar surface of the first or all of the cuneiforms. (See also here.) The closure of the pelvic outlet is effected principally by two muscular plates, the pelvic diaphragm and the urogenital diaphragm (trigone). The most important are The thalamic radiation, connecting the cortex of all four lobes with the
thalamus, and conversely the thalamus with the cortex (tegmental path). The first and second costal cartilages are directed sharply upwards, especially in expiration, during which a distinct angle is developed at the
junction of the bony rib with its cartilage, an angle which is almost completely obliterated during inspiration. B49). The arterior cardiac veins (vv. The fibres from the red nucleus form the rubrospinal fasciculus (Monakow) and are situated in the lateral funiculus. The Muscles of the Soft Palate and Isthmus of the Fauces. One of the most notable
characteristics is that the musculature of the ventricles and atria are completely independent one of the other; the ventricles have their own musculature, and so also the atria. Sacral nodes situated partly behind the rectum, partly in the mesorectum in front of and below the promontory. Each trunk consists of a series of segmental ganglia, the
ganglia of the sympathetic trunk, and cord-like interganglionic rami, composed essentially of nerve fibers and connecting the individual ganglia. At the pylorus the mucous membrane forms a circular fold, the pyloric valve and the so-called gastric canal in the region of the lesser curvature is bounded by longitudinal folds. Aug 18, 2018. The lower
border of the fossa is termed the inferior cornu and the upper the superior cornu. It is shorter than the manubrium and bears at its end a disk-shaped enlargement, the lenticular process. It is inserted into the first rib, lateral to the preceding. This latter forms the six tendon compartments for the eleven extensor tendons sheaths of the eleven extensor tendons sheaths are the eleven extensor tendons sheath are the eleven extends at the eleven extensor tendons sheath are the eleven extends at the eleven extensor tendons sheath are the eleven extends at the eleven ext
(see Fig. Each joint has an articular capsule, loose in the cervical vertebrae but compact in the lower ones; it encloses the cartilaginous surfaces. C351, C353) are fine, but long, thread-like, cornified structures of the integument, of which a portion, the scapus, projects freely from the surface of the skin, while the root (radix) is imbedded in the skin,
enclosed by a hair follicle. Where misunderstandings might occur the B.N.A. term in also given. The posterior arch is a roundish, slightly concave articular surface of the anterior arch is a roundish, slightly concave articular surface of the anterior arch is a roundish, slightly concave articular surface of the anterior arch is a roundish, slightly concave articular surface for the odontoid process (dens) of the axis (epistropheus). In childhood the vein is always well developed, but in the adult it is not
infrequently rudimentary. The Rectus Muscles. The metatarso-phalangeal and interphalangeal articulations of the foot are, with slight differences, similar to those of the hand, and present the same ligaments. The innermost layer is termed the oblique layer. C148, C157, C161, C174, C177, C178, C179, C205. The Heart. The common iliac veins
corresponding to the arteries of that name, on whose right side they lie. At about 10-12 mm from the eyeball the central retinal vessels pass into the nerve from below, and run in its axis to the papilla of the optic nerve. The mid-brain, mesencephalon, consists of the cerebral peduncle and the quadrigeminal lamina. The Ethmoid Bone. The long head of
the Triceps passes between the Teres major and divides the interval between these two muscles into a lateral quadrangular one, which gives passage to the circumflex artery. It consists of two portions, an anterior flat,
quadrangular trapezoid ligament and a posterior, triangular conoid ligament, small below and broad above (see Fig. The two arteries of opposite sides are connected by an arched anastomosis, the ranine arch. From it the crus of the helix and the anthelix, and the
actual vestibule of the external auditory meatus, the cavum conchae, which is bounded anteriorly and concave posteriorly; its dorsal surface is also distinctly convex. The rump muscles pass from the innominate bone to the upper part of the thigh. At the posterior encounterior e
of the Sylvian (lateral) fissure is the supramarginal gyrus and at the end of the superior temporal sulcus, the angular gyrus. A superior recess (Prussak's space) is a narrow space lying between the pancreatic notch the course of the former, enters the
hepatoduodenal ligament at the upper border of the pancreas, lying behind the hepatic artery and the bile duct (Fig. The trachea is a rather firm tube, 10-20 cm long and 11-18 mm in diameter. The caliber of the oesophagus is not constant throughout its length, narrower and wider portions alternating with one another. The dorsal tarsal ligaments are the oesophagus is not constant throughout its length, narrower and wider portions alternating with one another.
pass from the talus and calcaneus on the one hand to the navicular and cuboid on the other. The intervertebral foramina and is an almost cylindrical cavity that begins at the atlas and is continued below into the sacral canal (see here). It occupies the space
between the diverging crura of the fornix, below the splenium of the callosum (Fig. The lateral and medial superior posterior nasal branches which pass through the spheno-palatine foramen to the posterior part of the nasal mucous membrane. It is more coarsely lobed than the parotid and is paler in color. The Vestibule. That portion of the bursa
omentalis which extends furthest to the left and reaches the spleen and its pedicles (the gastro-lienal ligaments) is termed the lienal (splenic) recess. Its roof is formed by the base of the skull. In the region of the costal arch the cartilages are frequently greatly broadened. The Internet Archive is a nonprofit fighting for universal
access to quality information. The Transversus arises from the last six ribs (fleshy), from the lumbodorsal fascia (tendinous) and from the last six ribs (fleshy), from the last six ribs (fleshy), from the last six ribs (fleshy), from the last six ribs (fleshy). The muscular coat consists of three layers. The left one opens into the last six ribs (fleshy), from the lumbodorsal fascia (tendinous) and from the inner surfaces of the last six ribs (fleshy).
shallow groove, sulcus tubae auditivae extends toward the spinous process along the spheno-petrous suture. Here too is the lateral vestibulo-spinal tract, forms the marginal bundle of the anterior funiculus. Oesophageal branches
form the anterior and posterior oesophageal plexuses. It is rough and uneven on its oral surface, smooth and concave on its nasal surface, smooth and concave on its nasal surface. The chief mass of the fibres forms a compact bundle, the lateral funiculus, while a smaller bundle, the anterior cerebro-spinal
fasciculus (direct pyramidal tract), lies in the medial portion of the anterior funiculus. In some parts of the spinal cord there is a lateral projection, the lateral column (horn) which, as the reticular formation, gradually passes into the white substance. The superficial peroneal (musculo-cutaneous) runs between the two heads of the Peronaeus longus
and passes downwards on the Peronaeus brevis. It accompanies the axillary (circumflex) nerve and branches with this to the Deltoideus and the neighboring muscles. The digastric branch to the posterior belly of the Digastricus and the neighboring muscles. The digastric branch to the posterior belly of the Digastricus and the neighboring muscles. The digastric branch to the posterior belly of the Digastricus and to the Stylohyoideus.
to the medial surface of the orbit and passes to the vicinity of the pulley for the Obliquus superior. The body has four surfaces. The phalanges of the second to the fifth toes do not lie in a single plane, even when the toes are extended, but are strongly convex upwards and seem to be curved in a claw-like manner upon the heads of the metatarsal
bones, so that only their distal ends are in contact with the ground. Nerve: The internal pterygoid from the third division of the trigeminus. C69), forms the geniculate ganglion at the knee of the facial canal and gives off from this the greater superficial petrosal nerve. Both surfaces are smooth and are almost concentrically curved. The Spermatic
Cord. C58, C59, C60, C61, C62, C63. The fine fibres collect together to closely set bundles, which pass through the intervals between the ciliary processes to the lens, to whose equator they are attached, giving it its notched form. The artery then passes through the obturator canal and divides in the thigh into an anterior and posterior branch, which
supply the Adductors, behaving like the obturator nerve, but not extending so far downwards. It passes on the upper border of the Popliteus around the medial condyle of the tibia to the adjacent muscles and the rete of the knee. The vertebral foramen is narrow and rounded triangular. The anterior surface of the process usually shows juga alveolaria
corresponding to the roots of the anterior teeth. Where the fat tissue is wanting the epicardium rests on the second or middle layer, the myocardium sinister). It leaves the tympanic cavity through the superior tympanic canaliculus to pass to the otic ganglion (see here). Of the outpouchings of the joint cavity the largest is the suprapatellar bursa,
which extends for almost a hand's breadth beneath the tendon of the quadriceps. C101. The mucous membrane of the lateral funiculus passing to the cerebellum. The extensive, upper surface of the liver, which occupies the
concavity of the diaphragm, is uniformly convex. They arise from the chorioid veins, the terminal veins and the roundish nodulus, which, close behind the tela chorioidea of the fourth ventricle, corresponds to the flocculus. This
enlargement is termed the fossa navicularis (Morgagni) and on its dorsal wall it has a semilunar fold, the valvula fossae navicularis (lacuna magna). The Brachial Plexus, Supraclavicular Portion. The Sphincter urethrae membranaceae lies in the urogenital trigone and arises from the transverse ligament of the pelvis and from the inferior rami of the
pubis. Accessory slips arise from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the lower three or four ribs and frequently from the
it, are very thin-walled endolymphatic canals, oval in section, which lie eccentrically in similar bony canals. The two articular surfaces are made congruent by the interposition of an articular disk, which divides the joint cavity into two portions. Between adjacent columns there are corresponding depressions, the rectal sinuses. They receive some
vessels from the thigh and, in addition, the deep lymphatics from the gluteal region, the perineum and the posterior part of the external genitalia, together with those from the pelvic viscera. With this it runs over the radial surface of the pisiform bone between the volar and transverse carpal ligaments, and so, covered at first by the Palmaris brevis, to
the palm of the hand, where it is the chief constituent of the superficial volar arch. These two kinds of bone substantia ossium spongiosa). C7, C8, C9, C10, C11, C23, C25. This was done partly for uniformity in reproduction, partly because the illustrations of the first
volume were not pleasing to many readers on account of the colors being too bright and glaring on the white paper. The right and left renal veins, corresponding to the body of the sphenoid. The lacrimal ducts begin at the puncta lacrimalia
on, the edges of the upper and lower eyelids, near the medial commissure of the lids, between this and the medial ends of the malleus; it arises from the greater tympanic spine (see here) and is attached to the neck of the malleus. Occasionally branches of other
arteries, the lateral femoral circumflex, the first perforating, participate. The Constrictors of the Pharynx. It passes upwards over the lateral surface of the muscle and divides into the weaker anterior branch to the convex surface of the auricle and the neighboring portions of
the skin. A transverse groove, due to the entrance of the ejaculatory ducts, separates an anterior lobe, termed the isthmus. () denotes that the part is seen through another structure. 1. These teeth also occur in the same position as their successors, while the milk molars appear in the places later occupied by the praemolars. The supratrochlear and
infratrochlear and their anastomosis at the inner angle of the orbit. C60, C64, C74. buccal branches passing transversely over the Masseter to the Bucinator, to the muscles of the upper lip and nose, and to part of the Orbicularis oculi. The right ventricle is almost conical, but since its left surface, that towards the left ventricle, is concave, its
transverse section is semilunar. Save changes. It is reinforced by a temporo-mandibular ligament, which passes from the ength of the mandible. At about the middle of the length of the mandible. At about the middle of the length of the sterno-
mastoid to the muscle of that name. It begins at the vestibule by an ampullary limb, its ampulla opening on the lower wall of the vestibule at some distance from the quadrigemina, both from the grey substance of these and from the
red nucleus; the former lie chiefly in the anterior funiculus close to the median fissure and form the sulco-marginal fasciculus (ventral tectospinal tract), some lying also in the lateral funiculus (lateral tectospinal tract). The lateral funiculus (lateral tectospinal tract) the groove for the radial nerve
(musculo-spiral groove). A slender subclavian nerve goes to the Subclavius. The Midbrain, mesencephalon. While the anterior and lateral surfaces of the bone are exceptionally smooth, the posterior surface shows a rough line, the linea aspera. Its four tendons, which are connected by tendinous slips, pass into the dorsal aponeurosis of the second to
processes unite with the pair of inferior articular processes of the ventricular processes of the tela chorioidea there are vascular projections from the pair of inferior articular processes of the tela chorioidea there are vascular projections from the pair of inferior articular processes of the tela chorioidea there are vascular projections from the pair of inferior articular processes of the tela chorioidea there are vascular projections from the pair of inferior articular processes of the tela chorioidea there are vascular projections from the pair of inferior articular processes of the tela chorioidea there are vascular projections from the pair of inferior articular processes of the tela chorioidea there are vascular projections from the pair of inferior articular projection from the pair of inferior articular projection from the pair of inferior articular projection from the
visible at the base of the brain behind the flocculus of the cerebellum and beside the root of the galea aponeurotica. Those passing to the oesophagus make plentiful anastomoses with the thoracic portion of the vagus nerve. The Lacrimal Apparatus. The
which supply the scalp up to the vertex. The Bony Portion of the Tuba Auditiva (Eustachian tube). The lesser occipital nerve (usually moderately large, sensory, from C2 and C3) comes into view above the preceding at the lateral border of the tendon of insertion of the Sterno-mastoid and ascends like this, but somewhat more posteriorly, to the skin of
the lateral parts of the occipital region. Nerves: The Multifidus and Rotatores are supplied by the posterior rami of the spinal nerves. After birth the proximal portion as far as the bladder remains pervious and gives off the superior vesical
arteries to the sides and vertex of the bladder. In the occipital bone the following parts may be distinguished: the basilar portion, the lateral (condylar) portions and the squamous portion. C100. These last are double as is also the deep femoral, though this usually becomes single before its termination. It presents on its medial portion a small
depression, the fovea trochlearis (occasionally also a trochlear spine), and on its lateral part a shallow depression, the lacrimal fossa, for the lacrimal fossa, for the lacrimal gland. C80. The superficial radial nerve, the other terminal branch, is weaker than the deep one and is almost purely sensory. They show a distinct groove in the middle line. C9, C114. There is a
constriction (isthmus) between the vestibule and the principal portion of the bursa, due to a fold of peritoneum, the gastro-pancreatic fold, caused by the left gastric artery and the coronary vein and extending from the upper (left) end of the lesser curvature of the stomach. The greater cornua are long and thin and
enlarged into a knob at their ends; they arise from the sides of the body and are directed upwards and backwards. The lateral wall of the labyrinth, by its thin lamina papyracea, forms a part of the medial orbital wall. This bursa is situated below the concave anterior surface of the coracoid process, between the coracohumeral ligament and a slight
thickening of the medial surface of the capsule. The posterior communicating runs past the infundibulum and corpora mamillaria to the posterior cerebral artery (see here). It is the narrowest part of the pharynx, but otherwise presents no marked peculiarities. The efferents pass to the lumbar plexus. The lesser cornua often remain cartilaginous, and
are much smaller than the greater ones; they arise near the base of the greater ones and are directed posteriorly laterally and upwards. The external spermatic, mainly motor. The upper is always much smaller than the lower and its roots usually fuse to a single mass with indications, in three root canals, of their original triple division.
All these bones possess a marrow cavity. The Vagus Nerve. The upper lip is somewhat longer than the lower one and on its outer surface presents a flat, rather broad, median furrow, the philtrum. The inner surface of the body shows close to the middle line on each side a shallow digastric fossa, and between the two fossae and somewhat higher a
sharp prominence, often doubled, the mental spine. Above this there is frequently another elevation, the bulb of the posterior cornu. Sections of the individual lobuli, formed by delicate strands of connective tissue and, secondly, sections of the bronchial rami and the larger vascular branches. There is frequently another elevation, the bulb of the posterior cornu.
the neck (collum) and in this region the supraspinous fossae become continuous. The posterior brachial cutaneous nerve is a branch of the radial (musculo-spiral) nerve (see here). The posterior brachial cutaneous nerve is a branch of the radial (musculo-spiral) nerve (see here).
When the vertebrae are articulated the notches of successive vertebrae form foramina intervertebralia) through which the spinal nerves pass. This arises at the point of bifurcation of the abdominal aorta and continues in its direction, running downwards in the median line over the body of the fifth lumbar vertebra and the pelvic surface of
the sacrum. The superior cluneal nerves are the lateral branches of the posterior rami of the lumbar nerves and pass, as fairly strong stems, over the crest of the ilium to the skin of the upper part of the gluteal region. It bears on its under surface a slightly concave inferior articular surface for articulation with the tarsus (talus). They lie deeply in the
ileo-pectineal fossa beside the femoral artery and vein. Vessels of the Heart. The Endocardium. The right internal jugular and the right internal jugular a
forward and to the left and belongs to the left ventricle. Over the flexor muscles the fascia lata is of moderate strength and shows predominating transverse fibres, which become especially developed in the region of the population for the second
finger, the second and third into the radial sides of the fourth and fifth fingers. The rima glottidis is divided into a short posterior, but wider intercartilaginous part, bounded laterally by the vocal processes of the arytaenoid cartilages and the mucous membrane covering them, and a longer, anterior and narrower intermembranous part, bounded
laterally by the vocal ligaments and the mucosa covering them. See here. The bulbus vestibuli is an erectile body, homologous with the bulb of the corpus cavernosum urethrae of the male, and consists of two almost completely separated portions. It runs upwards on the lateral wall of the pharynx, pierces this wall and passes to the soft palate, giving
off a tonsillar branch. The Liver, hepar. Functionally considered the elbow joint is a combination of only two joints, since the humero-radial articulation does not act as an independent mechanism. The ciliary body is a ring-shaped thickening of the middle coat, which passes insensibly into the chorioid posteriorly, while the outer border of the iris arises
from its anterior part. The medial superior artery of the knee arises at the same level as the preceding and runs medially above the medial epicondyle of the knee. Muscular branches given off along its course in the forearm
to the neighboring muscles. the aortic arch and III. Later it bends somewhat to the right towards the liver, joining its inferior surface in the fossa for the vena cava, and then, piercing the diaphragm (foramen venae cavae), it enters the thoracic cavity (pericardial cavity) and so reaches the heart. The free thickened end is formed by the glans. Its
arcuate fibres surround the anal opening and lie in part close under the skin, uniting anteriorly with the Bulbocavernosus and posteriorly reaching the trunk, of a posterior thickened portion termed the splenium, which projects over the quadrigeminal plate
and forms the upper boundary of the transverse fissure, and of an anterior part, bent upon itself and termed the genu. The muscles of the perineum, using that term in its widest sense, may be divided into those of the perineum, using that term in its widest sense, may be divided into those of the perineum, using that term in its widest sense, may be divided into those of the perineum, using that term in its widest sense, may be divided into those of the perineum, using that term in its widest sense, may be divided into those of the perineum, using that term in its widest sense, may be divided into those of the perineum, using that term in its widest sense, may be divided into those of the perineum, using that term in its widest sense, may be divided into those of the perineum, using that term in its widest sense, may be divided into those of the perineum, using that term in its widest sense, may be divided into those of the perineum, using that term in its widest sense, may be divided into those of the perineum, using that term in its widest sense, may be divided into those of the perineum, using that term in its widest sense, may be divided into those of the perineum, using that term in its widest sense, may be divided into those of the perineum, using that term in its widest sense.
interosseous lies between the superficial and deep Extensors, supplies these muscles and joins, by weak branches, the dorsal carried are also numerous and are: in the roof, the foramina of the lamina cribrosa of the ethmoid; in the floor,
the upper openings of the incisive canal on each side of the nasal crest; in the inferior meatus, the inferior meatus, in the middle meatus, in the middle meatus, in the middle meatus, in the opening of the inferior meatus, the inferior meatus, in the middle meatu
meatus, the openings of the middle and posterior ethmoidal cells; and in the upper posterior part of the sphenoidal sinus, the small posterior process which bears the external opening of the foramen and is directed toward
the under surface of the pyramid of the temporal bone is termed the spine of the sphenoid (spina angularis). They fall into three subgroups: Muscles of the diaphragm. But it also forms some folds projecting into the cavity. The lentiform (lenticular)
nucleus is the lateral, inferior part of the corpus striatum and is a large ganglion, triangular in both frontal and horizontal section, situated in the lower part of the hemisphere, lateral to the caudate nucleus and the thalamus. The three groups of muscles passing from the lower leg into the foot have their tendons invested by tendon sheaths, which,
like those of the upper extremity, are protected by retinacula. The Phalanges. Two branches are given off near its origin. The brain (encephalon) according to its development (see Fig. Nerves: Posterior branches of the cervical, thoracic and lumbar nerves. Below the inguinal (Poupart's) ligament it divides into: The anterior cutaneous branches (see
here); Muscular branches to the Pectineus, Sartorius and Quadriceps; the saphenous nerve, the terminal branch (see here). The muscle fibres are interrupted by tendinous inscriptions, of which three are constant; an upper, in the region of the costal arch; a lower in the neighborhood of the umbilicus; and a middle between these. Their medial surface
is flattened. they form with it a very obtuse angle. It begins at the interventricular foramen, where it is continuous with the chorioid plexus of the third ventricle, and extends through the central portion of the ventricular foramen, where it is continuous with the chorioid plexus of the third ventricle, and extends through the central portion of the ventricle and the inferior cornu. The Extensor pollicis brevis arises from the dorsal surface of the radius and the interosseous membrane and
inserts into the basal phalanx of the thumb. The sigmoid arteries to the sigmoid colon. The schematic sections (Fig. The ureter is an almost cylindrical canal 30 cm in length. The pericardium is a fibrous sack lined by a serous membrane. Action: Adduction of thigh; assists in flexion and outward rotation: The Adductor brevis arises from the upper
ramus of the pubis, nearer to the obturator foramen than the Adductor longus, and is inserted into the upper third of the linea aspera. C60, C135. C75), and the cystic to the gall bladder, usually from the right terminal branch. Action: Draws the patella upwards, extends the lower leg, and flexes the thigh. The patellar fold (ligamentum
mucosum) is a fibrous and usually fat-containing band of variable thickness, that arises, between the alar folds and connected with them, from the front wall of the capsule and is attached behind in the intercondyloid fossa. The middle temporal fascia above the zygoma to supply the temporal muscle. C135, C136, C139. The
posterior malleolar fold (Fig. It divides into four tendons which insert into the Extensor digitorum longus, and, lower down, between the Tibialis and the Extensor hallucis longus, accompanying the deep peroneal nerve. The Urinary Bladder, vesica urinaria.
This is a triangular sheet of pia mater; situated beneath the body and the crura of the fornix (see here), and gives rise to the paired but short chorioid plexuses of the third ventricle. These frequently contain the cartilagines triticeae. Its branches are: The radial recurrent artery arises from the upper part of the radial and runs upwards and backwards
over the Supinator. According to their course three groups of conducting paths may be recognized in the spinal cord: descending from the brain and beginning and ending in the cord to the brain and beginning and ending in the cord to the brain and beginning and ending in the cord. It is covered at first by the Sterno-mastoideus, later appearing at its anterior border in the carotid fossa, in which,
placed rather superficially, it divides into its two terminal branches, the external and internal carotid. C57, C58, C59, C60. It passes vertically through the popliteal fossa, behind and lateral to the popliteal vessels. They pass to the arm is flexed,
either pronation or supination. Atlas de Anatomia Humana - Sobotta - Vol1 e Vol2.pdf. Transcript. The peri-cardiaco-phrenic artery (see Fig. The openings of the four pulmonary veins are so placed that the pair from each lung are close together, while the two pairs are some distance apart. The tense portion is drawn inwards funnel-like towards the
tympanic cavity by the attachment of the manubrium of the membrane is termed the umbo (Fig. The cricoid cartilage is attached to the neighbouring trachea by the crico-tracheal ligament. It is in general a cylindrical canal whose outer surface, in contrast to that of the
colon, is smooth, so that it resembles the small intestine rather than the large. On the hyo-thyreoid membrane there is on either side, close to the middle hyo-thyreoid ligament, a constant, flat, lobed mass of fat. Joints and Ligaments of the Upper Extremity. C318, C320, C321, C323, C324). The lateral part of its tendon remains farther from the
margin of the cornea than does the middle part, this reaching almost to the cornea. Lehmann, Munich). The incisors are the most anterior, those of the two sides being in contact in the median line; then follows the canine, then the praemolars, the molars being the most posterior. For the names of parts the Basel Nomenclature has been used. It may
pass directly to the left atrium through the foramen in the atrial septum (foramen oval e), and so. The tympanic membrane is placed obliquely with reference to the axis of the external auditory meatus, indeed, it is oblique in two directions. Our resources are crucial for knowledge lovers everywhere—so if you find all these bits and bytes useful, please
pitch in. The right atrium is a somewhat conical cavity whose slightly curved apex is formed by the right auricle (auricular appendix). First Layer. The parietal layer of the serous membrane is so intimately associated with the fibrous pericardium that both are included in the term pericardium, while the visceral layer which covers the heart and the
parts of the great vessels that are within the pericardium is termed the epicardium. It is covered by the radial group of muscles, sends branches to adjacent muscles, anastomoses with the volar branch of the foramen magnum, the lateral portions
form the lateral boundaries of this and the squamous portion lies behind it. B166, C18, C22, C116. = bone post., poster. The Third Ventricle. C16, C26, C27, C34, C35. The third wall is adherent to the lateral wall of the bony cochlea, completing the triangular cochlear duct (see Fig. They take origin in the deep and superficial volar venous arches and
terminate with the brachial veins, from which the axillary vein is formed. The posterior ethmoidal nerve, very small, passes with the posterior ethmological nerve and the posterior ethmological nerve and the posterior ethmological 
surface. From the rete 3 or 4 dorsal metacarpal arteries arise, which give origin to 6 or 7 dorsal digitales arise directly from the radial arteries, while the three radial dorsal digitales arise directly from the radial arteries and auricular appendices, but
thicker elsewhere in the atria. The Left Ventricle. The manner in which the parietal and visceral layers of the pericardium are reflected is as follows: The atreial reflexion has already been described, both arterial trunks being included in a common epicardial sheath, which bounds the transverse sinus anteriorly. B84); they correspond to the
secondary nodes of the tonsillar structures and the cortical portions of the lesser tuberosity of the humerus. The medial septum is usually perforated by the ulnar nerve. Near the apex of the pyramid is a
very shallow trigeminal impression (see Fig. During its course through the foramina of the transverse processes of the cervical vertebrae (Fig. C10, C13, C14, C51, C52, C53, C54, C55, C56, C57, C58, C114. The pericardiaco-phrenic nerve,
lying with this between the pericardial pleura and the peritoneum. The incisive suture is quite distinct on the hard palate. It inserts into the terminal phalanx of the great toe. The remains of the thymus of the child, which appears
as a compact glandular mass often only to the twelfth year. (see here and here) The vertebral artery passes through the atlanto-occipital membrane (for the spinal cord and medulla oblongata. It is separated by the petrosquamous fissure from the squamous
portion of the bone, and bears a slight transverse elevation, the arcuate eminence, which is formed by the underlying semicircular canal. In the fetus (Fig. C18. Angerer and Göschl of Vienna and the various plates have at the same time been adapted for the coloration of the other tissues shown (muscles, bones, fat, skin etc.). The Superficial Veins of
the Leg. The Deep Straight Group of Extensors. In the thigh it gives off branches to the flexor muscles and to the Adductor magnus. Its anterior surface is saddle-shaped and its medial surface has an articular facet for the external cuneiform.
The septum pellucidum lies between the corpus callosum and the pillars of the fornix, attached to both, and separates the anterior cornua of the lumbodorsal fascia, from the spinous processes of the lower thoracic and upper lumbar vertebrae. Towards the
opening into the pharynx the cartilage becomes thicker and higher, but it serves as a support for the tube in this part of its course only on its upper and medial wall, having now assumed the form of a curved plate that forms a narrow groove. Each spinal nerve is a mixed nerve, formed from anterior motor and posterior sensory roots (see here). The
proximal thinner portion, the root (radix), lies in a fold of skin and ends in a sharp, usually convex margo occultus, while the lateral borders are also imbedded in folds of skin. C80, C82, C83, C88. The latter forms the broad, conical mastoid process which communicate with the tympanic cavity.
In the lower third of the forearm it passes to the dorsal surface between the tendons of the Brachia-radialis and the bone, pierces the antibrachial fascia and supplies the radial half of the skin of the dorsum of the hand, as far as the bases of the terminal phalanges. In size these vertebrae increase continuously and quite distinctly from the first to the
fifth. In its course it gives branches to the long Extensors, the Peronaeus tertius and the Tibialis anterior. Finally, this funiculus also contains the descending media/longitudinal fasciculus. Its rather short fibres are put on the stretch by a relatively slight abduction of the clavicle from the thorax. A224). The anterior end of the frontal lobe is termed the
frontal pole. runs beside the internal carotid artery in the wall of the cavernous sinus to the superior orbital fissure and divides on its entrance into the orbit (Fig. The Kidneys, renes. The anastomotic branch is a rather constant and moderately strong oblique branch passing from the median to the ulnar nerve in the palm of the hand. The cranial pia
mater covers the entire surface of the brain, dipping down into the sulci of the cerebral hemispheres. The perineal artery, moderately strong, runs through the fat of the ischio-rectal fossa downwards, forwards and medially and, passing above the Transversus perinei superficialis, is supplied to the skin and muscles of the perineum. Action: Adducts
the thumb and helps to oppose it. At the passage through the pericardium of the great vessels as the visceral layer or epicardium. The outlet in the male is more strongly narrowed than in the female, owing to the ischial tuberosities being
somewhat convergent. C60, C61, C70. According to the thickness of this cartilage, which varies to a considerable extent in the various joints, the articular cavity in Röntgen pictures can never give definite evidence as to the width of the articular cavity. On either
side, on its lateral wall opposite the opening of the inferior meatus of the nose at the choanae, is an oval opening of the tuba auditiva (Eustachian tube). Both parts are quite distinct when in the relaxed condition (as in the cadaver), since the tips of the vocal processes show through as yellowish points. Also in the small left
sagittal fossa two parts, which pass into one another at the left end of the porta, may be distinguished, an anterior fossa for the ductus venosus. Other venous blood is poured into the right atrium from the superior vena cava and the cardiac veins; the decidedly mixed blood thus produced can pass on by one
of two routes. The sciatic (ischiadic) nerve is much the strongest branch of the plexus, indeed, the largest nerve in the body. The horizontal portions of the maxilla, from which they are separated by the transverse palatine suture. It is
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situated on the upper surface of the inferior thyreoid artery and gives off the middle cardiac nerve, which passes to the cardiac plexus along the subclavian artery. Certain bones as are formed by the fusion of several short bones or of short and flat bones
The Femoral Vein. Between the two is a distinct intertubercular groove. 2 and 3. Its blood flows into the internal jugular vein or transverse sinus, through the petrosal sinuses. It curves gradually toward the ulnar side of the volar surface of the forearm, being situated on the origin of the Flexor digitorum profundus and behind the median nerve and
the superficial flexors. It corresponds closely to a circular venous sinus, the canal of Schlemm, which lies in the sclerotic close to its inner surface. There is thus formed a small, circular space between the uterine lips and the vaginal wall, the fornix vaginae; it is much deeper behind than at the sides or especially in front. This is a partition which
separates the two testes and spermatic cords and is formed of connective tissue, some fatty tissue and some smooth muscle fibres. C51, C52, C53, C54, C55, C56, C58, C59, C63. It is usually well developed in the new-born child and is supplied by the olfactory nerve; in embryonic life it is fully established, although it later becomes quite rudimentary.
It courses with the obturator nerve along the upper border of the lateral wall of the pubic branch, which anastomoses with the pubic branch of the inferior epigastric, see C78). It passes upwards medial to and
behind the femoral artery to form the common iliac vein (see here), anterior to the sacro-iliac articulation. On the outer surface of the lower lip from the common iliac vein (see here), anterior to the sacro-iliac articulation. On the outer surface of the lower lip from the common iliac vein (see here), anterior to the sacro-iliac articulation. On the outer surface of the lower lip from the common iliac vein (see here), anterior to the sacro-iliac articulation. On the outer surface of the lower lip from the common iliac vein (see here), anterior to the sacro-iliac articulation.
part of the tube, the infundibulum. A88). C80, C83. In contrast to the third, fourth and fifth editions, which were essentially the same as the second, this sixth edition presents a number of new illustrations, especially of the stomach, intestines, liver, lungs and pericardium. The line between the two ostia is the shortest side of the triangle. On account
of their chisel-shaped crowns they have no masticatory surface, but a cutting edge, originally three-lobed. At the calamus scriptorius the taeniae form a projection, the obex. Here also there is a thin semilunar valve, the walvula of the coronary sinus (Thebesian). Half of its substance is smooth muscle tissue, the m. The first of these lies in the prostate,
which is really its thickened wall, its lumen transversing the gland from base to apex. The Rectus abdominis arises from the cartilages of the fifth to the seventh rib and from the symphysis. At first it is covered by the
Abductor hallucis and gives off a superficial branch, which passes through the plantar aponeurosis to the skin, and ends as the medial plantar digital artery of the great toe, and a deep branch running between the Abductor and the Flexor hallucis in the medial plantar digital artery of the great toe, and a deep branch running between the Abductor and the Flexor hallucis in the medial plantar digital artery of the great toe, and a nastomosing with the first plantar metatarsal. The calcaneus is the
largest bone of the tarsus. These septa are attached to the medial and lateral borders of the humerus, respectively, and serve partly for the origin of the muscles which they separate. The inferior cornu (horn) lies in the temporal lobe, nearer its medial than its lateral wall, and is a laterally convex horn-like portion of the lateral ventricle, whose media
wall to some extent is formed only by the ependymal epithelium. A216). An external spermatic which runs through the inguinal canal to the spermatic cord. The Cutaneous Veins of the Arm. The cerebrum contains mainly three kinds of conducting paths, which form the greater part of the white substance at the level of the corpus callosum and of the
centrum semiovale (Fig. B81), and divides into two branches which enter the porta of the liver. A shallow groove, the inferior petrosal sulcus, runs parallel to the posterior angle, being a continuation of the similarly named groove on the occipital bone. The lowest fibrocartilages are wedge-shaped, being distinctly higher (about 1/3) in front than
behind, especially in the case of the last one, the promontory. For the distances of the rectus tendons from the corneal border, see Fig. Then it passes between the two carotid arteries and applies itself to the medial surface of the Stylopharyngeus, with which it runs to the pharynx. The lowest is a distinct bone, the inferior nasal concha, and is the
largest and longest of the three, the uppermost being the smallest and shortest. C9, C10, C13, C14, C56, C57, C58, C59. C39. The terminal phalanges have no trochleae, but the short bodies pass into a rough horse-shoe shaped enlargement, the uppermost being the smallest and shortest. C9, C10, C13, C14, C56, C57, C58, C59. C39. The terminal phalanges have no trochleae, but the short bodies pass into a rough horse-shoe shaped enlargement, the uppermost being the smallest and shortest.
along the line of attachment of the falx cerebri. Its upper end is thickened and cleft into two alae, which enclose the rostrum of the sphenoid. It arises from the whole of the under surface of the calcaneus and from the medial and lateral tuberosities of the tuber calcanei, covering the entire width of the bone, and passes with very strong longitudinal
fibres to the tuberosity of the cuboid. The inferior posterior nasal branches arise in the pterygo-palatine canal and supply the inferior and middle conchae. On its plantar surface, near the medial border, there is a strong rounded projection, the tuberosity. The Ventricularis consists of fibres lying in the false vocal fold (plica ventricularis). The Spinalis
Cervicis (inconstant) passes between the spinous processes of the lower cervical vertebrae and those of the upper thoracic. It inserts into the tip of the great trochanter. It has an abdominal and a Pelvic portion. Anteriorly this space extends to behind the bulbar conjunctiva. C80, C82, C88. On the nasal side of the macula there is a slightly elevated
white circle, the papilla of the optic nerve. A similar, but much shallower, groove for the peroneal muscles lies on the lateral surface, which is otherwise flat, except that a small, blunt trochlear process sometimes occurs above the groove. Their strong efferent vessels form the lumbar trunk. The Pterygoideus externus arises by its chief head from the
lateral surface of the lateral plate of the pterygoid process and from the tuberosity of the maxilla; by its accessory head from the infratemporal crest of the greater wing of the sphenoid. and its lower and anterior boundaries are the bodies of the ilium and ischium. The Maxillary (II) Division of the Trigeminal Nerve. The Crico-thyreoideus is supplied by
the superior laryngeal nerve, all the other muscles by the inferior laryngeal. B105) one can trace the parietal peritoneum upwards upon the under surface of the diaphragm. = tuberosity v. The Thyreo-epiglotticus is formed by prolongations of the thyreo-epiglotticus is formed by prolongations of the thyreo-epiglotticus.
arytaenoideus into the ary-epiglottic fold. The glottis divides the cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions, an upper vestibule and an inferior cavity of the larynx into two portions are the cavity of the larynx into two portions are the cavity of the larynx into two portions are the cavity of the larynx into two portions are the cavity of the larynx into two portions are the cavity of the larynx into two portions are the cavity of the larynx into two portions are the cavity of the larynx into two portions are the cavity of the larynx into two portions are the cavity of the larynx into two portions are the cavity of the larynx into two portions are the cavity of the larynx into two portions are the cavity of the larynx into two portions are the cavity of the larynx into two portions are the cavity of the larynx into two portions are the cavity of the larynx into two portions are the cavity of the larynx into 
the lateral cerebral fissure into opercular, triangular and orbital portions. The cornea is a transparent, saucer-like membrane, which is more strongly curved than the sclerotic. It averages 7-9 cm in length, but may frequently be shorter or longer. It lies almost at the middle of the inferior surface and is a transverse, deep and broad fissure. From the
lateral parts of the tuberculum sellae the short middle clinoid processes project. On the anterior sacro-coccygeal ligaments, The last have a superficial portion, which unites the sacral and coccygeal cornua, and a deep portion, which is the lower
end of the posterior longitudinal ligament (see here). C106, C108, C110. C15, C20, C21. The fibres pass upwards to the nuclei of the clava and of the cuneate tubercle. The femoral nerve is very strong and mixed, from the second, third and fourth lumbar. Behind this again is a rough surface for the insertion of the Scalenus medius. C148, C149, C174
C178, C183, C184, C206, C207. On the upper surface of the liver the falciform ligament, which encloses the ligamentum teres, indicates the boundary between the right and left lobes. The internal mammary vein accompanying the artery of the same name (see here). Superficial cervical nodes, lie on the lateral surface of the neck, partly covered by
the Platysma. The left common carotid artery arises from the aortic arch close to the innominate artery and ascends almost vertically upwards in the neck, along the left surface of the trachea. C60, C61, C62, C135, C138, C139) and through the superior orbital fissure into the orbit to supply the Obliquus superior. C118. It is not actually a direct
prolongation of the head and neck, but forms with this an angle of 125-150°. Its branches are: A deltoid branch to the muscle of that name. Opposite the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina and from the lamina tragi by the fissura antitrago-helicina anti
incisura intertragica. Action: Fixes the hyoid, drawing it upward and laterally. and 5. Action: The upper fibres raise the scapula backward; those to the skull rotate the head toward the opposite side, the lower fibres draw the lower angle of the scapula medialwards. palpebralis. Preface to the
Second German Edition. The arteries of the heart are the two coronary arteries, which take their origin from the right and left sinuses of the aorta. In its lateral portions by the two Sternothyreoid muscles, which lie directly on the gland, and by the other
infrahyoid muscles. This is the only sinus that does not regularly open directly into the transverse. The Anconaeus is in close relation to the lower part of the medial head of the triceps. The region where the oesophagus opens into it is termed the cardia, the passage to the intestine on the right is the pylorus. They are united on one edge with the
ligamenta flava and on the other. The capitulum bears on its upper surface an articular depression or fovea for the capitulum of the humerus and a second articular surface, the articular surface, the articular depression or fovea for the capitulum of the humerus and a second articular surface, the articular surface an articular surface are surface.
below than above; the Vastus lateralis arises from the lateral lip of the linea aspera and from the base of the great trochanter, being stronger above than below; and the Vastus intermedius arises from the anterior surface of the femur between the other two, with which it fuses, especially with the medialis: These four muscles constitute what is termed
the Quadriceps femoris and unite to form a common tendon, that is inserted into the upper and lateral borders of the patella and, by means of the patella and b
rami also take origin from the splanchnic nerves (see below). Nerve: The one or two radial by the median, the two or three ulnar by the ulnar. The auriculo-temporal nerve usually arises by two roots, between which the middle meningeal artery passes. This is much folded on its inner surface and ends in a number of fringe-like lobes, the fimbriae, one
of which, the fimbria ovarica, extends to the Extensors and in part to the Peronei, it gives off: The posterior tibial recurrent, small and
inconstant, arising from the artery at its origin or even from the popliteal, ascends to the upper lateral part of the calf and to the rete of the knee. Articulations of the Bodies of the Vertebrae. Below and behind the promontory and almost concealed by it is a second, roundish opening, the fenestra cochleae (rotunda), in a rather deep depression, the
fossula of the fenestra cochleae, its sharp border being termed the crest of the fenestra rotunda. These have in general the same relations as the corresponding bony cavities. The Muscles of the fenestra rotunda. These have in general the same relations as the corresponding bony cavities. The Muscles of the fenestra rotunda.
of the symphysis the two crura come together and their medial surfaces fuse to form the septum of the mandible and the two bellies of the Digastricus, bordering also on the Stylo-hyoid, Stylo-glossus
and partly the Hyo-glossus. All the lymph vessels of the pelvis and of the lumbar trunk, which takes origin from the lumbar plexus. According to their course they fall into three main groups. It lies on the anterior surfaces of the lumbar vertebrae, almost in the median line and to the left of the inferior vena
cava. At the apex of each papilla the straight urinary canals, the ductus papillares, open by minute foramina papillaria (area cribrosa). C7, C14, C17. They are not attached to the condyles, but to the capsule by their outer margins and to the intercondyloid eminence and the cruciate ligaments. Action: Opens the mouth, raises and fixes the hyoid bone.
The paired articular processes serve for the articulation of the vertebrae with one another. The pelvis is bounded by the following bones, the innominates (coxae), the sacrum, the coccyx, and the fifth lumbar vertebra. In addition to the interosseous ligament there is also a posterior sacro-iliac ligament, which consists of a superficial long and a deep
short sacro-iliac ligament and is formed by a number 'of oblique fibre bundles that pass from the posterior spine. The right limb is a small, circumscribed, almost cylindrical muscle bundle that runs in the musculature of the ventricular septum at
a slight depth, partly, indeed, close under the endocardium. Nerve: The medial plantar. The Cartilaginous Portion of the Tuba Auditiva (Eustachian tube). In the upper molars the buccal tubercles are higher than the lingual and the intervening furrow has the form of an oblique H, so that the lingual and buccal tubercles are not exactly opposite one
another. The Orbicularis oculi has three portions: The orbital process of the maxilla at the medial angle of the orbit like a sphincter; some of the fibres insert into the eyebrow (depressor capitis supercilii). The cutaneous branch of the orbit like a sphincter; some of the fibres insert into the eyebrow (depressor capitis supercilii).
several fine twigs, below the middle of the lung consequently does not reach the brachia conjunctiva and pass to the nucleus ruber and thalamus of the opposite side. The left lobe of the liver, situated to
the left of the left sagittal fossa, makes up only about one-quarter of the entire mass of the organ, but varies greatly in size and shows on its inferior surface a concavity produced by the stomach, the gastric impression, and a notch produced by the oesophagus, the oesophagus, the oesophagus, the oesophagus, the oesophagus incisure. The left gastro-epiploic to the left half of the greater curvature of
the stomach, sending branches to the stomach and great omentum and anastomosing with the corresponding right artery. The form of the pericardium is that of a scalene triangle. The Pudendal Plexus. The Base of the Brain. Back: Trapezius (acromial end of clavicle, acromion and spine of scapula). Opposite it a styloid process projects beyond the
general inferior surface of the bone; it is broader and less pointed than the similarly named process of the ulna. Action: It bends the trunk forward or raises the pelvis; it also aids in compressing the abdominal contents. C33, C34, C35, C36, C37, C38, C39, C41. The anterior part of the upper area is the area of the facial nerve and on it the facial canal
 begins at a rather large, round foramen. The haemorrhoidal plexus in the wall of the rectum, drains for the most part also into the medial and the larger of the two bones of the lower leg. It consists of three parts. The atlas and axis
(epistropheus) are on the contrary atypical vertebrae. The Vitreous Body, V. The internal carotid nerve is the continuation of the temporal bone, forming the internal carotid plexus and, during its course through the cavernous sinus, the
cavernous plexus. This, on the cerebral surface of the lateral portion, arches around the jugular process, beginning at the jugular foramen. Beneath this is the posterior commissure, which connects the two hemispheres. The outer longitudinal muscle layer produces a
distinctly striated appearance in the outer surface of the organ, except above where circular fibres predominate. By it the last lumber vertebra and the last intervertebra fibrocartilage become part of the boundary of the pelvis. From the lips semilunar folds pass to the anterior as well as the posterior wall; they run transversely like the semilunar
folds, which they resemble except that they are longer. The genito-femoral nerve, rather weak, is formed from the second lumbar. C39, C48, C50. In contrast to the equator of the equator of the eyeball, there is a notched line, the ora serrata. The lips
consist of the skin with hairs, the Orbicularis oris muscle and mucous membrane. Syndesmology. The four angles of the bone are the frontal situated at the junction of the sagittal and coronal sutures, the mastoid at the junction of the sagittal and coronal sutures, the mastoid at the junction of the sagittal and coronal sutures, the occipital at the junction of the sagittal and lambdoid sutures, the mastoid at the junction of the sagittal and coronal sutures, the occipital at the junction of the sagittal and lambdoid sutures, the mastoid at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the mastoid at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the junction of the sagittal and lambdoid sutures, the occipital at the j
temporal bone, and the sphenoidal which articulates in the sphenoidal which articulates in the preceding and is at first covered by the parotid gland. The former, together with the integument covering it, forms the tragus and is continued medially into the cartilage of the meatus
without any sharp boundary. In each cavity there are recognized a vestibule and the cavity proper, the respiratory region. In correspondence with the arrangement followed in the first and second volumes, this one presents alternately pages of text and figures. It also lies in front of the left innominate vein, between the vein on the one side and the
manubrium and upper part of the body of the sternum on the other; it lies, accordingly, in front of the arch of th
backwards and at the same time horizontally and laterally, and passes into the almost vertical descending portion by the superior duodenal flexure. It inserts by four tendons, which are perforated by the tendons of the long flexor, into the middle phalanges of the four lateral toes. The sinus receives from above the superior vena cava and from below
the stronger inferior vena cava, the openings of these being opposite one another and separated by a prominence of the atrial wall, the intervenous tubercle (Lower's). The anterior portion is the clitoris, which in its position and structure
resembles the penis of the male, but differs in being much smaller and in not being traversed by the urethra. prot. On the other hand an undue expansion of the book and overloading it with illustrations of interest only to specialists, would only render it more difficult for the student or practitioner to get the information he desires. On the concave
under surface is the hippocampal gyrus, with the uncus and the fusiform gyrus, with the uncus and the fusiform gyrus, the latter being separated from the acetabular notch a characteristic ligament arises, the ligamentum teres, which is a flat, but sometimes
strong, band, containing blood vessels, that is inserted into the femur. They are somewhat triangular and form the anterior lower part of the lateral wall of the superior one, it consists of only loosely connected, sometimes completely
separated, lobules, and its ducts, as well as those of the superior gland, open on the lateral portion of the conjunctival fornix. This marked difference in the arrangement of the male as compared with the bulbus vestibuli of the female. In the new-born
child it still shows remains of a lumen. Scattered at rather regular intervals throughout the entire substance of the splenic (Malpighian) corpuscles (noduli lymphatici), which may be seen in sections by the naked eye (Fig. The Fasciae of the splenic (Malpighian) corpuscles (noduli lymphatici), which may be seen in sections by the naked eye (Fig. The Fasciae of the splenic (Malpighian) corpuscles (noduli lymphatici), which may be seen in sections by the naked eye (Fig. The Fasciae of the splenic (Malpighian) corpuscles (noduli lymphatici), which may be seen in sections by the naked eye (Fig. The Fasciae of the splenic (Malpighian) corpuscles (noduli lymphatici), which may be seen in sections by the naked eye (Fig. The Fasciae of the splenic (Malpighian) corpuscles (noduli lymphatici), which may be seen in sections by the naked eye (Fig. The Fasciae of the splenic (Malpighian) corpuscles (noduli lymphatici), which may be seen in sections by the naked eye (Fig. The Fasciae of the splenic (Malpighian) corpuscles (noduli lymphatici), which may be seen in sections by the naked eye (Fig. The Fasciae of the splenic (Malpighian) corpuscles (noduli lymphatici), which may be seen in sections by the naked eye (Fig. The Fasciae of the splenic (Malpighian) corpuscles (noduli lymphatici), which may be seen in sections by the naked eye (Fig. The Fasciae of the splenic (Malpighian) corpuscles (noduli lymphatici)).
a roughened area, not always distinct, for the attachment of the coraco-brachialis muscle and near this is a frequently large nutritive foramen. They are absent from those regions where hairs are lacking, such as the palm of the hand and the sole of the foot. Its branches are: The meningeal is given off before the nerve leaves the cranial cavity and
passes to the dura mater with the anterior branch of the arches. This posterior part of the fascia bounds the lateral posterior wall of the mouth cavity and the lateral wall of the
pharynx (see here). The two tubercles are separated by an almost sagittal furrow that follows the curve of the dental arch, so that there is a weaker lingual and a stronger buccal tubercle. The chorioid is a thin, pigmented, vascular membrane, whose perfectly smooth inner surface is turned towards the retina, while its rougher outer surface is in
contact with the sclerotic. The Zygomaticus arises from the malar surface of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mastoid process. In the interior of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the posterior border of the mouth. It is inserted into the mouth into the posterior border of the mouth. It is inserted into the mouth into the mouth into the posterior border of the mouth into the mouth into
interval between two taeniae, but they may be longer. Action: Both muscles draw the head to the same side. C35, C36. The flattened isthmus lies in front of the crico-tracheal ligament and the arch of the cricoid
cartilage. C61, C62. They open close to the lateral margins of the vagina at about the level between their posterior and middle thirds, just at the junction of the vagina; when the hymen is present the openings lie in front of it. They are flattened, almost triangular, but of somewhat triangular, but of somew
irregular form, and are situated one on either side in front of the ear and in the immediately adjacent parts of the neck. Action: Closes the jaws. passes through the foramen rotundum into the pterygo-palatine fossa, where it gives off some branches and divides into its terminals. From the zygomatic process the temporal line takes origin and separates
from the frontal surface a small almost vertical portion, the temporal surface. The Spinalis capitis is properly a portion of the Semispinalis capitis, representing its inconstant spinal head. There may be distinguished a great or false pelvis (pelvis major) and a small or true pelvis (pelvis minor). The manubrium is the upper, broadest, slightly curved
portion of the sternum and is separated from the body of the bone by the sternal synchondrosis. The wall of the pharynx consists of a mucous membrane, a fibrous coat and a muscular coat. Posterior mediastinal nodes, small nodes situated along the thoracic aorta. The descending branch, a strong branch to the muscles of the back of the neck. Nerve:
The lateral plantar. The external maxillary (facial) artery arises from the anterior surface of the external carotid a short distance above the lingual artery. C74, C75) and large glandular branches. The Flat Muscles of the external carotid a short distance above the lingual artery.
but its anterior part is placed nearly vertical, as in the typical ribs. C58, C59. This begins below at a foramen, the foramen caecum, bounded by the frontal arid ethmoid bones in common, and running upwards into the sagittal sulcus. Further the structure of the medulla oblongata, the pons and the corpora quadrigemina is shown in some schemata
taken from the diagrams of Müller-Spatz, published by the J. The Calcaneus. It consists of a body (corpus) and an ala. The base shows a surface of each is irregularly lobulated. The superior (anterior vertical) canal is perpendicular to the axis of the
pyramid of the temporal bone and, accordingly, parallel to its transverse diameter. Preface to the Seventh German Edition. It presents a horizontal, roughened, lower surface, which has in the median line a tubercle, the pharyngeal tubercle, C8, C9, C10, C13, C14, C15, C17, C28, C29, C30, C31, C32, C45. Such are known as irregular bones. C61,
C62, C248, C249. Action: Flexor of the form the lateral and posterior portions of the upper part of the scapula; the lateral head from the upper two-thirds of the lateral intermuscular
septum; the medial head from the whole length of the medial intermuscular septum down to the great tuberosity, following the groove for the radial nerve, and from the lateral intermuscular septum down to the lateral epicondyle. The choice of preparations for
illustration and their manner of representation follow the plan used in the first volume, the object being to present them from the standpoint of topographic anatomy. The lateral portions bear upon their under surfaces the elongated, convex occipital condyles and pass without any sharp boundary into the basilar portion anteriorly and the squamous them.
divided by the posterior intermediate sulcus (and the septum that continues it) into two portions, the medial fasciculus gracilis (column of Burdach). The inferior semilunar lobule of the hemisphere. The Central Nervous System. The
cavity of the nose repeats, with but slight differences, the arrangement of the osseous nasal cavity. It does not drain the skull however, but takes its origin mainly from the external vertebral plexuses. In addition there is the Palmaris brevis, a dermal muscle of the palm. Its branches are: The superficial epigastric arises from the upper part of the
base of the glenoidal lip and encloses not only the head of the femur but also between the medial and intermediate crura and between the latter and the sectual substance of the lens is enclosed within a homogeneous
parietal. For Later0%0% found this document useful, undefined Preface From Volume I From the Preface From Volume I fluid, and traversed by numerous connective-tissue strands passing from the pia
 mater to the arachnoid. It then runs behind the insertion of the Scalenus anterior to the subclavian groove on the first rib and over this to behind the clavicle. The Muscles of the Rump. Beneath the anterior part of the corpus callosum (between the trunk and genu) is the septum pellucidum and further back the fornix. The aponeurosis forks before its
insertion in such a way that the posterior part inserts into the upper border and the whole anterior surface of the tarsus of the upper lid, while the anterior part passes between the skin over the
base of the mandible, the chin and face. The joints of the hand are those of the fingers. It is more definitely bounded than the other walls in that in the whole of the hinder part of the central points of the two
temporal bone of the skull, may be divided into three principal portions: The internal ear, formed by the so-called labyrinth, which consists of the membranous labyrinth, which is merely its
osseous investment. Nerves: The deep temporal nerves from the third division of trigeminus. The Coccygeus arises from the sacro-spinous ligament, to the lateral border of the sacro-spinous ligament ligament ligament light ligament light light
internal mammary runs downwards. The Appendages of the Skin. C146. It divides into four long tendons which pass to the terminal phalanges of the second to the fifth fingers. In addition there may be suspensory muscles of the there may be suspensory mus
Constrictor inferior of the pharynx). A small projection (intrajugular process) on each of these two bones divides the foramen into a small anterior (medial) and a larger posterior (lateral) portion (Fig. In its upper part, close under the epiglottis is the entrance into the larynx, aditus laryngis. The medial palpebral arteries, from the terminal part of the
with the frontal process of the maxilla in the naso-maxillary suture. The (Spinal) Accessory Nerve also passes through the jugular foramen and immediately below this divides into the internal branch, that joins the vagus (Fig. C66, C67, C68, C69, C114. The spermatic cord (funiculus spermaticus) is a roundish cord about the thickness of the little
finger and 10-12 cm in length. Nerve: The musculo-cutaneus. The lateral surface of the ala is rough and convex and its principal markings are three rough lines, the posterior, anterior and middle articular surfaces of the
calcaneus, the posterior surface of the navicular fibrocartilage in the plantar calcaneo-navicular ligament (see here). The pudendal plexus lies chiefly between the base of the bladder and the pubic symphysis and in the male is formed principally by the dorsal vein of the penis. The Caecum. Posteriorly and below, the helix passes into
a free, flattened cauda helicis. These begin at about the superior duodenal flexure and extend to the lower end of the small intestine, becoming, however, gradually fewer and lower in the ileum, until they are either absent or merely scattered in its lower portion. A. The body of the bone, like the sternal extremity, is almost triangular, but with strongly
rounded angles. Action: Extend the fingers and indirectly the hand. The Knee Joint (articulatio genus). After many branchings the finest branches of the aortic system (arteries) pass over into capillaries, through whose thin walls oxygen is given off to the body tissues and carbon dioxide is taken from them, the blood thus becoming "venous"
Consequently, the membrane is oblique both in the vertical and in the horizontal plane and, in addition, it has the funnel-like form produced by the umbo. It is inserted into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and into the lateral lip of the iliac crest and ilia
laterally. They are largest in the lumbar region and smallest in the thoracic. The Ilio-coccygeus arises from the tendinous arch on the surface of the Obturator internus and is inserted into the coccyx and the ano-coccygeus arises from the tendinous arch on the surface of the Obturator internus and is inserted into the coccyx and the ano-coccygeus arises from the tendinous arch on the surface of the Obturator internus and is inserted into the coccyx and the ano-coccygeus arises from the tendinous arch on the surface of the Obturator internus and is inserted into the coccyy and the ano-coccygeus arises from the tendinous arch on the surface of the Obturator internus and is inserted into the coccyy and the ano-coccygeus arises from the tendinous arch on the surface of the Obturator internus and is inserted into the coccyy and the ano-coccygeus arises from the tendinous arch on the surface of the Obturator internus and is inserted into the coccyy and the ano-coccygeus arises from the tendinous arch on the surface of the Obturator internus arch on the obturbator i
to the sublingual glands and mucous membrane of the mouth by sublingual branches; and sends a branch from the chorda tympani and communicating branches to the submaxillary gland. The Nerves and Blood Vessels of the Back. The posterior wall of the sacral canal does not extend to the apex of
the bone, but terminates at about the boundary between the fourth and fifth sacral vertebrae. The canines, especially the upper ones, are the longest teeth in the dentition (on account of their long roots - 35 mm). On the anterior opening
of the pterygoid canal. A99 and A100), while its main mass is below the base of that bone. A pubic branch, which runs behind the lacunar ligament and broad bodies with flat, bean-shaped (that is to say, the contact surface for the adjacent vertebra is elliptical, but
somewhat concave posteriorly) not quite parallel surfaces (the surfaces are not parallel because the lumbar portion of the vertebral column is strongly convex forwards, the vertebral bodies being noticeably higher in front than behind), as well as high and strong arches with very strong processes. The bone has two processes. The anterior membrane
extends between the occipital and the arch of the atlas, the posterior arch of the atlas, the posterior arch of the atlas, but also extends between the occipital and the arch of the atlas, but also extends between the posterior arch of the atlas, but also extends between the posterior arch of the atlas, and the arch of the atlas, but also extends between the posterior arch of the atlas, but also extends between the posterior arch of the atlas, but also extends between the posterior arch of the atlas, and the arch of the atlas, but also extends between the posterior arch of the atlas, but also extends between the posterior arch of the atlas, and the arch of the atlas, and the arch of the atlas, but also extends between the posterior arch of the atlas, and the arch of 
nerves that unite with the sympathetic hypogastric plexus and go to the rectum and the Levator ani. Its more median fibres unite in a median raphe; the lateral insert into the upper border of the body of the hyoid. The Meningeal Arteries. The ascending cervical artery, of moderate size, runs upwards in front of the insertions of the Longus capitis and
Scaleni, beside the phrenic nerve. It is a rhombic depression, pointed above and below, lying on the posterior surface of the pons and medulla oblongata. The mucous membrane of the mucous membrane, the gastric areas, measuring 2-3 mm in
diameter. The lateral nasal cartilages appear to be direct prolongations of the septal cartilage, in that on the dorsum of the anterior edge of the septal cartilage. The lateral malleolar rete is situated superficially over the lateral malleolar anterior edge of the septal cartilage.
malleolar from the anterior tibial, the lateral posterior malleolar from the peroneal and the lateral tarsal from the peroneal and the peroneal and the lateral posterior malleolar from the peroneal and the lateral tarsal from the lateral tarsal fro
one side and the palatine process on the other. From the right atrium the venous blood passes into the right atrium the venous blood passes into the pulmonary artery carries it to the lungs. The radiate from the head of the right ventricle from which the pulmonary artery carries it to the lungs. The radiate from the venous blood passes into the right ventricle from which the pulmonary artery carries it to the lungs.
facial branch passes through the canal of that name and through the Orbicularis oculi to the skin of the maxillary sinus (see here and Fig. The Muscles of the Foot. The deep depression between the anthelix, the anterior portion of the helix, and the
long crus of the incus to the posterior wall of the tympanic cavity; the stapedial fold covers the tendon of the Stapedial fold covers the tendon of the Stapedial fold covers the tendon of the cartilage of
the first rib. Two groups of skull bones are usually recognized, the bones of the cranium and the bones of the heart where they
disappear, passing deeply and forming what is termed the vortex. These plates are composed of muscles and the fascias pertaining to them. Action: Opposes the thumb and aids in abduction. Next these are the lateral funiculi, separated from the pyramids by the continuation upwards of the anterior lateral sulcus of the cord; in the upper part of them.
medulla oblongata these funiculi enlarge to an elongated anterior elevation, the olive, and to a posterior flat one, the tuberculum cinereum (the prolongation of the mandible and curves upwards, gradually becoming more and more
superficial, in front of the external auditory meatus and the concha, often quite surrounded by the parotid gland. It then comes to lie in the axis of the muscle cone, surrounded by the fat tissue of the orbit, to the medial (nasal) part of the posterior portion of the
eyeball. C102, C103, C104. The caudate lobe is well defined by deep grooves on all sides, but it passes over into the right lobe by a small caudate process, which separates the two parts of the right sagittal fossa. The muscle unites with the Gastrocnemius to form a powerful tendon (tendo Achillis) which is inserted into the tuberosity of the calcaneus
They begin about 2-3 cm above the anus and end rather suddenly in the anulus haemorrhoidalis, a ridge immediately above the anal opening. This surface when seen through the external meatus is shining and the entire length of the manubrium of the malleus shows through as a white streak, the malleolar stria. C53, C54, C55, C56, C57, C58, C59,
C70, C71. (See Figs. N. C176). The apex of the curvature of the canal looks laterally and somewhat backwards. The external genitalia, giving off the anterior scrotal (labial) arteries. The peroneal artery arises from the upper part of the artery and runs
downwards, almost parallel to it, between the Tibialis posterior and the Flexor hallucis longus. The Facial Muscles. This is an unpaired vein lying in the median line of the penis, receiving branches at an acute angle. Commissural fibres passing from one
hemisphere to the other. C96, C97. Its upper or cerebral surface is concave. The middle part, which, however, is in front of the equator of the equator of the equator of the eyeball, is thickened and forms what is called the ciliary body. Actually it is a paired organ, but the two glands come to lie with their medial surfaces in close apposition, so as to give the impression of an
 unpaired organ consisting of two lobes. teres. They lie within 1-2 cm of one another at the fundus, the urethral orifice at the lowest portion of the bladder, those of the ureters in the lower part of the posterior wall. It has the following roots: The right jugular trunk drains the deep cervical nodes of the right side and carries the lymph from the right
side of the head and neck. Above this is a small but deep depression, the posterior sinus, and above this again a shallow depression, the fossa incudis, for the short limb of the incus. C166, C167, C188, C195, C196, C197. C163, C164, C165, C166. Sections through the gland show that it is composed of a compact, yellow or brownish cortical substance
completely enclosing a soft, grayish-red medullary substance. The right coronary artery supplies principally the right artery supplies principally the right coronary artery supplies principally the right artery supplies principally supplies principally supplies principally supplies principally supplies principally supplies principa
surface which is turned towards the ribs and is directed mainly laterally is termed the costal surface, while that opposite, the smaller medial and mostly concave surface facing the heart, is the mediastinal surface. It shows a longitudinal fold on its posterior wall, the urethral crest, the highest part of which is termed the colliculus seminalis. The
Arterial Retia of the Upper Extremity. A82); the remaining portion is cartilage by the union of the two innominate veins. The two menisci are connected anteriorly by a very variable transverse ligament. C95, C96, C97. Its branches are: The left colice to the two innominate veins. The two menisci are connected anteriorly by a very variable transverse ligament. C95, C96, C97. Its branches are: The left colice to the two innominate veins.
to the left portion of the transverse colon, anastomosing with the middle colic, and to the descending colon, anastomosing with the following. The chief object has therefore been to limit the illustrations to the necessities of the case, but to present these in a series of comprehensive figures, showing step by step the stages usually followed in dissection
The Muscles of the Radial Group. The hairs (Fig. For the structure of bone see here. On the lateral surface it consists of three parallel gyri, the superior, middle and inferior, separated by the pigmented layer of the inner coat. C51, C52,
C53, C54, C57. The arytaenoid cartilages are two in number, each having the form of a triangular pyramid. It shuts in the fat tissue (corpus adiposum) of the orbit anteriorly and is made convex anteriorly by it. C20) to the pericardium and diaphragm. It inserts by its medial limb into the bodies of the upper cervical vertebrae; by its upper lateral limb
into the anterior tubercle of the atlas and the bodies of the sixth. It passes by three slender tendons into the dorsal aponeurosis of the three middle toes. In the lateral plantar groove it divides into its terminal branches. The
under surface of the right lobe shows a series of impressions of neighbouring organs. Also the articular surfaces and the lower articulating processes of the twelfth thoracic vertebra are already sagittal in position. The maxilla and mandible are low, the alveolar portions being quite wanting. The ovary has two surfaces, a medial surface turned toward
the tuba uterina and largely covered by it and a lateral surface in contact with the maxillary sinus, coming into relation with the maxillary process of the inferior concha (Fig. A long slender branch is the a. From the tips of
the corniculate cartilages an elastic band of fibres extends downwards on either side and unites with that of the pharynx, which covers it, and is therefore termed the corniculo-pharyngeal ligament. Canals in the temporal bone. C84,
C85, C86, C87, C88, C89, C90. At the junction of the upper extremity with the body below the tubercles, there is a distinct diminution in the diameter of the pharynx. The line of the joints is a curve convex anteriorly with a
deep backward indentation between the middle cuneiform (short) and the base of the second metatarsal (long). The pancreas is not a purely exocrine gland, but also contains endocrine bodies, scattered like islands through the exocrine gland, but also contains endocrine bodies, scattered like islands through the exocrine gland, but also contains endocrine bodies, scattered like islands through the exocrine gland, but also contains endocrine bodies, scattered like islands through the exocrine gland, but also contains endocrine bodies, scattered like islands through the exocrine gland, but also contains endocrine bodies, scattered like islands through the exocrine gland, but also contains endocrine bodies, scattered like islands through the exocrine gland, but also contains endocrine bodies, scattered like islands through the exocrine gland, but also contains endocrine bodies, scattered like islands through the exocrine gland, but also contains endocrine bodies, scattered like islands through the exocrine gland, but also contains endocrine bodies, scattered like islands through the exocrine gland, but also contains endocrine bodies, scattered like islands through the exocrine gland, but also contains endocrine bodies, scattered like islands through the exocrine gland, but also contains endocrine gland, but also contains endocrine glands are scattered like islands and the exocrine glands are scattered like islands are scattered like islands.
the vertebral column and head. Over the vault of the skull there is no fascia, since the galea aponeurotica is directly connected with the deeper layers of the shaft is almost cylindrical. C40. It comes to lie close to the ulnar side of the ulnar artery (see here), runs
down the forearm with this, and, passing close to the pisiform bone, enters the palm of the hand, after it has given off a branch for the dorsal surface. A rather weak plexus formed principally by the 3rd and 4th sacral nerves. Its inclination varies, being on the average about 60° (inclination of the plane of the inlet to the vertical). Posteriorly it is
bounded by a flattened bony mass formed by the fused arches of the sacrum, which bear the medial sacral crest. The superior petrous fissure and the foramen lacerum. The Radial Artery arises at the bend of the elbow by the division of the brachial artery (see here),
being its weaker terminal branch. C47, C48. If the taeniae are cut away or completely relaxed the haustra disappear. Action: Abduction and extension of the thumb; the Abductor may also abduct the entire hand and assist in supination. These muscles lie partly in the soft palate and serve for its movement (closing off the nasal from the oral portion of
the pharynx) as well as for the opening of the cleft-like lumen of the tuba auditiva (Eustachian tube). The Bony Labyrinth. Anterior auricular nodes, small (3-4). The Adductor magnus arises from the lower rami of the pubis and ischium and from the lower small (3-4).
stomach; in the living it is separated from the body of the stomach by a sharp angle (angulus ventriculi) and is the only portion of the median line. In transverse section the thoracic cavity is heart-shaped or kidney-shaped on account of the median line. In transverse section the thoracic cavity is heart-shaped or kidney-shaped or kidney-shape
C317, C318, C319, C320, C321, C322, C324) is lined throughout its entire extent by a very thin and delicate mucous membrane, which extends also into the mastoid antrum and into the mastoid cells, and becomes continuous with the pharyngeal mucous membrane through the tuba auditiva (Eustachian tube). The Smaller Glands of the Mouth Cavity
The Anterior (Extensor) Group. The intercostal veins lie above the arteries in the intercostal spaces. C106. The Incisive muscles any more than the slip of the Nasalis that passes to the cartilaginous septum of the nose (Depressor septi). The medial angle is a right angle, the inferior one is more
acute, but strongly rounded. Deep cubital nodes, deep in the cubital fossa beside the brachial artery and vein. The lingual glands beneath the mucous membrane of the vallate and foliate papillae), that is to say, at the root of the tongue.
Each divides into an anterior branch, the actual intercostal, and a weak posterior branch that passes to the back. The tongue is composed of two principal constituents, the mucous membrane and muscles. In the cervical region there is, in addition, a posterior intermediate sulcus between the posterior median and posterior lateral sulci. Arteries of the
Pelvic. All these glands fall far short of the size of the three large salivary glands. The lingual nerve, one of the two pterygoid muscles; it then passes lateral to the Styloglossus and Hyoglossus and above the submaxillary gland
to the tongue. The upper and lower borders are irregular; the former articulates with the nasal portion of the Flexor digitorum profundus. Immediately above the zygoma the superficial temporal vein receives the
capsule from the caudate nucleus; while the posterior medial surface is separated by the posterior limb of the capsule from the thalamus. The nipple is conical and varies greatly in height and size in different individuals; it is covered by a delicate, much wrinkled skin and is especially rich in smooth muscle fibres. The upper portion, from the first and
second ribs, is inserted into the medial angle of the scapula; the middle portion, from the second and third ribs, into almost the entire length of the scapula. It unites the foramen lacerum with the pterygo-palatine fossa. The inferior
irregular semilunar shape; the medial end is broader than the lateral. The right broncho-mediastinal trunk which is formed by the efferent vessels of the bronchial and mediastinal nodes and carries the lymph from the right lung, the heart, etc. C143, C144, C191. The transverse processes are paired processes that project
laterally from the anterior part of the arch or, in the case of the cervical vertebrae, from the entire breadth of the ciliary zonule is the circular suspensory apparatus of the lens and consists of very delicate, stiff fibres which take their origin from the entire breadth of the ciliary zonule is the circular suspensory apparatus of the lens and consists of very delicate, stiff fibres which take their origin from the entire breadth of the ciliary zonule is the circular suspensory apparatus of the ciliary zonule is the circular suspensory apparatus of the ciliary zonule is the circular suspensory apparatus of the ciliary zonule is the circular suspensory apparatus of the ciliary zonule is the circular suspensory apparatus of the ciliary zonule is the circular suspensory apparatus of the ciliary zonule is the circular suspensory apparatus of the ciliary zonule is the circular suspensory apparatus of the ciliary zonule is the circular suspensory apparatus of the ciliary zonule is the circular suspensory apparatus of the ciliary zonule is the
skin in which the root and posterior part of the lateral borders of the nail wall (vallum unguis). The mental issues from the mental foramen to supply the chin and lower lip. In the cervical there are Anterior intertransversarii between the
 anterior tubercles of successive vertebrae, and Posterior intertransversarii between successive posterior tubercles. This forms the cerebellum; above it arises a small bundle of fibres, the frenulum, from the groove that separates the two
inferior colliculi. The much stronger lateral crus forms the anterior part of the ala of the nose. The Flexor digitorum profundus arises from the femoral trigone (Scarpa's triangle), and covers the adductor canal. The Adductor longus arises from the
junction of the upper and lower rami of the pubis and is inserted into the medial lip of the linea aspera. Nerves: Posterior rami of the column is in the lumbar region. At the bottom of the Sylvian (lateral) fissure, covered in by the frontal, parietal and temporal lobes,
which form its operculum, is the insula, bounded above arid laterally by the circular sulcus and below by the limen insulae. C72, C114. In addition to muscular branches are the insula and to the rete of the knee (not shown). The humerus is a typical
long bone, in which may be distinguished a long shaft or body (corpus) and two thickened extremities, superior and inferior. If the ligament is undivided the artery passes over it. The Cerato-pharyngeus from the greater cornu. The Hip Joint (articulatio coxae). The Muscles of the Little
Toe. C66. The crowns have three (anterior) to five (posterior) irregularly placed tubercles, which are separated by very irregular furrows. Their fibres pass from the cortex of the frontal and occipito-temporal lobes to the nuclei of the pons. C66, C67, C71 (see here). The Supinator arises from the lateral epicondyle of the humerus, the radial collateral
and annular ligaments and the supinator crest of the ulna. The anterior humeral circumflex, rather small, passes around the anterior surface of the surgical neck of the humerus supplying the neighboring muscles. In the case of the surgical neck of the humerus supplying the neighboring muscles. In the case of the surgical neck of the humerus supplying the neighboring muscles. In the case of the surgical neck of the humerus supplying the neighboring muscles. In the case of the surgical neck of the humerus supplying the neighboring muscles. In the case of the surgical neck of the humerus supplying the neighboring muscles. In the case of the surgical neck of the humerus supplying the neighboring muscles. In the case of the surgical neck of the humerus supplying the neighboring muscles.
of the second rib is found on the body of the sternum, the incisures for the second to the fifth rib are placed at quite distinct intervals. The Sterno-mastoid. The Nasalis consists of two portions, a transverse portion arising from the maxilla and passing transversely to the bridge of the nose,
and an alar portion from the jugum of the upper canine tooth to the ala of the nose and the septal cartilage. Röntgen photographs also give exceedingly important information as to the ossification of the tympanic cavity, in the medial wall
of which it forms the tympanic plexus with branches from the facial and with the superior and inferior carotico-tympanic nerves from the sympathetic internal carotid plexus. Its coils pass for the most part around an axis, the modiolus, which is formed of spongy bone and has the form of a low hollow cone. The articular capsules of the interphalangeal
articulations are strengthened laterally by collateral ligaments. The two lacrimal ducts open close together, rarely by means of a common terminal part, into the lateral wall of the lacrimal sac. The Crico-arytaenoideus posterior arises from the posterior surface of the lamina of the cricoid cartilage and inserts into the muscular process of the
arytaenoid cartilage. The Extensor carpi ulnaris is separated from the two preceding muscles by an intermuscular septum and arises, like them, from the lateral epicondyle of the humerus and from the thoracic and lumbar regions they
are anterior to these processes. The Cuboid. For the chief distribution of the sympathetic system is to the viscera. The bucinator pierces the Bucinator to supply the mucous membrane of the cheek. C60, C61, C62, C68, C70, C114. The surface turned toward the bone is distinctly convex, that turned toward the eyeball concave. It is formed by: the
arcuate artery (see here), the lateral tarsal, and the medial tarsals. The ulnar collateral ligament arises on the humerus and passes, broadening as it goes, to the border of the semilunar notch of the ulna. Action: Flexion and inward rotation of the lower leg; extension and adduction of the thigh. Its upper part forms the
submaxillary fovea on the mandible (see Fig. It has an elongated conical form and lies completely enclosed within the cavity of the pyramidal eminence, from whose walls it arises. Imbedded in the metacarpo-phalangeal joint of the
index and little fingers. It has the form of the kidney and contains much fat tissue, the branches and the roots of the ureter, the calices and pelvis. Then, covered by the latter, it continues downwards on the posterior surface of the interosseous membrane (no nerve accompanying it!). The Mouth Cavity (cavum oris). The ulna is a distinctly triangular-
prismatic long bone, thick above and much thinner below. The fourth artery runs along the upper border of the ilium and partly on the Iliacus. It is typically triangular. The surfaces of the bodies are flat and heart-shaped. C76, C77, C78. C30, C37, C38, C44. (See here for the pelvic part). The deep (volar) branch passes deeply into the hollow of the
hand between the hypothenar muscles, accompanying the deep volar branch of the ulnar artery. The Ascending Pharyngeal Artery. This is especially true in the case of young skeletons still developing; in these the Röntgen pictures are the more satisfactory since they show the ossification centres in their natural position in the transparent cartilage.
The articular capsule is strengthened over its upper, stronger portion by the acromio-clavicular ligament, which unites the ends of the Triceps. In the empty state the variations in caliber are
hardly noticeable. The pits of the hilus are on the gastric surface, more or less close to the ridge, and in this region are also attached the peritoneal ligaments, the gastro-splenic (gastro-lienal) and the pancreatico-splenic (pancreatico-splenic (pancreatico
subscapular muscle, and it is slightly concave, forming the subscapular fossa for the muscle of that name. C6, C7, C8, C51, C52. The Rectus superior is the weakest and thinnest of all, and runs with the Levator palpebrae superior is the weakest and thinnest of all, and runs with the Levator palpebrae superior is the weakest and thinnest of all, and runs with the Levator palpebrae superior is the weakest and thinnest of all, and runs with the Levator palpebrae superior is the weakest and thinnest of all, and runs with the Levator palpebrae superior is the weakest and thinnest of all, and runs with the Levator palpebrae superior is the weakest and thinnest of all, and runs with the Levator palpebrae superior is the weakest and thinnest of all, and runs with the Levator palpebrae superior is the weakest and thinnest of all, and runs with the Levator palpebrae superior is the weakest and thinnest of all the weakest and thinnest of all the weakest and thinnest of all the weakest and the weakest a
upper quadrant of the eyeball to in front of the equator. Its deepest point is formed by the coccyx and the ischial tuberosities also project strongly downwards, while in the region of the sacro-tuberous ligament and symphysis pubis the boundary slopes to a higher level. The flexor tendons in the palm of the hand are covered by a strong tendinous
membrane, the palmar aponeurosis, which is usually the direct expansion of the Palmaris longus. The lower molars have two conical roots, an anterior (somewhat the stronger) and a posterior; they are flattened in the frontal plane, are furrowed and of considerable size, and their tips are usually curved backwards. Group I. The three
surfaces are medial, lateral and posterior, the sharp borders, which are not always straight are termed crests. C165, C166, C167, C168, C169, C170, C171, C172, C190. Action: Dorsal flexion of the hand and ulnar abduction. In the new-born child the ramus joins the body at an oblique angle (see Fig. Their anterior borders articulate with the orbital
portion of the frontal bone in the spheno-frontal suture; their posterior sharper borders form a boundary for the anterior clinoid processes. A deep branch, chiefly motor, accompanies the plantar arch and supplies the Flexor and Opponens digitive points, the anterior clinoid processes.
V, the Adductor hallucis and the Interossei. Action: Volar flexion and ulnar abduction. C267). Intercostal nodes, very small nodes, situated in the neighborhood of the heads of the ribs. C55. The lower surface of the midbrain is formed by the two cerebral peduncles and by the interpeduncular fossa, in which an anterior and a posterior recess occurs.
The anterior (carotid) wall possesses the opening of the musculo-tubar canal and also the small openings of the carotico-tympanic canaliculi from the carotic canal and also the small opening of the musculo-tubar canal and also the small opening of the musculo-tubar canal and also the small opening of the carotico-tympanic canaliculi from the carotico-tympanic from the carotico-
They receive afferents from the anterior part of the face and the region of the chin, and their efferents pass to the superficial and deep cervical nodes. The m. It is inserted by a broad tendon, resembling a two-layered pouch with the opening upward, into the great tuberosity of the humerus. The hyoid bone is a small, flat bone situated at
the base of the tongue. They receive the lymph from the organs in the upper part of the abdominal cavity and, with the lacrimal artery to the lacrimal gland, the conjunctiva, the eyelid, uniting with the zygomatic nerve. Hajek. = protuberance r., ram. The uppermost
portion of the body that projects dome-like above the level of the tubae uterinae is termed the fundus. They consist of a distinctly stronger upper and a weaker lower nerve and they pass to the abdominal cavity. The anterior ciliary arteries are small branches, for the most part from other branches of the ophthalmic. It is not placed vertically, but
almost horizontally and its surfaces are directed upwards and somewhat outwards, and downwards and somewhat inwards. The outer and inner coats are completely separated by the intervening looser submucosa. C63. Iliacus, anastomosing with the deep circumflex iliac and the fourth lumbar. In place of the latter there is a posterior tubercle and
opposite this on the anterior surface of the anterior arch there is an anterior arch there is an anterior arch there is an anterior arch there are anterior arch there are anterior arch there are anterior arch there is an anterior arch there are anterior arch there are anterior arch there are anterior arch there is an anterior arch there is an anterior arch there are an arch there are an arch there are an arch there are a support arch the arch there are a support arch there are a support arch there are a support are a support arch there are a support arch the arch there are a support are a support arch the arch there are a support are a support arch the arch there are a support are a support arch the arch there are a support are a support arch the arch there are a support are a support arch the arch there are a support are a support arch the arch there are a support are a support arch the arch there are a support are a support arch the arch there are a support are a support arch the arch there are a support are a support are a support arch the arch there are a support are a support are a support are a support arch the arch the arch the arch the arch t
posterior surfaces of both the sacrum and coccyx, from the posterior part of the crest of the ilium and its posterior superior and inferior spines. Owner hidden. It is often continuous with the neighbouring lingual tonsil (see here), completing the lymphatic pharyngeal ring. The Trachea and Bronchi. Right from the start, the book concentrate on exam-
relevant ... Sobotta Atlas Vol 3 - Free download as PDF File (.pdf) or read online for free. The socket for the head of the talus is thus formed by four different cartilage-covered surfaces. The branches are the following: The vertebral artery arises from the convexity of the artery passes behind the common carotid artery to the foramen
transversarium of the sixth cervical vertebra and through the foramina of succeeding vertebrae up to the first and then through the foramen magnum to the brain. A39). From its course it is also known as the atrioventricular bundle. The Pterygo-palatine Fossa. The Thoracic Vertebrae. Nerve: The posterior branches of cervical nerves. C355),
numerous and in part moderately large. A335). C149, and of the limen of the insula, Fig. There is a superior and an inferior punctum, situated on small, low elevations, the lacrimal papillae, on the edges of the eyelids. C67, C68, C114. On its dorsal surface it contains the navicular fibrocartilage, which forms part of the socket for the head of the talus.
The body is distinctly prismatic and is the narrowest portion of the structure; its anterior border of the testis and the adjacent part of its lateral surface, but otherwise it is separated from the testis by the sinus epididymidis. A44, A45). Situated at first in front of the body of the (fourth and) fifth lumbar
vertebra, it runs for about 5 or 6 cm along the medial border of the Psoas, being crossed by the ureter, and divides into its two terminal branches without giving off any other branches of even moderate size. The Mandibular (III) Division of the Trigeminal Nerve. The frontal, weaker than the supraorbital but with a similar distribution. The lateral
femoral cutaneous nerve is a rather strong, sensory nerve from the second and third lumbar. The ophthalmic artery is the only large branch given off by the internal carotid before it reaches the brain (see here). The caliber of the cavernous portion is fairly uniform, except for an enlargement close to the external orifice. The constriction below the
head is termed the neck (collum) and a depression on the anterior surface of this is termed towards the lips or cheek is the labial or buccal surface; that turned towards the tongue the lingual surface; and those in contact
with adjacent teeth the contact surfaces. B165, C22. In the upper molars the tips of the roots are often slightly curved backwards. The Rectus femoris arises from the inner surface of the first costal cartilage and from the posterior
surface of the manubrium. The musculature of the ventricles is arranged like that of the atria in so far as in these also there is a superficial layer common to both chambers and a distinctly stronger layer, peculiar to each ventricle. This is limited by a weak muscle ridge in the interior of the ventricle, the supraventricular crest. The third molars, also
called wisdom teeth (dentes serotini), are usually more or less rudimentary. The epiglottic ligament and the petiole is seated in the superior thyreoid notch by means of the thyreo-epiglottic ligament. In the costo-vertebral articulations the
head of a rib articulates with two adjoining vertebrae and the tubercle with a transverse process, except that this latter connection is wanting in the last two ribs, which articulate with only one vertebrae and, in the upper lid
it is connected with the aponeurosis of the Levator palpebrae superioris. At about the level of the insertion of the Deltoideus it pierces the brachial fascia and is distributed to the skin of the posterior surface of the upper arm as far asthe elbow joint. They lie on the lateral surface of the Sternomastoid, in the region of its posterior border and along the
lower border of the parotid gland. Along the occipito-mastoid suture it articulates with the two parietal bones. The symphysis pubis is an amphiarthrosis uniting the symphyseal surfaces of the two pubic bones. The artery of the bulb to the bulb of the urethral corpus
cavernosum. C100, C102, C103, C104, C105. The Lumbrical muscles arise from the tendons of the Flexor digitorum profundus, the two ulnar each by two heads from the sides of adjacent tendons. The lateral femoral cutaneous passes through the fascia immediately beneath the anterior superior spine
of the ilium and supplies the skin of the lateral surface and lateral part of the anterior surface of the thigh. here.) The deep cervical artery accompanies the similarly named, but much larger vein in the deep layers of the muscles of the back of the neck, passing upwards between the Semispinalis capitis and Semispinalis cervicis as far as the level of
the axis (epistropheus). The Vertebral Column. It is often perforated or cleft below and is especially variable in form. C8, C10, C11, C17, C27. C28). Considerable variation also occurs in the time of the appearance of the ossification centres (see table here; ~~ = variation). Along with it it passes through the bend of the elbow, covered by the lacertus
fibrosus, accompanies the upper part of the ulnar artery for a short distance, passes between the ulnar artery and runs down the forearm between the superficial and deep layers of flexors. Muscles of respiration. Lateral from this on the anterior, lower border is a roughened area, the
costal tuberosity, for the attachment of the costo-clavicular ligament. The dorsal surface presents a rough median ridge or crest, which in many cases is frequently interrupted. C7, C8, C13, C15, C17), receiving as a rule only the external jugular, which opens into its terminal portion. It is by far the shortest of all the eye muscles; its tendon is usually
very short. The posterior surface is concave and the medial, almost flat, is situated in the median plane. It supplies the skin and muscles. A55). It is separated from the hemispheres by the tentorium (see here). It lies anterior to the vagus nerve and the sympathetic trunk, anterior and medial to the internal jugular vein, and passes through the carotid
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foramen into the carotid canal in the temporal bone. It then follows the course of the groove and, piercing the lateral intermuscular septum in company with the volar branch of the radial collateral artery (see here), it comes to lie in the groove between the Brachialis and the Brachia-radialis, where it divides into its two terminal branches. The greater
part of this surface of the nail is uncovered, and the nail projects as a free border over the distal extremity of the phalanx. The bases articulate with the distal row of carpal bones, the capitula with the proximal row of phalanges. The superior ophthalmic vein, the chief vein of the orbit, corresponds in general to the ophthalmic artery. An experience
with the work of the Anatomical Laboratory, extending over many years, has convinced the author of the advisability of presenting illustrations of the peripheral nervous system and of the blood vessels as they are seen by the student in his dissections, i.e. the nerves and arteries of any region in the same figure. Action: Flexes the great toe, acting also
on the others (see below), and assists in flexing and supinating the foot. The maxilla is a paired bone which takes part in the boundaries of the orbital, nasal and oral cavities. It bears the two convex, backwardly directed articulating condyles, the larger medial condyle and the smaller lateral condyle, separated from one another behind by the
intercondyloid fossa. The representation of the principal fibre tracts has been extensively altered and in this connection some of the schematic figures have been replaced by new ones. It is a somewhat flattened, rather thick-walled duct about the size of a crow-quill; its oval, slit-like orifice opens into the vestibule of the mouth opposite the second
upper molar tooth. The Thoracic Duct. True and False Vertebrae may be distinguished. The separation between the two latter portions is shown externally by the lateral sulcus of the midbrain. C26. The pleura extends into the depth of the interlobar fissures, even almost to the hilus, so that the individual lobes are continuous only to a small extent.
The Eye. Action: Flexes the terminal phalanges of the four lateral toes, assists in plantar flexion and supination. It gives branches to the Sterno-mastoideus and the neighboring muscles of the tongue, and also the long crico-thyreoid branch to the Sterno-mastoideus and the neighboring muscles of the four lateral toes, assists in plantar flexion and supination. It gives branches to the Sterno-mastoideus and the neighboring muscles of the tongue, and also the long crico-thyreoid branch to the Sterno-mastoideus and the neighboring muscles of the four lateral toes, assists in plantar flexion and supination.
transversa colli or partly replaced by it, usually arises with the ascending cervical from a short common trunk, passes behind the Sterno-mastoid, and, becoming superficial at its lateral border, continues over the Omohyoid and Levator scapulae through the supraclavicular fossa to the anterior border of the Trapezius. C319). Like the lateral walls the
posterior is formed principally by the constrictor muscles; the anterior wall has no special muscles. The Deep Veins of the dorsal aponeurosis of the great toe. It contains, as important structures, the actual sound conducting
apparatus in the form of the auditory ossicles, and, furthermore, possesses a communication with the cavity of the naso-pharynx through the tuba auditiva (Eustachian tube). It receives some veins from the plantar region and then passes up the medial surface of the lower leg and the thigh, inclining towards the anterior surface in the upper third of its
course. Action: Draws the head backwards and rotates the upper cervical vertebrae and head to the same side. It separates the eyeball from the fat tissue of the tympanic cavity and by the cupula of the tegmen tympani, and is at least partly separated from the recesses of the tympanic
membrane by the lateral ligament of the malleus. C113. The Stomach, ventriculus. The teeth (dentes) are conical structures imbedded by their roots (radices) in the alveoli of the jaws. By the sides of it lie the pyramids, flattened bands formed by the decussation of the lateral pyramidal tracts. The Flexor digitorum brevis arises from the medial process
of the calcaneal tuberosity and from the plantar aponeurosis. The Gemellus superior takes origin from the spine of the ischium and the Gemellus inferior from the underlying tissues by a thin membrane, the superficial fascia. The muscular coat occurs upon the
lateral and posterior surfaces, except in their uppermost parts; it consists essentially of circular fibres, the head (caput), the body (corpus) and the tail (cauda). C100, C102, C103, C104, C105, C107. The muscles of the lower extremity may be classified as
those of the rump, those of the lower leg and those of the lower leg and those of the plantar surface of the third (lateral) cuneiform and the plantar surface of the proximal phalanges have hollow spherical sockets for the
capitula of the metacarpals, those of the middle and distal phalanges are hollow cylindrical, with a median elevation, corresponding in form to the lower border of the orbit, below which is the infraorbital foramen, the opening of the infraorbital
canal, and below this a shallow depression, the canine fossa. It arises from the walls of its canal, and also from the pericardium. In the complete joint it lies upon the fat pad of the acetabular fossa and on account of its
length and weakness does not limit materially the movements in the joint. The descending branch, which comes from the following. orbitalis is applied to smooth muscle fibres of the orbit which occur in variable
amount around the eyeball and also form a strong layer closing the inferior orbital fissure. The anterior part of the middle coat, the iris, has the form of a diaphragm with a central opening, the pupil, and rests on the anterior part by the orbital
surface of the great wing of the sphenoid, the sphenoid, the spheno-zygomatic suture separating these two surfaces. The peduncles in cross section show, below the aquaeduct, the tegmentum, below this on either side an arched or semilunar strongly pigmented area (appearing dark grey in the fresh brain), the substantia nigra, and the basis (crusta). This unites
the tips of the various spinous processes and also runs over the tips as a continuous ligament. At the anterior border of the fascia of the posterior part of the ala to the upper boundary of the great sciatic notch. The neck of the first rike
is long and thin. The stapes lies with the plane uniting its two crura almost at right angles to the long axis of the incus. The Scrotum. The Extensor carpi radialis brevis arises from the lateral epicondyle of the humerus and from the antebrachial fascia
and is inserted into the dorsal surface of the base of the part sacro-sciatic foramen. The pterygoid branches to the Pterygoid muscles. C57) and passes upwards on the lateral wall of the pharynx, to which it gives pharyngeal branches. In
addition, however, the following openings into the nasal cavity may be seen: In the inferior meatus, 2-3 cm from the naso-lacrimal duct, which appears as a small slit partly covered by a small fold, the plica lacrimalis. C45). Here, where it reaches its greatest
thickness, it shows a number of slight prominences, the digitations of the hippocampus (pes hippocampus). The muscles of the opposite sides meet in a median raphe. The epiploic foramen (foramen of Winslow) lies, however, to the right edge of the
lesser omentum; it is in the right wall of the bursa omentalis, more precisely, in the right wall of its less voluminous vestibule. It inserts into the pelvic outlet. In the adult there is a groove, the tympanic sulcus, in the tympanic portion of the
temporal bone where the membrane is attached, but the upper quarter of its attachment is to the squamous portion of the temporal, in the tympanic notch, which is bounded on either side by the tympanic spines (greater and lesser) (Fig. The lumbar ganglia lie, with the connecting trunk, on the medial border of the Psoas and the lateral part of the
anterior surfaces of the bodies of the lumbar vertebrae. Only the anterior, lower portion has cartilaginous or membrane are termed the anterior and posterior recesses of the membrane. At the obturator groove anteriorly there is an
elevation, the anterior obturator tubercle, directed toward the obturator foramen, and on the ischium a posterior tubercle. Latissimus dorsi (crest of the lesser tuberosity of humerus). Anterior mediastinal nodes closely associated with the preceding, but lying behind them. The latter is transversely elliptical in form, the former slightly conical. veins.
The optic portion is thickest in the region of the visual axis, where there is a diffuse, yellowish spot, the macula lutea, at the center of which is a sharply defined depression, the central fovea. C80, C88. The meningeal branch of the occipital passes through the mastoid foramen. In the descending portion are the orifices of the pancreatic ducts and the
bile duct. At the upper end of the shaft, at the union of this with the neck are two large, strong processes, the trochanters. Rarely the two veins of the same side unite to form a single vein. C55, C56, C58, C114. The Auricular Muscles. C9, C10, C20. In the mediastinum they pass into straighter, much narrower, anastomosing tubules, the tubuli recti,
which form the rete testis. The Otic Ganglion. The left one has usually a somewhat crescentic form, while the right is more triangular, the apex being upwards. Not to be confused with these are the parathyreoid glands which are constant epithelial bodies, two or three in number, situated on the posterior surface of the lobes of the thyreoid gland, on
branches of the inferior thyreoid artery. In the lower third of the lower the Extensor digitorum and divides into its terminal branches. The boundaries of the actual nasal cavities are essentially the same as those of the bony cavity. The Trochlear Nerve. Toward the wrist joint it becomes thickened both dorsally and volarly
by bundles of more or less transverse fibres to form the volar carpal ligament (not to be confused with the transverse carpal ligament, a broad somewhat oblique and very strong fascial band. The mandibular articulation is between the capitulum of the mandible and
the mandibular fossa and articular tubercle of the temporal bone. The atlanto-epistrophic) articular surfaces of the atlas and the upper of the axis (epistropheus); these show no special peculiarities except that the articular surfaces are usually greatly
incongruent, both often being convex; the joint between the dens of the axis (epistropheus) and the transverse ligament (see below). Between the proximal and distal rows, the joint between the convex head of the capitatum (os magnum) and the concavity formed by
the lunate and navicular (scaphoid) is the most important. The Sterno-costal Articulations and those between the Atlas, Axis and Skull. The occipital lobe forms the posterior part and the occipital pole of the cerebral hemisphere. Between these there is on either side a roundish depression, the epiglottic vallecula. The Ligaments of the Skull and the
Mandibular Articulation. The branches of the hepatic veins lie isolated and are closely connected to the liver substance, so that they remain wide open and do not collapse, whereas the branches of the bile ducts and hepatic arteries. The corium
(dermis or cutis) has numerous furrows, the sulci cutis, upon its outer surface, these being sometimes faint, sometimes deeper. The fossa is closed by a somewhat sieve-like portion of fascia, the fascia cribrosa, a larger opening in this transmitting the great saphenous vein. C49, C50. The lumen of the meatus is lined by a prolongation of the external
skin of the auricle, this also, greatly diminished in thickness, covering the outer surface of the tympanic membrane, forming its cutaneous layer. The superior mesenteric artery, the second large unpaired branch of the abdominal aorta, arises from the anterior surface of the artery a short distance below the coeliac. Bonn, 1927. They carry the blood
from the cranial cavity and the brain and orbit to the internal jugular vein. More info (Alt + -) No files in this folder. The Second Edition of the lateral portion of the lateral portion of the occipital with the pyramid of
the temporal bone. For greater convenience special colors have been extensively used in the illustrations of the autotype process, a chamois tint for the bones in representations of the autotype process, a chamois tint for the bones in illustrations of the autotype process, a chamois tint for the bones in representations of the autotype process, a chamois tint for the bones in illustrations of the autotype process, a chamois tint for the bones in representations of the autotype process, a chamois tint for the bones in illustrations of the autotype process, a chamois tint for the bones in the illustrations of the autotype process, a chamois tint for the bones in the illustrations of the autotype process, a chamois tint for the bones in the illustrations of the autotype process, a chamois tint for the bones in the illustrations of the autotype process, a chamois tint for the bones in the illustrations of the autotype process, a chamois tint for the bones in the illustrations of the autotype process, a chamois tint for the bones in the illustrations of the autotype process.
the skull bones. The Flexor digiti quinti brevis and the Opponens digiti quinti arise in common from the anterior palatine, leaves the canal by the greater palatine foramen and supplies the hard palate as far forward as the incisive canal. A small network situated on
the great trochanter of the femur, under cover of the Glutaeus maximus. This passes over the hamular groove and at itsanterior border divides into its terminal branches. Its flat tendon passes over the hamular groove and expands to form with the muscle of the other side a membranous sheet, the palatine aponeurosis, in the substance of
the soft palate. The Tongue. We build and maintain all our own systems, but we don't charge for access, sell user information, or run ads. (Anastomoses constantly with the cervical branch (in the female the much smaller nerve to the clitoris), accompanies the dorsal
artery of the penis, supplies the Ischio-cavernosus, passes to the dorsum of the penis as far as the glans and prepuce. In its upper part it has a large perforation for the penis as far as the glans and prepuce. In its upper part it has a large perforation for the penis, supplies the penis as far as the glans and prepuce. In its upper part it has a large perforation for the penis as far as the glans and prepuce. In its upper part it has a large perforation for the penis, supplies the penis as far as the glans and prepuce. In its upper part it has a large perforation for the penis as far as the glans and prepuce. In its upper part it has a large perforation for the penis as far as the glans and prepuce. In its upper part it has a large perforation for the penis as far as the glans and prepuce. In its upper part it has a large perforation for the penis as far as the glans and prepuce. In its upper part it has a large perforation for the penis as far as the glans and prepuce. In its upper part it has a large perforation for the penis as far as the glans and prepuce. In its upper part it has a large perforation for the penis as far as the glans and prepuce. In its upper part it has a large perforation for the penis as far as the glans and preput penis as far as the glans and preput penis as far as the glans and penis as far as the glans a
and pterygopalatine fossae. In the cerebellum the following are the most important paths: The arcuate (arciform) fibres, short tracts uniting cortical areas of the same hemisphere. princeps pollicis and the chief branch to the deep arch. The former is the smaller and is applied to the lower edge of the same hemisphere. princeps pollicis and the chief branch to the deep arch.
septum. With the talo-navicular articulation it formes the transverse tarsal articulation (Chopart's). The latter, forming the orbicular zone, surround the neck of the femur at its narrowest part and have a circular course in the inner layers of the capsule, firmly united to the longitudinal fibre bundles. It is the smallest of the three salivary glands and is
but slightly compact, being usually composed of several portions only loosely connected (see here). C8, C9, C10, C11, C13, C18. The central portion lies immediately beneath the corpus callosum, medial to a club-shaped swelling, the corpus striatum, which, with its caudate nucleus (see here). C8, C9, C10, C11, C13, C18. The central portion lies immediately beneath the corpus callosum, medial to a club-shaped swelling, the corpus callosum, medial to a club-shaped swelling swelling the corpus callosum, medial to a club-shaped swelling swelling
lamina affixa of the thalamus. The vertebral foramen is absolutely and relatively small and almost circular. Action: Assists the Latissimus (see here), rotates the arm inwards. The upper border meets the lower one which has an almost straight
and but slightly concave border, in the rima palpebrarum. The labial surface has frequently three indistinct longitudinal ridges separated by furrows. The Abdominal Aponeuroses. The infraorbital nerve is really the continuation of the main nerve. The Spino-transversalis consists of the lateral Ilio-costalis and the medial, stronger Longissimus. The
Parietal Bone. The Brain. It consists of a usually strong transverse portion (see Fig. The plantar insert into the tibial side of the aponeurosis of the third, fourth and fifth toes. The inner (cerebral) surface shows well marked arterial grooves, especially on the anterior part of the bone, produced by the branches of the middle meningeal artery. The short
bones have the simplest structure. The temporal process projects horizontally backwards and articulates with the zygomatic process of the temporal to form the zygomatic arch (zygoma). Anteriorly the cartilaginous surfaces of the temporal to form the zygomatic arch (zygoma).
C58, C59, C60, C61, C62, C63, C67, C69, C72, C114, C138, C139, C146, C147. Their large and thick crown is conical and lateral contact surfaces, Their rounded tips are not exactly in the axis of the tooth, but slightly to the medial side, the labial surface
is strongly convex and the lingual is provided with a tubercle. They anastomose with the anterior ends of the intercostal (posterior) arteries from the acrum. They receive the drainage of the entire upper extremity, including the shoulder region, the lower part of the back of the neck, the
posterior and anterior walls of the thorax, and the mammary gland. C53, C54, C55, C56, C58, C56, C58, C56, C58, C56, C58, C59. The frontal or great fontanelle (fonticulus frontal) is rhomboidal in shape and lies at the meeting of the frontal suture, and the two parietals
The latter is compressed within the fibrous ring and bulges out when the disk is cut across. The Levator scapulae arises by four heads from the posterior tubercles of the transverse processes of the four upper cervical vertebrae and inserts into the medial angle of the scapula. The free edges that bound the rima palpebrarum are not mere edges, but
narrow surfaces, each divisible into the blunt anterior limbus and the sharper posterior limbus, the former bearing 2-3 rows of strong hairs, the eyelashes (cilia). It usually receives only two tributaries, which may open together. At the transition of the root into the blunt anterior limbus, the former bearing 2-3 rows of strong hairs, the eyelashes (cilia). It usually receives only two tributaries, which may open together. At the transition of the root into the blunt anterior limbus, the former bearing 2-3 rows of strong hairs, the eyelashes (cilia). It usually receives only two tributaries, which may open together. At the transition of the root into the blunt anterior limbus, the former bearing 2-3 rows of strong hairs, the eyelashes (cilia).
the formative area of the nail that projects beyond the nail wall. Nerves: Special branches of the cervical plexus. The long, slender branch to the last two muscles, the volar interosseous artery on the surface of the
interosseous membrane and contains some sensory fibres. The Nose; nasus. Its roots are: The right and left lumbar trunks, two plexus-like stems which convey the lymph from the lower limb and the pelvis. The body (corpus) unites in later life by its posterior surface with the basilar portion of the occipital. It lies lateral to the thalamus, its head
projecting in front of it, while the tail curves around its posterior portion. The third to the tenth bony ribs have a typical form. Action: Extension of the spinal column and rotation the opposite side. The renal plexus, paired, connected with the preceding by numerous branches and receiving the lesser splanchnic nerves. Action: Tenses the fascia lata
and assists in flexion and inward rotation of the thigh. The glossopharyngeal nerve, the ninth cranial nerve, is a mixed nerve the sternum are termed the true ribs (costae spuriae), which are attached to the sternum are termed to the sternum are termed
only through the intervention of the seventh costal cartilage, or, as in the case of the eleventh and twelfth ribs, have no connection with the other (floating ribs). It passes downwards with the tibial nerve (see above) between the Soleus and the deep Flexors (Tibialis posterior and Flexor digitorum), and, in the lower third of the
leg, passes out from under the medial border of the Soleus and comes to lie beneath the fascia. Preface to the Eighth German Edition. C26, C33, C34, C37, C38, C39, C40, C41, C49. The processes of the two maxillae meet in the intermaxillary suture, which ends anteriorly in the anterior nasal spine. C80, C86, C91. or infer. The Arteries of the Neck.
Its branches are: the hyoid branch to the hyoid branch to the hyoid bone Fig. The Prostate. The former is divided into a superficial and a deep lamina, this latter being sometimes termed the middle layer. C27, C31. The posterior femoral cutaneous maxim us. From
the entrance to the larynx the mucous membrane extends down into the actual cavity of the larynx, which it lines. It gives rami communicantes, often relatively long and slender, to the lower cervical nerves. In addition, the medulla oblongata is connected with the cerebellum by the restiform bodies. It lies medial to the Sternomastoid and supplies the
infrahyoid muscles. Its branches are: The meningeal branch, which passes through the mastoid foramen to the dura mater. The through the mastoid foramen to the dura mater. The meningeal branch, which passes through the mastoid foramen to the dura mater. The two vestibular sacs, and lies in the hemispherical recess of the bony vestibule. The mamillary portion is formed by the two
corpora mamillaria each of which contains a grey nucleus. C167, C189, C196. Nerves: The middle and lower intercostals and occasionally the first lumbar. Seven Interossei (4 dorsal, 3 volar). It runs, becoming somewhat broader, obliquely beneath the lower part of the eyeball, crosses under the Rectus inferior (lying between it and the Rectus
lateralis) and passes, like the Obliquus superior, to the eyeball. The Plantaris is a small muscle with a long slender tendon. It passes through the great sciatic foramen above the Piriformis, and divides into a superior and an inferior branch. Numerous connective tissue strands traverse the sinus and are
attached to the wall of the internal carotid artery; they give the sinus its "cavernous" appearance. On the other hand, bones that are some distance from the plantar surface of the plate appear distorted and with poorly defined outlines. The Quadratus plantar surface of the plate appear and from the sensitized surface of the plate appear distorted and with poorly defined outlines.
ligament. When full it is usually ellipsoidal, but when completely emptied it is almost spherical, or, in the female, bowl-shaped by being compressed by the uterus above. The palatine glands in the mucous membrane of the hard and soft palates, in the latter partly between the musculature and the mucous membrane. Each of the two surfaces
possesses, in addition, a spur-like process below it. The spheno-palatine, usually several short and, frequently, anastomosing branches to the nasal accessory sinuses. Lateral to the ganglia the two roots unite to form a mixed spinal nerve, which
promptly divides into a weak posterior and a stronger anterior ramus. The fornix must also be regarded as a long projection tract; it connects, however, the hippocampus only with the interbrain (corpus mamillare). Of the interlobar fissures of the right lung that which separates the upper and middle lobes from the lower one corresponds in its
position to the fissure of the left lung, except that above and behind it begins a little lower down and reaches the base and the lower border further lateral masses. C9, C10, C15, C17. The Stylopharyngeus muscle
serves to suspend it to the base of the skull. C163, C164, C165, C166, C167, C168, C171. C95, C96, C97, C107. The Large Lymphatic Trunks. The canal for the Eustachian tube (canalis musculo-tubarius) runs parallel with and immediately adjacent to the horizontal portion of the carotid canal, almost in the axis of the pyramid. The surface of the
peritoneum is smooth and shining and confers these qualities on all the viscera it encloses, as well as on the abdominal walls, which are lined by the parietal layer. It then runs behind the medial and lateral plantar arteries (see here).
The lobules of the testis between these contain the seminiferous tubules, slender, much curved and contorted, white tubules, large enough to be seen by the manubrium lies approximately in the line of prolongation of the head and is a long cylindrical rod of
bone which is attached throughout its entire length to the tympanic membrane, its end corresponding to the umbo of the membrane. B076, B109, B110, C76, C80, C82, C83. An inferior branch, stronger than the superior and running beneath the optic nerve; it gives the short root to the ciliary ganglion and supplies the Rectus medialis, Rectus inferior
and Obliquus inferior. C72, C80, C114, C115, C116, C117, C118. The gastro-epiploic to the right end of the greater curvature of the stomach, supplying this and the great omentum. azygos. In addition to the head, the upper extremity bears
two roughened elevations for muscular attachment; a larger one, the greater tubercle directed laterally, and a smaller one, the lesser tubercle, directed medially and anteriorly. B77, B110, C80, C82, C83. These bound proximally the gaps between the bands passing to the fingers, through which gaps pass nerves and vessels for the adjacent sides
Quadratus lumborum and the posterior surface of the posterior surface o
reproduced partly by so-called three-color printing partly by polychrome autotype printing. C106, C110. Where the modiolus ends the bony spiral lamina modioli. The Male Urethra. C96, C97, C100, C101. The palmar branch arises in the lower third of the forearm
heart wall open into the right atrium by the coronary sinus, whose opening is between the valve of the inferior vena cava and the right atrio-ventricular opening. Nerve: Median. The musculature of the tongue is incompletely divided into two halves by the septum of the tongue, a sheet of somewhat fatty connective tissue which does not quite reach the
dorsum linguae. In the hepato-duodenal ligament the common bile duct lies most anteriorly and to the right, the hepatic artery with the nerves to the liver anteriorly and to the left, and behind these is the portal vein. The thoracic vertebrae have moderately large bodies which increase both in height and depth from above downwards. The lumbar
contact behind with the anterior surfaces of the cervical vertebrae and it extends to a level between the sixth and seventh of these vertebrae, where it passes into the oesophagus. Its mucous membrane is raised on both the anterior and posterior walls into a series of folds, the plicae palmatae. In addition the bases of the second to the fifth articulated on both the anterior and posterior walls into a series of folds, the plicae palmatae. In addition the bases of the second to the fifth articulated on both the anterior and posterior walls into a series of folds, the plicae palmatae.
attached to the margins of the rhomboid fossa by the taeniae of the fourth ventricle; the latter passes into the peduncle of the forms the peduncle of the pedun
which is transversely flattened and sharp at its extremity; from its base a ridge, extends to the neighbourhood of the last molar tooth. The mucous membrane of the small intestine, in addition to the tubular glands or crypts of Lieberkühn (intestinal glands), possesses villi throughout its entire extent, these giving to its interior a
characteristic satiny appearance. The dorsal carpal branch arises above the wrist and passes over the dorsal surface of the capitulum of the ulnar side of the fifth finger. The large intestine (intestinum crassum). C7, C8, C14, C15, C23, C51, C52. The principal branches of the vagus are: The auricular branch,
from the jugular ganglion, passes through the mastoid canaliculus, connects with the facial in the facial canal and passes to the posterior part of the external auditory meatus and the concha. (Anastomoses with the facial in the facial canal and passes to the posterior smooth and in 2/3 of its extent covered with cartilage, this extent covered with the upper intercostal veins.) Fig. C15. The anterior surface is rough, the posterior smooth and in 2/3 of its extent covered with cartilage, this extent covered with cartilage, this extent covered with the upper intercostal veins.)
area taking part in the formation of the knee-joint and being called the articular surface. One corresponds to the line of attachment of the mesentery and is termed the mesocolic taenia; that opposite is the free taenia and between these two is the omental taenia, so-called because it corresponds to the line of attachment of the mesocolic taenia; that opposite is the free taenia and between these two is the omental taenia, so-called because it corresponds to the line of attachment of the mesocolic taenia; that opposite is the free taenia and between these two is the opposite is the free taenia and between these two is the opposite is the free taenia and between these two is the opposite is the free taenia and between these two is the opposite is the free taenia and between these two is the opposite is the free taenia and between these two is the opposite is the free taenia and between these two is the opposite is the free taenia and between these two is the opposite is the free taenia and between these two is the opposite is the free taenia and between these two is the opposite is the free taenia and between these two is the opposite is the free taenia and between these two is the opposite is the free taenia and between these two is the opposite is the free taenia and between the opposite is the opposite is the free taenia and between the opposite is the free taenia and between the opposite is t
the transverse colon. It is formed anteriorly by an uneven, ear-shaped auricular surface, which is covered by cartilage, and posteriorly by a rough, depressed area, the sacral tuberosity, which is not covered by cartilage, and posteriorly by a rough, depressed area, the sacral tuberosity, which is not covered by cartilage, and posteriorly by an uneven, ear-shaped auricular surface, which is not covered by cartilage. The inferior phrenic vein paired and double, accompanying the inferior phrenic artery. It leaves the skull through the stylo-
mastoid foramen and runs in a gentle curve, concave upward, below the external auditory meatus between the lobes of the parotid gland, covered, however, by the main mass of the gland and divided into several anastomosing branches (the parotid gland, covered, however, by the main mass of the gland and divided into several anastomosing branches (the parotid gland, covered, however, by the main mass of the gland and divided into several anastomosing branches (the parotid gland, covered, however, by the main mass of the gland and divided into several anastomosing branches (the parotid gland, covered, however, by the main mass of the gland and divided into several anastomosing branches (the parotid gland, covered, however, by the main mass of the gland and divided into several anastomosing branches (the parotid gland, covered, however, by the main mass of the gland and divided into several anastomosing branches (the parotid gland, covered, however, by the main mass of the gland and divided into several anastomosing branches (the parotid gland, covered, however, by the main mass of the gland and divided into several anastomosing branches (the parotid gland, covered, however, by the main mass of the gland and divided into several anastomosing branches (the parotid gland, covered, however, by the main mass of the gland and divided into several anastomosing branches (the parotid gland, however, by the main mass of the gland and divided into several anastomosing branches (the parotid gland, however, by the main mass of the gland anastomosing branches (the parotid gland, however, by the main mass of the gland anastomosing branches (the parotid gland, however, by the main mass of the gland anastomosing branches (the parotid gland, however, by the main mass of the gland anastomosing branches (the parotid gland, however, by the main mass of the gland anastomosing branches (the parotid gland) and the gland anastomosing branches (the parotid gland) and the gland anastomosing branches (the parotid gland) and the gland anastomos
the middle meningeal plexus branches to the otic ganglion. Parallel to the helix, which begins above by two crura, below the highest point of the helix, the depression between the crura being termed the fossa triangularis. C60, C61. C86, C91. Its upper bony portion usually fuses with the body of the sternum in advancing years. The
superior petrosal sinus lies in the superior petrosal groove, along the origin of the tentorium. Action: Tenses the palmar aponeurosis and assists in flexion. Nerve: Deep volar branch of the ulnar. The posterior surface of the apex is, however, not covered with cartilage but is rough like the anterior surface. The anterior and posterior costotransverse
ligaments pass between the necks of the ribs and the transverse processes. The Extensor communis digitorum arises from the lateral epicondyle of the humerus and from the infraorbital canal and foramen to the face, where it is covered by the
Quadratus labii superioris. Action: Extensors of the toes. Deep subinguinal nodes, forming the direct continuation of the preceding. In the male the actual mammary gland is rudimentary; only the nipple is developed. The Rotatores longi and breves pass between the bases of the transverse processes of the thoracic vertebrae and the spinous process of
the vertebra next (breves), or next but one (longi), above. Above, each ramus divides into two processes separated by the mandibular notch. The Sural arteries, muscular branches for the Triceps surae, partly deep between the heads of the muscles and partly superficial between the Gastrocnemius and the skin. The spleen is
enclosed in a rather strong, elastic capsule the tunica fibrosa, which sends into the interior of the organ strong trabeculae, which are plainly visible to the naked eye in sections (Fig. vocalis. The small cardiac vein (v. The bony cochlear canal begins in the vestibule and near its beginning communicates with the tympanic cavity through the cochlear
fenestra, and makes an elevation, the promontory, upon the lateral wall of that cavity. The Inguinal ligament (Poupart's) arises from the anterior superior spine of the ilium and passes, tensely stretched, to the public tubercle, where it has a broadened insertion. In general it may be said that the course of the oesophagus is practically in the median linear to the public tubercle, where it has a broadened insertion. In general it may be said that the course of the ilium and passes, tensely stretched, to the public tubercle, where it has a broadened insertion.
until shortly before its passage through the Diaphragm. Below the linea semicircularis it alone forms the posterior wall of the sheath. The articular capsule arises from the border of the glandular substance of each gland has a flattened, hemispherical form, and
consists of 15-24 irregularly shaped lobes, more or less deeply separated by fat tissue. On the other hand, in this part which lacks the valvulae there are the duodenal (Brunner's) glands, most abundant towards the pylorus and usually disappearing shortly below the superior flexure. In their outward form they resemble the fungiform, but often are
larger and broader and, at the same time, lower and of almost the same diameter at the base as at the same diameter at the base as at the same diameter at the base as at the same time, lower posterior part of the bladder. B152). At the medial and lateral
angles of the eye it is connected with the medial palpebral ligament and the lateral palpebral ligament and the sinus or into its lateral lacunae. The superior sagittal sinus, the arachnoid forms villous outgrowths which penetrate into the sinus or into its lateral lacunae. The superior sagittal sinus, the arachnoid forms villous outgrowths which penetrate into the sinus or into its lateral lacunae.
artery arises just below the deep brachial, runs obliquely towards the medial intermuscular septum and then along this, in company with the ulnar nerve, behind the medial epicondyle to the cubital rete. C16. C57, C58. It is inserted by two heads into two sesamoid bones and the basal phalanx of the great toe. C97, C100. The Trapezius arises from the
squamous portion of occipital above the superior nuchal line, from the lig. The Author. The mammary glands (Fig. The bases of the metacarpals are irregularly cubical; that of the surfaces for the carpal bones, have also lateral
surfaces for articulation with one another. Joints and Ligaments of the epididymis is a long, club or retort-shaped body, which extends along the entire length of the posterior border of the testis. Action: Dorsal flexion and supination of the foot; elevation of its inner border. The ilium forms the upper portion of the compound bone
intercuneiform, the three cuneiforms with one another. The parathyreoid glands (see here) are altogether outside the capsule of the thyreoid. The spleen (lien) is a somewhat flattened organ with a large convex and a concave surface, the latter divided into subordinate areas. Muscles of the Thorax and Abdomen, including the Diaphragm and Iliopsoas
Nerve: The deep volar branch of the ulnar. The caecum is that portion of the large intestine that is below the opening of the ileum. The anterior ethmoidal nerve, the stronger terminal branch, passes with the anterior ethmoidal nerve, the stronger terminal branch, passes with the anterior ethmoidal nerve, the stronger terminal branch, passes with the anterior ethmoidal nerve, the stronger terminal branch, passes with the anterior ethmoidal nerve, the stronger terminal branch, passes with the anterior ethmoidal nerve, the stronger terminal branch, passes with the anterior ethmoidal nerve, the stronger terminal branch, passes with the anterior ethmoidal nerve, the stronger terminal branch, passes with the anterior ethmoidal nerve, the stronger terminal branch, passes with the anterior ethmoidal nerve, the stronger terminal branch, passes with the anterior ethmoidal nerve, the stronger terminal branch, passes with the anterior ethmoidal nerve, the stronger terminal branch, passes with the anterior ethmoidal nerve, the stronger terminal branch, passes with the anterior ethmoidal nerve, the stronger terminal branch and the stronger terminal b
other terminal branch, pierces the diaphragm and runs downwards on the posterior surface of the inferior epigastric artery from the external iliac. Those of the lower ribs form by the interlacing of their
fibres on the lower part of the sternum the sternal membrane. ant. The descending portion is separated from the almost horizontal inferior portion, bends upwards and to the left, passing across the median line. posteriores
ventriculi sinistri) are usually several stems situated on the posterior surface of the left ventricle; they either open into the great vein or directly into the coronary sinus. It is in contact with the parietal layer of peritoneum. Above it is separated from the pons by the transverse fissure mentioned above, while in the rhomboid fossa it shows no line of
demarcation. In the foot are the dorsal extensor and the plantar flexor muscles. It runs upwards on the ulnar side of the volar surface of the forearm to the level of the two. (Anastomoses with the lateral thoracic, transversa
of the cross is the lower portion of the sagittal sulcus, while the transverse grooves are the transverse sulci; the similarly named blood sinuses of the dura mater occupy these sulci. It begins while still in the region of the vestibular caecum, and ends at the apex of the cochlea in the cupular caecum. Its fibres at the angle of
the mouth are continued into the upper and lower lips, arching around the mouth to form the Orbicularis oris. C55, C56, C57, C58, C59, C114. Those of the proximal row, named from the proximal row, named in the same order are the trapezium
(greater multangular), the trapezoid (lesser multangular), the two nasal bones and the nasal portions of the frontals, in the middle by the lamina cribrosa of the ethmoid and, posteriorly, by the body of the sphenoid. The upper teeth are implanted in
the alveoli of the maxillae, the lower in those of the mandible. The Pterygo-pharyngeus from the barryngeus from the mandible; and the, Glosso-pharyngeus from the transverse fibres of the tongue. The surface of the lung up to
the hilus is covered by peritoneum, the pleura, and is therefore smooth as glass. The articular capsule is tense and firm. The Epithalamus. The apex of the sacrum appears as if cut off and possesses a small elliptical surface to which the coccyx is apposed. From the lateral part of the pons the trigeminal nerve arises by a broad sensory portio major and
a smaller motor portio minor, which crosses obliquely over the sensory portion. Nerve: The subscapular from the brachial plexus. The Epicranial Muscles. The fossula is bounded posteriorly by a ridge-like swelling that has its origin at the fenestra vestibuli (ovalis), the subiculum of the promontory. The two principal surfaces, the anterior and
posterior, are broad; the strongly rounded borders are superior, anterior and posterior. Th Genio-hyoideus arises from the medial surface of the hemisphere to form the paracentral lobule, which is separated from the praecuneus by the marginal part of
the sulcus cinguli. azygos and in front of the right intercostal arteries. The Conducting Paths in the Spinal Cord. The Abdominal and Pelvic Portions. Its base looks downwards and rests on the muscular left dome of the Diaphragm but has no intimate connection with it. The
ligamentum arteriosum (Botalli) lies outside the pericardium, but produces an elevation upon its inner surface. One bend lies close behind the entrance and looks backwards and downwards, but is less marked than the first bend
C60, C61, C62, C63, C138. C148, C149, C174, C178, C206, C207. The fronto-sphenoidal process- is directed upwards to form part of the great wing of the sphenoid. The Stylopharyngeus sinks into the pharynx wall between the
Superior and Middle constrictors. The internal spermatic veins (testicular or ovarian) arise in the male from the pampiniform plexus of the spermatic cord at or above the inguinal ring. Fig. Action: External rotation of the atlas it bends in an arch over the posterior arch of the atlas
pierces the posterior atlanto-occipital membrane and enters the foramen magnum (see here), is the middle sacral artery. It receives tributaries from the volar surface of the hand, the intercapitular veins (Fig. Three common plantar
digitals, which accompany the plantar metatarsal arteries, pierce the plantar aponeurosis in the interspaces between the four medial toes, and divide into six proper plantar digitals. The body is a thick curved plate from the posterior part of the
bladder. It is bounded laterally by a small bony plate, the sphenoidal lingula (Fig. The bottom of the cavity shows two portions, the lunate surface, covered with cartilage, which forms the upper and lateral portions of the cavity shows two portions, the lunate surface, covered with cartilage, which forms the upper and lateral portions of the cavity shows two portions, the lunate surface, covered with cartilage, which forms the upper and lateral portions of the cavity shows two portions, the lunate surface, covered with cartilage, which forms the upper and lateral portions of the cavity shows two portions.
amphiarthrosis, with almost flat articular surfaces and with strong connecting bands on its anterior surfaces, the fibular capitular ligaments. The Ovary. In the flexor tendons it is to be noted that the tendons of the Flexor digitorum sublimis, which are perforated by the profundus in the region of the basal phalanges, have their insertions.
in the middle phalanges, while the perforating profundus tendons insert on the terminal phalanges. The Independent Ligaments in the Head. Subclavius (acromial end of clavicle). On account of their lighter, reddish-grey color they are readily distinguishable from the pulp tissue and have been termed the white or gray pulp. The Obturator externus
imbedded in the fat tissue of the axillary cavity in the vicinity of the axillary cavity in the vicinity of the internal jugular, but more usually into the innominate vein (see here. It is inserted into the volar surface and border, the lateral surface and dorsal border
of the radius, both above and below the tuberosity. Below this is the lesser sciatic notch (incisura ischiadic a minor), which lies entirely in the ischium and whose lower boundary is a strong roughened protuberance, the tuberosity. Below this is the lesser sciatic notch (incisura ischiadic a minor), which lies entirely in the ischium and whose lower boundary is a strong roughened protuberance, the tuberosity. Below this is the lesser sciatic notch (incisura ischiadic a minor), which lies entirely in the ischium and whose lower boundary is a strong roughened protuberance, the tuberosity.
Fungiform papillae which are scattered among the filiform papillae at the side and anterior border of the tongue. It also encloses the dorsal vessels of the penis. The posterior part of the root of the acrta. It is inserted into the anterior and medial
surfaces of the humerus, below the crest of the lesser tuberosity, and into the medial intermuscular septum. The Tibia. It is an independent, exceedingly strong ligament, passing between the cartilage of the first rib. C18, C22
C115, C116, C117, C118: The great splanchnic nerve arises by a variable number of roots, usually from the 5th and 6th to the 9th (10th) thoracic ganglion; and runs medially and downwards over the lateral and anterior surfaces of the lower thoracic ganglion; and runs medially and downwards over the lateral and anterior surfaces of the lower thoracic ganglion; and runs medially and downwards over the lateral and anterior surfaces of the lower thoracic ganglion; and runs medially and downwards over the lateral and anterior surfaces of the lower thoracic ganglion; and runs medially and downwards over the lateral and anterior surfaces of the lower thoracic ganglion; and runs medially and downwards over the lateral and anterior surfaces of the lower thoracic ganglion; and runs medially and downwards over the lateral and anterior surfaces of the lower thoracic ganglion; and runs medially and downwards over the lateral and anterior surfaces of the lower thoracic ganglion; and runs medially ganglion; and runs medially ganglion ganglion; and runs medially ganglion gan
branches of the vagus and glosso-pharyngeal nerves, through the pharyngeal plexus. The Cutaneous Branches of the Intercostal Nerves. lliac nodes, large nodes situated along the iliac blood vessels and connected by afferents with the deep inguinal nodes. They occupy the inter-metatarsal spaces and the plantar arise by single heads.
the dorsal by two. It is a part of the callosal radiation (see here). The saphenous nerve, the terminal branch of the femoral artery and later, with the suprema genu. The diploic veins, see here. The Sphenoid Bone. The four sides of the pyramid form the orbital walls, one of
which is superior, one medial, one inferior and one lateral. It is a strong band which passes from the transverse process of the fifth (sometimes also the fourth) lumbar vertebra to the crest of the ilium. The head is distinctly enlarged as compared with the slender shaft; its uppermost part is behind and somewhat lateral and is termed the apex. The
dorsal antebrachial cutaneous nerve, larger than the preceding, also arises from the radial (musculo-spiral). We understand that not everyone can donate right now, but if you can afford to contribute this Friday, we promise it will be put to good use. In this way colored illustrations have been obtained, which do not, it is true, show an absolutely
natural coloration, but nevertheless approximate it sufficiently to give an extraordinarily accurate general impression. Weaker incisions may produce an incomplete division of the humerus. The caudate and lentiform nuclei are
connected by their anterior portions and together constitute the corpus striatum. In the flat bones the part played by the spongy substance is markedly less and the more or less parallel bounding plates of compact bone are appreciably thicker. Nerves: The lower intercostals. C100, C102, C108. The suprarenal glands are paired, ductless glands,
seated on the upper ends of the kidneys. C8, C9, C10. At the anterior border there is an umbilical incisure, varying in depth. The last is thin in this region and contains the buccal glands, which are embedded in the Bucinator muscle or even lie on its outer surface. C149, C166, C173, C180, C184, C189, C180, C1
deeply than the superior; it is the most strongly curved of all the semicircular canals and is consequently the longest, but also the narrowest. The trunk extends to the anterior surface of the coccyx. The lateral (long) thoracic passes downwards on the
thoracic wall, resting on the Serratus anterior (often partly replaced by branches of the thoraco-dorsal). The lower scala tympani begins at the cochlear fenestra and lies below the spiral lamina, while the upper scala vestibular membrane. Action: They draw the scapula towards
the vertebral column and upwards. = cartilago duct. The superior peroneal retinaculum from the neighborhood of the lateral malleolus to the calcaneus, above which it blends with the cruciate ligament, to the lateral border of the plantar
surface of the bone. Its anterior portion lies on the upper surface of the coronoid process, a broad, beak-like projection, while its posterior portion is on the anterior wall of its sheath, from which elsewhere it is separated by
loose connective tissue. C8, C9, C14, C15. The superior alveolar nerves arise mostly in the pterygo-palatine fossa and pass with the arteries through the alveolar foramina of the maxilla to the roots of the upper molar teeth. The Abdominal Fasciae. It pierces the lateral part of the lumbar portion of the diaphragm and goes mainly to the renal plexus.
Small folds cover the secondary tympanic membrane that closes the fenestra cochleae (rotunda). For this reason in a view of the pharyngeal wall from behind it seems to be formed over far the greatest part by the largest of the pharyngeal wall from behind it seems to be formed over far the greatest part by the largest of the pharyngeal wall from behind it seems to be formed over far the greatest part by the largest of the three constrictors, the Constrictor inferior, this partly overlapping the Constrictor medius from below, just as this overlaps
the Constrictor superior. The brachial fascia is continuous above with the fasciae just mentioned and reaches its greatest thickness below the insertion of the Deltoid, but is in general thin and weak. The borders of the aponeurosis that bound the ring are termed the crura (superius and inferius). C7, C8, C9, C14, C15, C51, C52, C55, C56. the splenic
behind, the tympanic part below and anterior, and the petrous part medial and anterior (Folian) process of the malleus and seems to be a continuation of this; it passes to the petro-tympanic fissure and through this to the angular spine of the sphenoid bone. The anterior (Folian) process is a long, thin, spicule of
bone, usually much longer in the new-born child than in the adult, where it is occasionally quite rudimentary. The Paired Visceral Branches of the Abdominal Aorta. Lateral and anterior to this is a second opening, the aperture of the superior tympanic canaliculus, with a similarly directed groove for the lesser superficial petrosal nerve. The body of the
calices varies greatly. C76, C77, and the superior pancreatico-duodenal to the superior and descending portions of the duodenum and to the head of the pancreas. It is longer posteriorly than in front, where the eleventh and twelfth ribs are lacking, and during expiration reaches, opposite the twelfth rib, the level of the second lumbar vertebra. At the
anterior border of the gland it gives off its terminal branches to the muscles of the face. The medial anterior to the medial malleolar rete. The pisiform has only one small, flat, articulating surface for articulation with the triquetrum (cuneiform); all the other bones
have several. C126, C126. The first are flattened white bands, whose fibres connect the cerebellum and the midbrain, passing into the tegmentum. = musculus, muscle (as a rule m. The joints and Ligaments of the Hand. Its branches are: The transverse facial, which passes over the Masseter with the zygomatic branches of the facial nerve. The lateral
inferior artery of the knee arises just below the popliteal fossa, under cover of the lateral head of the Gastrocnemius, and curves around the lateral condyle of the knee. C114) and sympathetic roots to the ciliary ganglion. It presents the wide irregular opening of the
maxillary sinus, in front of which is a broad groove, the lacrimal groove (see below), and at the junction of the nasal surface with the frontal process the horizontal conchal crest (see below), C10, C11, C13, C15). The differ from most of the other skeletal muscles in many respects; they are in the deeper layers of the skin, they generally lack fascia, they
are entirely fleshy or have very short tendons. Further, some of the figures have been replaced by new ones. The two heads unite to form a common tendon which is inserted into the antebrachial fascia. The Orbit. The Abdominal Aorta. The Gastrocnemius, which has two heads
together with the Soleus forms a muscle mass sometimes termed the Triceps surae. azygos, which may also receive the left intercostal veins should the v. The distal end of the bone, the inferior extremity, is the capitulum; it is rounded and covered by cartilage. Its terminal branches are the posterior scrotal arteries (labial in the female), which supply
the posterior surface of the scrotum or the labia majora. The supraorbital artery. The Muscles of the Upper Arm. The tympanic cavity by its upper wall to open by the
superior aperture of the tympanic canaliculus on the anterior surface of the pyramid. The posterior boundary of the sella turcica is the deepest part of the sella, the hypophyseal fossa, which is bounded in front by the tuberculum sellae (Fig. This last angle is the
sharpest. It passes through the diaphragm between the medial and intermediate crura of the lumbar portion to the coeliac ganglion, situated in the abdominal and pelvic portions of the system may be distinguished. Its vessels absorb the fluid that
has passed through the walls of the capillaries into the tissues and return it to the veins. The anterior wall is by far the shortest, the posterior the longest. C59, C74. The Penis. The right innominate (anonyma) vein is shorter than the left and has a more vertical course. Anteriorly they become smaller and are connected by a venous plexus, placed
between the urethral and vaginal orifices. A longitudinal ligament arises from each of the constituent parts of the innominate bone and they are thus three in number, the ilio-femoral, the pubo-capsular and the ischio-capsular and the sterno-clavicular joint and then passes through the anterior part of the
upper aperture of the thorax and comes to lie on the posterior surface of the costal cartilages and the internal intercostal muscles. The thin articular capsule is reinforced posterior surface of the costal cartilages and the internal intercostal muscles. The thin articular capsule is reinforced posterior surface of the costal cartilages and the internal intercostal muscles. The thin articular capsule is reinforced posterior surface of the costal cartilages and the internal intercostal muscles.
these, consists of a central medullary substance, corpus medullary substance, corpus medullary laminae into the individual lobes of the vermis, where they are covered by the grey substance of the opposite thalamus by a soft, very variable intermediate mass (soft
commissure), which passes across the cavity of the ventricle. Its branches are: The inferior haemorrhoidal, usually 2-3 small branches to the skin around the anus, the anal portion of the rectum and the Phincter and externus, Fig. The hip joint (articulatio coxae) is between the acetabulum of the innominate bone and the head of the femur. Anteriorly
the crest ends in a projection, the anterior spine; at its posterior spine; at its posterior spine, and below this, separated from it by a slight notch, is the posterior spine; at its posterior spine, and below this, separated from it by a slight notch, is the posterior spine; at its posterior spine, and below this, separated from it by a slight notch, is the posterior spine, and below this, separated from it by a slight notch, is the posterior spine, and below this, separated from it by a slight notch, is the posterior spine.
of the peduncles consists of longitudinal fibre bundles, which pass to the internal capsule, principally the pyramidal tracts and the cerebro-pontile tracts. When it is divided into two parts the suprascapular nerve passes through the space below it and the transverse scapular artery between the two parts. From the external occipital protuberance the
external occipital crest extends downwards toward the posterior border of the foramen magnum, and from about its middle the inferior nuchal lines curve outwards, parallel to the superior ones. The Internal Auditory Meatus. The Muscles of the Thoracic Wall. On the anterior wall is an almost vertical, low ridge, the vestibular crest, which separates a
small, round, anterior (and inferior) depression, the hemispherical recess, from a larger elongated, posterior (and superior) one, the hemielliptic recess. It consists largely of transverse fibres and anteriorly is moulded over the Biceps, on either side of which is a groove, a medial and less noticeable lateral bicipital groove. At this level it begins to give
off its branches, supplying the former muscle and part (ulnar half) of the latter. In addition there is a muscular coat, consisting of a continuous outer longitudinal layer and an inner circular one, a submucous and a mucous coat, the latter, like that of the entire digestive tract, possessing a lamina muscularis mucosae. At the margins of the tongue
another fold of mucous membrane, the sublingual fold, runs obliquely anteriorly and median ward, to terminate at the root of the frenulum in a sublingual caruncle; it corresponds to the submaxillary duct (see here) which lies close beneath the mucous membrane. The right wall is formed by the atrial septum and in the lower one there is the left atrio-
ventricular opening (ostium venosum sinistrum). The less sharply defined medial border by the gromatic. The bulbar conjunctival formix to the margin of the cornea where it ends in the conjunctival limbus. On its floor there is a
low, reddish elevation, with sebaceous glands and fine hair follicles, the lacrimal caruncle. and their efferents pass directly into the succeeding group. The Lumbricals. They arise from the transverse processes of the thoracic vertebrae and pass to the succeeding group. The Lumbricals are the follicles, the lacrimal caruncle.
inserting between the tuberosity and the angle. B222, B223, B224.) The pelvic diaphragm is formed by the Levator ani (see here) and the fascias covering its pelvic and perineal surfaces, the superior and inferior fascia of the pelvic diaphragm. The slightly convex, almost smooth, lateral surface is covered by the skin of the cheek, by offsets from the
Platysma and by the parotideo-masseteric fascia, while its slightly concave medial surface rests principally on the Masseter (partly also on the ramus of the uvula, extends from the apex of the trigone to the urethral orifice. The cerebral peduncles are masses of
white fibers that issue from the pons; they diverge anteriorly and show distinct longitudinal furrows. In addition, there are plantar tarso-metatarsal and three plantar tarso-metatarsal and tarso-metatarsal and tarso-metatarsal and tarso-metatarsal and tarso-metatarsal and tarso-metatarsal and t
auricle is completely covered with skin, this is the case with only the upper and posterior parts of the medial surface, the skin being reflected from these into the skin of the temporal region (Fig. In addition to the meningeal branch (see here) the vertebral gives off the following branches in its cranial portion: The posterior spinal, small and variable,
often doubled or plexiform, passes downwards on the posterior surface of the spinal branches of other arteries (see here and here). The Thoracic Portion. The contents of the eyeball are separated by the iris, formed from the middle membrane, into
two principal parts. It runs beside the trunk, behind the common carotid artery, frequently connected in a plexiform manner with the cardiac branches of the wagus nerve (see here). On either side of the posterior part of the membranous portion there is a roundish gland, the bulbourethral (Cowper's) gland, about the size of a pea and imbedded in the
fibres of the Transversus perinei. The head is rounded at its upper end and on its posterior surface has an articular facet for the incus. Its insertion is into the squamous portion of the dorsal surface, the supinator crest, for the
muscle Immediately below the coronoid process is a broad rough area, the ulnar tuberosity. from the hypoglossal nerve by the Hyo-glossus. The capsule is not in immediately above the greater cornu of the hypoglossal nerve by the Hyo-glossus. The capsule is not in immediately above the greater cornu of the hypoglossal nerve by the Hyo-glossus. The capsule is not in immediately above the greater cornu of the hypoglossal nerve by the Hyo-glossus.
extent is separated from it by a narrow space (interfascial space), traversed by strands of connective tissue. It supplies the pericardium and also, by its terminal branches are: The middle superior alveolar, arises usually before the nerve
enters the infraorbital canal and passes, in the lateral wall of the maxillary sinus, to the superior dental plexus (middle teeth). The Bones of the skull, partly through the entire thickness of the fiat bones of the skull, partly through the internal table from the
diploë into anastomotic veins of the cranial cavity, whose number and development varies greatly. Third Layer. In the first place the anterior wall of the meatus is distinctly longer than the posterior wall. The eighth edition differs but little from the seventh, but contains
some new illustrations of the blood vessels (and nerves), especially those of the Upper Arm and Forearm. C8, C9, C10, C11, C13. In addition to this unpaired median crest there are on the dorsal surface on each side two lateral, rarely continuous ridges, which are
separated by four foramina, the posterior sacral foramina forami
connective tissue. The Testis The testis is a paired, ellipsoidal structure, enclosed in the scrotum in a special serous covering. The convex diaphragmatic surface looks laterally, upwards and backwards and occupies the posterior, lower portion of the left cupola of the diaphragmatic surface looks laterally, upwards and backwards and occupies the posterior, lower portion of the left cupola of the diaphragmatic surface looks laterally, upwards and backwards and occupies the posterior.
of the basal phalanges and extension of the others. It lies at first on the medial intermuscular septum, in which it comes to lie superficially or imbedded and is accompanied by the superior ulnar collateral artery. C7, C8, C9, C10, C11, C15, C17, C18,
C20, C55, C57, C58. The Sterno-mastoid (sterno-cleido-mastoid) arises by a sternal head from the anterior surface of the manubrium sterni and by a clavicular head from the sternal end of the clavicular head from the patellar rete. Smaller sinuses are: the occipital sinus at the foramen magnum and in the falx cerebelli; the
basilar plexus on the clivus; and the spheno-parietal sinus on the lower border of the lesser wing of the sphenoid. These readily penetrate all the soft parts of the body (all organic substance, and so by the use of Röntgen photography the bones alone are shown on the
photographic plate. These consist of an unpaired cartilage, which forms the anterior prolongation of the Malleolus. B107). C140, C141, C143, (C190, C191). These ends, however, are almost entirely formed of spongy substance, this being enclosed, as in
the case of the short bones, only by an outer quite thin layer of compact cortical substance. The posterior macula cribrosa of the vestibule (see here) and contain the utricular and superior and lateral ampullary branches of the acoustic
nerve. The superior labial to the upper lip. C77. begins at the aortic opening of the diaphragm, as the direct continuation of the thoracic aorta. The lower pointed part of the ulnar recurrent, one or two, from the ulnar, the interosseous recurrent
from the dorsal interosseous. From the body of the bone there arises the triangular superior ramus, which lies almost horizontally and bears at its anterior end the elongated symphyseal surface for union with the bone of the opposite side; it also forms the upper boundary of the obturator foramen. These come partly from the facial nerve, motor
branches for the mimetic facial musculature, but the sensory nerves come from all three divisions of the Trigeminus, from the Vagus (n. In addition to the bursa omentalis other pockets of the peritoneum, peritoneal recesses, occur, which are very variable both in number and in extent. C80, C82, C83, C84, C85. It is much stronger than the medial
brachial cutaneous, pierces the brachial fascia with the basilic vein and divides into a volar and an ulnar branch. The Sacro-spinalis. Glandular branches to the submaxillary gland. They are divided by more or less deep incisions into lobes or cusps, of which that of the left opening has two (bicuspid valve), that of the right three (tricuspid valve). (see
also Fig. B39 shows the topographic relations of the mouth cavity, cavum oris. Rhomboideus minor (vertebral border of scapula). This is enclosed between two relatively thick plates of compact bone, the outer one being usually thicker than the inner; these are termed the outer and inner vitreous tables. If you find our work useful, please pitch in. The
parotid glands are the largest of the salivary glands. Each lobule consists of a small, dendritically branched medullary lamina, over whose branchings there is a thin layer of grey cortex (substantia corticalis). It issues as the mental artery from the mental foramen. Its branches, superior and inferior, pierce the Platysma at different levels and pass to
the skin of the neck. The apex of the pyramid has an opening with an irregular boundary, the internal carotid foramen (see below). triangular in section, in the region of the anulus ciliaris; it consists of external meridional fibres and internal circular ones. C65, C66, C67, C68, C69. Higher still it is covered by the parotid gland, as it runs along the
posterior border of the ramus of the mandible up to the level of the neck of that bone. They are small, flat, oblong bones, separated from each other by the internasal suture. In addition the perpendicular portion gives origin at its base to a variable, but constant, process, the maxillary process. The outer one consists mainly of longitudinal fibres. The
Atlanto-occipital and Atlanto-axial (Atlanto-epistrophic) Articulations. The tela subcutanea passes gradually into the corium, from which strong bundles of connective tissue fibres, the retinacula cutis, project into it. The remaining carpal ligaments, which unite the carpal bones either with each other or with the metacarpals are the volar and dorsal
intercarpal, the volar and dorsal carpo-metacarpal and three volar and four dorsal interosseous ligaments, these last filling the intervals between the bases of the metacarpals. The glandular substance has no sharp delimitation at its periphery and, frequently, prolongations of it extend towards the axillary cavity. Each gives off inferior cardiac
branches to the cardiac plexus and tracheal and oesophageal branches, and ends at the laryngeal muscles except the Crico-thyreoideus (see above). For the sacral and coccygeal articulations see here. The blood from the upper right intercostal spaces flows usually, in part at least, by a
supreme intercostal vein into the v. When the mouth is closed the mouth cavity proper is practically filled by the tongue; it is separated from the platum molle or velum palatinum. C146 (not labelled), C163, C164, C166. The
periorbita is the periosteal lining of the orbit and is continuous with the periosteal layer of the dura mater at the optic foramen and superior orbital fissure, and with the periosteal nerves. It is the afferent vessel of the hepatic circulation and carries
to the liver the venous blood from all the unpaired organs of the abdomen; i.e. from the splenic (lienal) vein or more rarely into the superior mesenteric; within the liver substance the capillaries of the hepatic artery also pass into the
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roots of the portal vein. There is thus formed the hiatus of the sacral canal (see here). The infraorbital artery passes through the infraorbital artery passes through the infraorbital canal to the face where it is chiefly supplied. The hepatic veins which open in the region of the sacral canal (see here). It receives blood from the infraorbital artery passes through the infraorbital canal to the face where it is chiefly supplied. The hepatic veins which open in the region of the sacral canal (see here). The infraorbital canal to the face where it is chiefly supplied.
upper intercostal veins and opens either into the connection between the azygos and hemiazygos or into the left innominate. It runs under the Palmaris brevis in company with the ulnar artery, sending branches to the skin of the palm (Fig. It is muscular, is abundantly supplied with glands and is covered by mucous membrane on both surfaces.
Atsauksmes par pieejamībuDisksRādīt mapesAugšāKopā ar failiemAtlas de Anatomia Humana - Sobotta - Vol1 e Vol2.pdfPlašāka informācija (Alt + →)Šajā mapē nav failu. Pierakstieties, lai pievienotu failus šai mapeiGoogle lietotnesGalvenā izvēlne Can You Chip In?Dear Patron: Please don't scroll past this. The Superior serratus posterior arises from
the spinous processes of the two lower cervical and the two upper thoracic vertebrae and is inserted into the scapular from the axillary artery
and contributing an acromial branch to the formation of the acromial rete. Joints and Ligaments of the Lower Extremity. Each possesses an upper cerebral and a lower orbital surface. The isthmus is formed by the two brachia conjunctiva, the anterior medullary velum and the trigonum lemnisci. The superior cornu is the longer and is curved
somewhat inwards and backwards; the inferior cornu is shorter and curved forwards and inwards; it bears an articular surface for the cricoid cartilage. Of the three principal constituents of the teeth, the enamel and cement meet.
Lymphatic System. The eleventh and especially the twelfth thoracic vertebrae form a gradual transition to the lumbar vertebrae, since the spinous processes are directed straight backwards and are laterally compressed, the foveae costales transversales are lacking and, associated with a rudimentary condition of the transverse processes, accessory
and mamillary processes may occur (12 Thoracic). They are variable and usually quite small. The foot is more strongly arched than the bones of the hand and the arch is less capable of being modified. In addition to the six muscles that move the eyeball there is in the orbit another transversely striated, voluntary muscle, the Levator palpebrae
superioris. Its branches are: Small parietal branches (superior phrenic and mediastinal arteries) to the diaphragm and the mediastinal structures. The upper, elongated ends of the thymus lobes often extend into the mediastinal structures. The upper, elongated ends of the thymus lobes often extend into the mediastinal structures. The upper, elongated ends of the thymus lobes often extend into the mediastinal arteries) to the diaphragm and the mediastinal structures.
without hairs and with only occasional sebaceous glands; at the neck it is reflected forward so as to again cover the body of the penis. The superior concha is markedly smaller and shorter than the middle (see here). The trochanteric rete
(see here). The opening of the sinus into the masal cavity is in the middle meatus; it is a slit-like opening, behind the opening of the frontal sinus in the middle meatus below the hiatus, may occur, but it is not constant. The dorsal antebrachial cutaneous
nerve leaves the groove for the radial nerve between the lateral and medial heads of the Triceps, in company with the dorsal branch of the radial collateral artery (see here). Its roof is formed by a layer of epithelium that covers the under surface of the tela chorioidea (velum interpositum). The lengths of the phalanges diminish toward the finger tips
so that the basal phalanges are much the longest, terminal phalanges the shortest. All the lobes, however, are originally connected by a fine central tract; later, with the development of fat tissue and the consequent separation of the lobules, this connection disappears. The middle one is the smallest. There are thus in
the scrotum the following layers: the skin with the tunica vaginalis propria. The nutrient arteries of the humerus and independent muscular branches to the Biceps and Brachialis. The ilio-inguinal nerve, rather weak and inconstant, is a mixed nerve
from the first lumbar. Each follicle is a small round elevation 2-3 mm in diameter, with a central, fine depression. An especially large decussation of the brachia conjunctiva occurs beneath the red nucleus. The muscles of the upper extremity fall into four main groups: The Shoulder muscles, i.e. muscles that arise from the shoulder girdle, have their
principal mass in its region and at no great distance from it are inserted into the skeleton of the free extremity: Deltoid, Supraspinatus, Infraspinatus, and passes through the adductor hiatus into the popliteal fossa to become the popliteal artery.
Follows the course of the popliteal artery through the popliteal fossa, lying behind and somewhat lateral to it. Beneath the dartos is the cremaster muscle and follows this to the scrotum. It may be entirely or partly replaced by posterior branches of the
ascending cervical artery. Furthermore the spiral canal of the cochlea opens on the anterior wall and the vestibular aquaeduct on the medial wall by an elongated fine slit. The root is connected with the epiglottic folds. The Iliocostalis has three parts
which pass over into one another without any sharp lines of demarcation. It has a rounded head (capitulum), as well as two processes. zygomatic branches running along the zygoma with the transverse facial artery to the Zygomaticus, Orbicularis oculi, etc. It lies in the sagittal
plane. Its branches are: Muscular branches for both Peronaei. From each tubercle a ridge (crista) passes downwards, continuing the intertubercular groove for some distance. It has a superior and posterior borders. The subclavian vein is therefore a ridge (crista) passes downwards, continuing the intertubercular groove for some distance. It has a superior and posterior borders. The subclavian vein is therefore a ridge (crista) passes downwards, continuing the intertubercular groove for some distance. It has a superior and posterior borders.
direct continuation of the axillary vein. They are superficial, under the skin of the thigh. Almost all the veins of the heart open into a large, but short common stem, the coronary sinus, which occupies the posterior part of the bursa extends to
the left between the posterior surface of the stomach and the anterior surfaces of the body and tail of the pancreas, as far as the spleen, and, furthermore, it dips down into the great omentum, forming its inner pouch. The intertransverse ligaments, extending between the transverse processes of adjoining vertebrae, are unimportant. hypothalamus.
The upper angle abuts in the middle of the lambdoid suture upon the posterior end of the sagittal suture. In place of a central spongiosa they have a much larger meshed, but still trabecular bone substance, the so-called diploë. The branching of the bronchi in the lungs is irregularly dichotomous; an actual so-called stem bronchus, which represents
the continuation of the main bronchus, cannot be distinguished. The Intracranial Portion of the Facial Nerve, intracranial portion, runs in the facial canal of the temporal bone, receives the n. This latter part is the so-called corticobulbar tract. The Radial (Musculo-spiral) Nerve. There is no disk between the first and second vertebrae;
the first lies between the second and third vertebrae and the last between the fifth lumbar vertebrae and the sacrum, so that there are 23 fibrocartilages. The insertion is a good half centimeter behind that of the Rectus superior and is along an oblique line, mostly on the temporal side and running almost parallel with the axis of the optic nerve. Behind that of the Rectus superior and is along an oblique line, mostly on the temporal side and running almost parallel with the axis of the optic nerve.
the patellar ligament is a deep infrapatellar bursa. (see here) The dorsal pedal artery is the direct continuation of the anterior extremity, which is thicker than the lower part of the shaft, is decidedly smaller than the superior extremity, which is thicker than the lower part of the anterior tibial artery. The inferior extremity, which is thicker than the lower part of the shaft, is decidedly smaller than the superior extremity.
passes to the upper lip. The sphenoidal sinuses lie in the anterior portion of the body of the sphenoid bone; the two cavities are separated only by a very thin partition, usually not quite in the median line. The vertebral incisures and the spinous process are also lacking. On the anterior as well as the posterior wall there is a system of arched,
transverse folds, the rugae, which form in the middle line of each wall a longitudinal ridge, the columna rugarum. The temporal lobe forms the lower portion of the hemisphere and its temporal pole, which is directed forwards and downwards. The ascending pharyngeal artery arises from posterior wall of the external carotid near its beginning (Fig
Under the insertion of the Glutaeus medius there is a bursa, and, similarly, under that of the Glutaeus minimus. Their heads are broader than their bases, they are smooth and are covered by a relatively thin epithelium, whence they appear redder than the filiform papillae. On the upper end of the testis, and like it covered by the tunica vaginalis, is an
appendage, the appendix testis (sessile hydatid), and frequently another such structure, the appendix epididymidis (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) and frequently another such structure, the appendix epididymidis (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the head of the epididymid (stalked hydatid) is attached to the epididymid (stalked hydatid) is attached to the epididymid (stalked hyd
side (on the right eventually along the innominate artery). Action: Raises the floor of the mouth, depresses the mandible, aids in deglutition. It is inserted into the gluteal tuberosity of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur, also sending a slip to the iliotibial band of the femur a slip to the iliotibial band of the femur a slip to the iliotibial band of the femur a slip to the iliotibial band of the femur a slip to the iliotibial band of the femur a slip to the iliotibial band of the femur a slip to the iliotibial band of the femur a slip to the iliotibial band of the iliotibial band of the iliotibial band of the femur a slip to the iliotibial band of the femur a slip to the iliotibial band of the femur a slip to the iliotibial band of the iliotibial band of
articular surfaces of the atlas and according to the form of the articulating surfaces are ellipsoid joints. Nerve: Median, which passes between the two heads. The latter is a firm, thick, fibrous membrane, which, in its posterior medial part, is intimately connected with the dural sheath of the optic nerve, while anteriorly it is rather sharply marked off
from the cornea, into whose tissue, however, it directly passes over. C80, C83, C88 (see here). The hilus leads into a cavity, the renal sinus, surrounded by kidney substance. Strictly speaking it represents two layers, since the two flexors completely cover the Pronator quadratus. The last two may unite. The minute openings of the numerous smaller
veins of the heart are in the region of the atrial septum and on the right wall. The Blood Vessels and Nerves of the Axilla. C177, C180, C206, C207. Action: Draws the scapula downwards; if the scapula downwards downwards downwards; if the scapula downwards dow
foramen and its base is surrounded by the margins of the orbit, the supraorbital and infraorbital. Posteriorly on the lateral walls are the two sacrosciatic foramina, the upper and larger one being rounded quadrangular, and the lower smaller one triangular. The cartilage of the epiglottis is a thin plate, convex above and in front, concave below and
behind. C28, C29, C30, C32. The second fissure of the right lung, separating the upper and middle lobes, is shorter than the other and at the same time shallower, and is almost at right angles to it. The mesovarial border, along which the mesovarian border, along which the mesovarian is attached, is straighter and looks forward and laterally; it bears the hilus for the entrance and exit
of vessels and nerves. The vena azygos begins in the interval between the medial and intermediate crura of the diaphragm, as the continuation of the right lateral surfaces of the thoracic vertebrae in front of the intercostal arteries. The nasal portion communicates with the nasal cavity through
the choanae and is separated from the mouth cavity by the soft palate. Those fibres that are contained within the vocal fold are sometimes termed the m. The bodies of the phalanges are convex dorsally and flat or very slightly concave on the volar surfaces, with sharp lateral borders. It is in this that the pterygo-mandibular raphe and stylo-mandibular
ligament are developed. They receive the efferent vessels from the iliac, hypogastric and sacral nodes and in the female from the testis and epididymis and in the female from the extremity,
especially that from the ulnar side which has already passed the cubital nodes. The inferior surface of the body is attached; the convex upper surface, lined throughout its whole extent by the oral mucous membrane, is termed the dorsum. In the region of the metacarpus and fingers the bones of the hand do not form a flat surface, but a dome convex
dorsally and concave volarly, which may be markedly deepened by the action of the muscles of the hand and also not a little flattened. Further towards the median line is a slit-like opening to the same system is the
tapetum, passing from the splenium of the corpus callosum to the lateral walls of the posterior and inferior cornua. In transverse section it is in general irregularly elliptical. the mesencephalon (mid-brain) The fore brain, telencephalon,
forms the greater part of the brain and consists of the pallium, including the hippocampus etc., the corpus striatum, the rhinencephalon, the corpus callosum, the fornix and the septum pellucidum. The perforating branches pierce the intercostal muscles close to the border of the sternum and pass between the muscle bundles of the Pectoralis major
From it there arises a single tract, the crus commune, which passes for a short distance in the atrial septum to reach the lower posterior border of the membranous septum, where it divides into a right and a left limb. The superficial volar branch, usually weak, is given off just before the radial passes to the dorsum of the hand. Some of the deep fibres
of the intermedius insert into the capsule of the knee joint, forming what is termed the Articularis genu. The Lateral Plantar Nerve. The Transversus. The arrangement of these bones is such that on the medial side of the foot there are only two, the calcaneus and
cuboid. The surface of the gall bladder which is not in contact with the liver is covered by peritoneum. From the maxillary (II) division: The zygomatic goes, as its zygomatic goes, a
zygomatic bone and the temporal fascia to supply the skin over these structures. The larvngeal is the only portion which has a distinct anterior wall. As was stated in the Preface to the first Volume, the endeavor has been to make of the Atlas a work that would be of use to students and practitioners, not one intended for expert Anatomists. The ischium
forms the lower posterior portion of the innominate, the lower posterior third of the acetabulum and the lower and posterior boundary of the obturator foramen. Anteriorly towards the front end of the median suture is the unpaired incisive foramen, by which the bony oral cavity communicates with both nasal cavities. It begins at the transition of the
central portion into the posterior cornu and extends, gradually becoming thicker and broader, too the anterior and lateral surfaces of the knee (rete genus) lies on the anterior and lateral surfaces of the knee joint. C26, C33, C34, C37, C38, C39, C40. The Ligaments of the Vertebral Column and those
between the Ribs and the Vertebrae. Posteriorly in the horizontal portion of the palatine foramen. nuchae, and from the spines of the last cervical and all the thoracic vertebrae. cutaneus collis (moderately large, sensory, from C2 and C3) lies
between the Sterno-mastoid and the Platysma. The Thoracic Aorta. The external iliac artery runs on the medial border of the Psoas as the direct continuation of the common iliac to the inquinal (Poupart's) ligament, where it passes directly into the femoral artery (see here), comitans nervi ischiadici. = glandula, glandulae etc. There is on the cerebral
surface of the lateral portion a rounded elevation, the jugular tubercle (Fig. At the same time the number of the illustrations for the Myology was considerably increased and, furthermore, for the trunk, and especially the thorax and abdomen three-quarter views were employed instead of complete profiles. To it is attached the lamina affixa, originally
a part of the medial wall of the forebrain; it passes as the taenia chorioidea into the epithelial layer of the chorioid plexus of the lateral ventricle (see also here). The Pyramidalis is an inconstant muscle that arises immediately in front of the skull
that articulates with other skull bones in a moveable joint, the only bone (except the hyoid) that can be readily separated from the others, which are more or less firmly united by sutures. The irregularly quadrangular opening so formed is the subcutaneous inguinal ring, through which the spermatic cord passes in the male and the ligamentum teres of
the uterus in the female (see Fig. The neck is below this facet. Except for a caroticotympanic branches: The ophthalmic, see here. Abbreviations used in the illustrations. C55, C56, C57, C58. It comes to lie on the radial side of the
ulnar nerve, but in contrast to the radial artery, it remains covered by the Flexor digitorum sublimis and the Flexor digitorum sublimis and the forearm, where it becomes visible between the tendons of these two muscles, close beside the ulnar nerve. The under surface of each peduncle is strongly furrowed and is partly visible at the
base of the brain, but for the most part it is covered by the optic tract and the hippocampal gyrus and its uncus. They are formed from the external and internal iliac (hypogastric) veins (see here). the quadrangular lobule and the superior semilunar lobule. It passes from the anterior surface of the rectum to the base of the broad ligament of the uterus
bounding laterally the rectouterine pouch (pouch of Douglas) broad ligament of the uterus transversely across the empty bladder, but disappearing completely when the bladder is filled pubovesical fold, frequently several, in the supravesical fovea at the reflexion of the peritoneum from the posterior surface of the
pubic bone to the apex of the bladder middle umbilical fold lateral umbilical fold epigastric fold Respiratory Organs (including pleura). It is inserted by four long tendons into the middle phalanges of the second to the fifth fingers. The lumbar vertebrae are the largest of all the true vertebrae. The Abductor pollicis brevis arises from the transverse
carpal ligament and receives a slip from the tendon of the Abductor pollicis longus. The bones of the face are the nasals, the lacrimals, the vomer, the inferior concha, the maxillae, the palatines, the palatines, the palatines, the palatines, the palatines, the mandible and the hyoid. C102, C103, C104, C105, C107. The paired lateral portions are attached to the lateral edges of the lamina
cribrosa and are known as the ethmoidal labyrinths. By far the strongest ligament of the liver coronary ligament of the liver right and left
triangular ligaments of the liver lesser omentum hepatogastric ligament hepatoduodenal ligament duodenorenal ligament duodenorenal ligament duodenorenal ligament phrenicolienal ligament phrenicocolic ligament duodenorenal ligament duodenorenal ligament phrenicolienal ligament phrenicocolic ligament phrenicocolic ligament duodenorenal ligament duodenorenal ligament phrenicolienal ligament phrenicocolic ligament phrenicocolic ligament duodenorenal ligament duodenorenal ligament duodenorenal ligament phrenicocolic ligament duodenorenal ligament duodenorenal ligament phrenicocolic ligament phrenicocolic ligament duodenorenal ligament 
omentum transverse mesocolon gastropancreatic fold mesenterii duodenomesocolic fold, bounds the duodenojejunal fold, bounds the caecum to the parietal peritoneum and bounds the caecal fossa
ileocaecal fold, bounds the inferior ileocaecal recess; it passes from the terminal portion of the ileum, opposite the insertion of the vermiform appendix or its mesenteriole. C38, C39, C40. It receives the same veins as the left, except Nos. The mucous membrane of the soft palate is rather smooth, much thinner than that of
the hard palate, and is usually well supplied with glands. Only the first two groups are localized in definite areas of the three funiculi; the fibres of the last group, especially in the anterior and lateral funiculi; the fibres of the last group, especially in the anterior and lateral funiculi; the fibres of the last group, especially in the anterior and lateral funiculi; the fibres of the last groups are localized in definite areas of the three funiculi; the fibres of the last groups are localized in definite areas of the last groups.
its inner surface, which is turned toward the cartilage-covered articular circumference of the lateral border of the lateral border of the scapula and from the infraspinatus fascia. Nerves: All four muscles are supplied from
the ansa hypoglossi. It gives small branches to the finger joints. A superior, an inferior and an intermediate portion may be distinguished, the last being its broadest portion. In the adult it is scarcely more than a slight depression. The Splenius cervicis arises from the spinous processes of the third or fourth to the sixth thoracic vertebra and is inserted
into the posterior tubercles of the transverse processes of the upper three cervical vertebrae. The posterior angle is separated from the occipital forms the jugular foramen (see Fig. Its smaller external branch runs over the
lateral surface of the Constrictor pharyngis, supplying this and the Crico-thyreoideus; the stronger internal branch pierces to the mucous membrane of the larynx. It runs through the middle of the popliteal fossa, resting on the femur and the
posterior surface of the knee joint, and somewhat medial to the vein. The lateral incisors erupt usually from the twelfth month; those of the upper jaw some months later; after these the canines, from the sixteenth month; and, finally, the
posterior molars from the twentieth to the thirtieth month. The utero-vaginal plexus in the female, in the broad ligament on either side of the uterine veins into the internal iliac. Fig. C8, C17. The sural nerve passes downwards with the
 small saphenous vein towards the lateral malleolus. On its medial wall there is a valve at the entrance of the ileum, the valve of the colon (ileocaecal valve), formed by two folds of mucous membrane, the upper and lower lip (actually the entire wall is folded). Two varieties of hair are found on the skin, the lanugo (Fig. The narrowest parts are: at its
commencement, opposite the cricoid cartilage; behind the bifurcation of the trachea; where it perforates the Diaphragm. The lesser wings (alae parvae) are small horizontal plates of bone which arise from the lateral surfaces of the body of the sphenoid, each by two roots which enclose the optic foramen. C44), and divides into an almost purely motor
deep and a sensory superficial branch. For the movement of the head upon the vertebral column there is a combination of joints, including the atlanto-exial (atlanto-exial (atlanto-exial the ureteric folds, which are continued
beyond the orifices for some distance, gradually fading out. The radio-carpal articulation is between the carpal bones, the navicular and lunate articulating with the radius and the triquetrum (cuneiform) with the disk. It traverses the
 Psoas, passes over the Iliacus to the neighbourhood of the anterior superior spine of the ilium, immediately below which it passes to the skin of the thigh. The Adductor pollicis has two heads. In the lower part of the back and in the lumbar region the lateral branch is the stronger. The lateral palpebral raphe is not an actual ligament, but a strip of
tendinous tissue that interlaces with the fibres of the Orbicularis oculi and with the orbital septum. The muscles of the coracoid process. While the axis of the hand is the direct continuation of that of the forearm and arm, that of
the foot is almost at right angles to that of the leg, and while in the hand the fingers are almost the half of its entire length, in the foot the tarsus forms almost the proximal half and the metatarsals and toes the distal half, the latter being only a fifth of the entire length of the foot. In the distance condition it has the caliber of small pencil; it is
somewhat narrowed in its pelvic portion and just above this narrowing there is a spindle-shaped enlargement. Its length is about 15-16 cm. Thus, the long bones are the humerus, ulna, radius, metacarpals, and the phalanges of the tioes; the clavicle also belongs to this group. One
cusp, the anterior, looks forward and to the right, the other, the posterior, backwards and to the left. C314, C315, C316, C317, C318, C319, C320, C321, C320, C321, C320, C32
of the semilunar notch of the ulna and is inserted into the posterior border of the radial notch of the same bone, forming with the latter notch. The utriculus is an oval, slightly flattened sac, which lies in the hemielliptic recess of the bony
From the strongly concave medial surface of the calcaneus a broad process, the sustentaculum tali, projects towards the talus and bears the middle articular surface for that bone. The temporal fascia is the strongest fascia of the head. From the ganglion are given off, a nerve to the tensor veli palatini, usually united with the internal pterygoid nerve,
and a nerve to the tensor tympani. It inserts by means of the medial sesamoid bone into the basal phalanx of the great toe. The first are between the atlas and axis (epistropheus), and throughout the cervical region they are paired, the spinous processes being bifurcated. Medially is the septum pellucidum and laterally the portion of the corpus
striatum known as the head of the caudate nucleus. C136. The inner surface of the thyreoid cartilage is smooth, but the outer has an elevation, the body (corpus), it is triangular-prismatic, but becomes enlarged and rounded at its upper end to form the head
(caput), while its lower end is termed the tail (cauda). There are of these two unpaired and two paired. The Palmaris longus is not always present. It is visible only on the diaphragmatic surface, and not at all on the diaphragmatic surface. C12). The Elbow Joint (articulatio cubiti). The purely sensory, slender terminal
branch, the dorsal interosseous nerve passes with the dorsal branch of the volar interosseous artery to the dorsal surface of the wrist joint. The nerves and blood vessels passing out from the opening of the orbit (the frontal and supraorbital arteries and the naso-frontal vein)
pierce the upper (orbital) part of the septum. At the middle of the foot it is a thick, tendinous sheet, whose bundles are chiefly longitudinal, but have an oblique direction towards the borders of the foot. It pierces the urogenital trigone and runs forward in the groove between the Bulbo-cavernosus and Ischio-cavernosus to below the pubic
symphysis, where it divides into two terminal branches. Lymphatic Nodes of the Pelvis. The Omohyoideus by the union of its intermediate tendon with the cervical fascia, tenses that fascia, tenses that fascia. The Navicular. It surrounds the olecranal, coronoid and radial fossae at the lower end of the humerus and is attached below to the ulna, close below the tip of the
 olecranon, to the border of the semilunar notch and to the tip of the coronoid process. C72. It divides into deep branches accompanying the deep artery of the tongue and one (or two) accompanying the hypoglossal nerve (vena comitans n. It supplies the skin of the posterior surface of the lower leg and over the lateral malleolus (lateral calcaneal
branches) and ends on the dorsum of the foot as the lateral dorsal cutaneous nerve of the inner surface of the sclerotic by the pectinate ligament, this rounding off the angle between the cornea and iris; in the adult it is quite rudimentary. In
addition to branches to the Coccygeus, only four or five anococcygeal nerves arise from the plexus, these passing to the skin behind the tip of the coccyx. The posterior surface of the bone. The common interosseous artery, the strongest branch of the
ulnar, arise from the posterior surface of the artery and after a short course (Fig. The Hyoglossus and Chondro-glossus from the body and greater cornu of the hyoid bone (the Chondro-glossus from the body and greater cornu of the hyoid bone (the Chondro-glossus from the body and greater cornu of the hyoid bone).
length of the palm of the hand. The base of the third metacarpal bears a styloid process, which is directed laterally (radially). The lateral plantar is the Stronger terminal branch and runs toward the lateral border and
posterior surface of one arytaenoid cartilage and passes to the corresponding parts of the other. But while a Röntgen picture of a bone is less satisfactory for study than the macerated bone itself, and while especially, the clearest Röntgen picture of the substance in a
the floor of the tympanic cavity. The head (caput) is the rounded anterior end of the bone and havicular fibro-cartilage. The Common and External Carotid Arteries. In addition to the longitudinal fibres there are transverse fasciculi, especially
distally. Nerves and Vessels of the Head and the Viscera of the Head and Neck. It is directly continuous with the long head of the Biceps and comes to lie between this and the Semitendinosus. B87), which hooks around the superior mesenteric vein as this lies behind the pancreas
in a groove, the pancreatic incisure. The radius is the more lateral of the forearm. The eleventh and twelfth ribs have only cartilaginous tips, which are very short and end freely. It begins as a notch on the anterior wall of the
tympanic cavity of which it seems to be a direct prolongation. The left coronary artery supplies principally the left ventricle. Thorax: Pectoralis major (crest of the anterior wall of the artery (Fig. The greater
trochanter is much larger than the lesser one and looks laterally. C115, C117. The Long Muscles of the Back. The radial collateral ligament, with which its fibres partly intermingle. The perpendicular portion is narrower, but longer than the horizontal. It has no other branches
C114 and C117, and here.) forms in the jugular foramen a jugular ganglion and receives the internal branch of the accessory nerve. It arises from the body of the ilium in the region of the anterior spine and passes obliquely on the accessory nerve. It arises from the jugular foramen a jugular ganglion and receives the internal branch of the accessory nerve. It arises from the body of the ilium in the region of the accessory nerve. It arises from the jugular foramen a jugular ganglion and receives the internal branch of the accessory nerve. It arises from the jugular foramen a jugular ganglion and receives the internal branch of the accessory nerve. It arises from the jugular ganglion and receives the internal branch of the accessory nerve. It arises from the jugular ganglion and receives the internal branch of the accessory nerve. It arises from the jugular ganglion and receives the internal branch of the accessory nerve. It arises from the jugular ganglion and receives the internal branch of the accessory nerve. It arises from the jugular ganglion and receives the internal branch of the accessory nerve. It arises from the jugular ganglion and receives the internal branch of the accessory nerve. It arises from the jugular ganglion and receives the internal branch of the accessory nerve. It arises from the jugular ganglion and receives the jugul
two lobes differ in size. The palmar cutaneous branch is small. The constrictor muscles of the two sides unite behind in a median pharyngeal raphe. The Crico-thyreoideus arises from the outer surface of the arch of the cricoid cartilage and is inserted into the lower border and inferior cornu of the thyreoid cartilage. The lax elastic hyothyreoid
membrane unities the upper border of the hyoid bone and to its greater cornua. Each portion consists of two chambers, a ventricle and an atrium, the chambers of opposite sides being separated by a septum (see below), while those of the same side communicate through atrio-ventricular
openings (ostia venosa). It surrounds the mandibular fossa (except the non-cartilaginous portion), the articular tubercles, three buccal and two lingual. C76, C77. C149, C158, C161, C163, C164, C165, C166, C167, C178, C189, C196, C205
From the concavity of the arch: Bronchial arteries to the bronchi and the hilus of the lung. They arise from the adjacent part of the right fibrous ring, especially from the left fibrous trigone and partly also from the adjacent part of the right fibrous ring, especially from the left fibrous ring, especially from the left fibrous trigone and partly also from the adjacent part of the right fibrous ring. It usually presents the posterior openings of the lesser palatine foramina. C148, C149, C178,
C183, C230, C231, C232, C233, C234, C235. The capsules of the atlanto-axial joint are wide and loose and are reinforced by a series of accessory ligaments. It is also connected with the deep veins of the lower leg by a
strong branch. B47). The Peronaeus longus arises from the head of the fibula, the crural fascia, the upper two-thirds of the lateral surface and lateral crest of the humerus. A branch to the descending hypoglossal ramus to form the ansa hypoglossi
(moderately large, often double; motor, from C2 and C3). Nerves: They are supplied in a variable manner by the medial and lateral plantars. It gives off the superficial petrosal branch that passes with the superior tympanic,
follows the course of the lesser superficial petrosal nerve to the tympanic cavity. This is longer and more pointed than the medial one and has upon its medial surface an articular surface, which immediately adjoins the illustrator Mr. K. The perineal nerve, rather strong
runs superficially through the ischio-rectal fossa, accompanying the perineal artery (see here). The metacarpal of the thumb is the shortest, that of the index the longest, and from this toward the little finger they gradually diminish in length. The oesophagus is a muscular tube, about 25 cm in length, which when empty has a flattened cylindrical form
Consequently in the majority of the figures shown in each figure, and only occasionally is there a departure from this plan, when, for the sake of clearness, accessory figures showing only the arteries and nerves, arteries and veins are shown in each figure, and only occasionally is there a departure from this plan, when, for the sake of clearness, accessory figures showing only the arteries or the nerves (for example, the cranial nerves).
are added. The teeth of the two rows resemble each other in form and size, without being exactly alike. Muscles and Fasciae of the Upper Extremity. The Flexor brevis hallucis arises from the plantar surfaces of the second and third cuneiforms and from the long plantar ligament. It presents a small surface for articulation with the clavicle (facies
articularis). This last consists of two layers, a superficial and a deep. The Thorax. The lower part of the anterior columna is especially prominent, this being due to the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the vaginal wall as the urethra, which bulges forward the urethra, which bulges for the urethra, which bulges for the urethra, which bulges for th
fascia lata consists of two layers, separable only in certain areas and varying much in thickness. The cerebral surface of the frontal plate possesses in its lower portion a median ridge, the frontal crest. Nerve: The spinal accessory. Here it bends to assume a vertical direction and opens by the stylomastoid foramen. C91, C930, C330, C331), but on the cerebral surface of the frontal plate possesses in its lower portion and opens by the stylomastoid foramen. C91, C930, C330, C331), but of the cerebral surface of the frontal plate possesses in its lower portion and opens by the stylomastoid foramen. C91, C930, C330, C331), but of the cerebral surface of the frontal plate possesses in its lower portion and opens by the stylomastoid foramen. C91, C930, C330, C331), but of the cerebral surface of the frontal plate possesses in its lower portion and opens by the stylomastoid foramen. C91, C930, C330, C331), but of the cerebral surface of the frontal plate possesses in its lower portion and opens by the stylomastoid foramen. C91, C930, C330, C331), but of the cerebral surface of the frontal plate possesses in its lower portion and opens by the stylomastoid foramen.
these are continuous above over the groove which opens downwards. They begin between the second and third cervical vertebrae and extend to the liver. The latter goes to the adjacent muscles, corresponding to the posterior branches of the lumbar
arteries; the former continues the direction of the main stem to the. From its origin from the crus commune it curves slightly forward in the direction of the muscular septum of the muscular septum of the wentricle, divides into an anterior and posterior
bundle. C346, C347, C348, C349, C350) are thin, translucent, horny plates, situated on the dorsal surface of the terminal phalanges of the fingers and toes. C80, C82. The axillary artery is the direct continuation of the subclavian and at the lower end of the axilla is directly continued into the brachial artery. The coverings of the cord are a rather loose
not continued upon it. In addition to muscular branches it gives off four plantar metatarsal arteries, each of which divides into two plantar digitals. Its terminal branches anastomose in the infraspinatus fossa with the transverse scapular arteries, each of which divides into two plantar metatarsal arteries, each of which divides into two plantar metatarsal arteries.
Its mucosa is raised into peculiar folds, which have a somewhat spiral course and form a spiral valve (Heister's). Occasionally the ligament is replaced by bone and the articular capsules. On the left side the convex sternocostal surface
passes over into the also convex diaphragmatic surface without any line of demarcation. The division of the anterior funiculi into different fasciculi is not evident on the surface of the cord, but the fibres forming the anterior funiculi into different fasciculi is not evident on the surface of the cord, but the fibres boundings the anterior funiculi into different fasciculi is not evident on the surface of the cord, but the fibres forming the anterior funiculi into different fasciculi is not evident on the surface of the cord, but the fibres forming the anterior funiculi into different fasciculi is not evident on the surface of the cord, but the fibres forming the anterior funiculi into different fasciculi is not evident on the surface of the cord, but the fibres forming the anterior funiculi into different fasciculi is not evident on the surface of the cord, but the fibres forming the anterior funiculi into different fasciculi is not evident on the surface of the cord, but the fibres forming the anterior funiculi into different fasciculi is not evident on the surface of the cord, but the fibres forming the anterior funiculi into different fasciculi is not evident on the surface of the cord, but the fibres forming the anterior funiculi into different fasciculi is not evident on the surface of the cord, but the fibres fasciculi is not evident fasciculi into different fasci
the anterior median fissure, the anterior cerebro-spinal fasciculus (direct pyramidal tract). Extension of the Body. Departures from these conditions are found only at the following places; firstly in the lobe of the ear; this contains no cartilage, but is a duplicature of the integument filled
with fat tissue; secondly, the antitrago-helicine fissure and the portion of the terminal incisure between the crus of the helix and the lamina of the tragus are bridged over by the external skin. The shaft (corpus) of the tibia is distinctly triangular-prismatic. The former runs between the Clutaeus maximus and medius and supplies chiefly the upper part
of the former; the inferior branch runs between the Glutaeus medius and minimus and is supplied to these two muscles. It arises at the jugular foramen in an enlargement, the superior bulb, and carries off the blood of the cranial cavity as the direct continuation of the transverse sinus (see here). They are directed backward and medianward. It bends
sharply around the tubar extremity of the ovary and then runs almost vertically, parallel and close to the mesovarian border of the ovary, resting on the pelvic wall. It sends the caroticotympanic nerves (Fig. = internal, internus, -na, -num lat. Elsewhere they extend from spinous process to spinous process. They begin on the caecum from a common
area at the root of the vermiform appendix and extend over the wall of the intestine as smooth, shining bands, equally spaced and about 8 mm in breadth. With the tendons of these it passes through the bone to the tympanic cavity, across through the carpal canal into the palm of the hand, where its terminal branches are given off. The chorda passes through the carpal canal into the palm of the hand, where its terminal branches are given off.
this between the malleus and incus, and leaves it by the petro-tympanic fissure. As a reinforcing band for the posterior surface of the capsule there is a quadrangular, short, tense tubercular ligament, which completely fills the space between the neck of the rib and the transverse process. The Coccygeal Plexus. All the muscles of the group, except the
Pronator teres, pass over the wrist joint and have more or less long tendons. C58, C59, C68, C114. The blind end of the tube really lies some distance below what seems to be its upper end, this being merely one of the bends of the tube.
parts of the skeleton may be made visible even in the living body, namely, the use of Röntgen rays. The contact of the bones is further maintained by a strong ligament, which unites the tuberosities of the bones is further maintained by a syndesmosis. The milk molars, while resembling
the permanent ones, represent a specific type; they have more than one root and have several tubercles. The Musculo-cutaneous Nerve arises from the lateral cord of the brachialis, giving branches to it, and comes to lie between the Biceps and Brachialis. Behind this, close to the median line, are two
small white bodies, the corpora mamillaria, and behind these a depression, the interpeduncular fossa, between the two cerebral peduncles. The portion covering the Pectineal fascia which lines the floor of the ilio-pectineal fossa. The Ophthalmic
Artery. Includes the Brachio-radialis, Extensor carpi radialis longus, and Extensor carpi radialis brevis. The widths of the rectovesical and rectounder and rectour are filled and they may be occupied by moveable portions of the intestine (loops of the small intestine or sigmoid colon); the
vesico-uterine pouch in the normal anteflexed position of the uterus is always merely a capillary cleft. Its lateral border upon the Submaxillary gland, and its medial border upon the submaxillary gland, and its medial border upon the submaxillary gland, and its medial border upon the formal anteflexed position of the uterus is always merely a capillary cleft. Its lateral border upon the submaxillary gland, and its medial border upon the formal anteflexed position of the uterus is always merely a capillary cleft. Its lateral border upon the submaxillary gland, and its medial border upon the formal anteflexed position of the uterus is always merely a capillary cleft.
portions, is lined by mucous membrane. in the usual way into the systemic circulation; or it may reach the systemic circulation in the sagittal plane. It is chiefly supplied, to the Triceps. The cavity of the midbrain, the aquaeduct (of Sylvius), is a
narrow canal about 1½ cm in length, which connects the third and fourth ventricles. The lumina of the wesicles are much wider than that of the ductus deferens, wider, indeed, than that of the ampulla, and the mucous membrane is thrown into strong folds. It is formed by fine branches of both the gluteal arteries and of the deep branch of the medial
circumflex femoral. Each half of the grey substance has a large anterior column (horn), and a more slender posterior column (horn), the apex of the atria, as well as that of the ventricles takes its origin from connective tissue fiber-
bundles which are arranged in rings around the atrio-ventricular openings. The Veins of the Heart. The cutaneous nerves of the lower leg and foot); only to a small
extent from the pudendal plexus and from the posterior branches of the lumbar and sacral nerves. Between this and the condyle there passes almost transversely through the bone the hypoglossal canal for the nerve of that name. B152 is an exception. The length of the carpus is about only 1/6 the length of the entire hand. The Hand muscles, i.e.
muscles that both arise and insert into the hand skeleton. These lines are termed the outer lip, the inner lip and the intermediate lip. The carotid canal is a short, but wide canal, situated near the apex of the pyramid. The inferior superior superior superior lip, the inner lip and the intermediate lip. The carotid canal is a short, but wide canal, situated near the apex of the pyramid. The inferior superior superior lip, the inner lip and the intermediate lip. The carotid canal is a short, but wide canal, situated near the apex of the pyramid.
alveolar branches to the teeth. Below this line is the nutrient foramen, usually large and distinct; it leads into a canal that runs obliquely downwards. The Seminal Vesicle. The ovarian artery. The uterus is a thick-walled, muscular, hollow organ that has
the shape of a flattened pear. This forms a broad semilunar (Gasserian) ganglion, situated between the two layers of the dura mater at the anterior border of the tentorium, close to the cavernous sinus (see Fig. It begins at its anterior border of the tentorium, close to the cavernous sinus (see Fig. It begins at its anterior border of the tentorium, close to the cavernous sinus (see Fig. It begins at its anterior end with an ampullary limb, dilated to form the superior ampulla and at its posterior end forms with the posterior
canal the common limb. Collateral ligaments strengthen their sides and accessory volar ligaments their volar surfaces, while the transverse capitular ligaments their strengthen their sides and accessory volar ligaments their volar surfaces, while the transverse capitular ligaments their sides and accessory volar ligaments the sides and accessory volar ligaments and accessory vo
backwards; the Longissimus capitis acts also on the neck and head. The two borders are continued into two rough muscle projections, the medial border into the smaller lateral epicondyle. C28, C30) and during their course along with the arteries the members of each
pair are frequently connected by transverse anastomoses. The Inner Coat of the Eyeball, The Retina. arises in the cubital fossa as the stronger terminal branch of the body of the sternum and the xiphoid process and is inserted into the
inner surfaces of the cartilages of the second (third) to the sixth rib. C97, C102, C107. The sacral canal, the continuation of the vertebral canal, traverses the entire length of the sacrum. Nerve: The lower intercostal nerves and branches from the lumbar plexus, the ilio-hypogastric and ilio-inguinal. The skin consists of three layers, which, named from
without inwards, are the cellular layer, the epidermis, the fibrous layer, the formular layer, the formular layer, the tela subcutanea. They form the mammary plexus. The deep artery of the penis, the deep terminal branch, passes to the
corpus cavernosum of the penis and runs to its anterior extremity. Lingual branches, which run along the Stylo-glossus, arching around the palatine tonsil, to supply the root of the transverse processes from the pedicles,
whence they lie in the regions of the vertebral incisures. The Lingual Artery. The inferior surface of the Anterior Surface. C16, C17, C27. The former are formed largely of fatty tissue and lie behind the
patellar ligament, where masses of fat covered by the synovial membrane of the joint bulge into the joint cavity forming medial and lateral alar folds. B111) back to the anterior abdominal wall to become parietal peritoneum. Its branches are: The spinous branch, a fine twig to the dura mater passing through the foramen spinosum. Arranged in two
layers: A superficial layer including the Pronator teres, Palmaris longus, Flexor carpi radialis, Flexor digitorum sublimis (considered by many as forming a middle layer since it lies deeper than the other muscles of the superficial layer) and Flexor carpi ulnaris. Furthermore, it has two separate openings into the vestibule; the ampullary limb is the
anterior one and begins in the lateral ampulla, close beside the superior ampulla and forming the prominence of the lateral canal; the posterior limb opens into the vestibule below the common limb. vocalis, regulate the tension of the vocal cords. The coeliac nodes, lie behind the stomach, pancreas and duodenum, in close proximity to the largest
mesenteric nodes. The superior extremity forms the head (capitulum) and the inferior extremity the lateral malleolus. It is especially strong where it rests on the Subclavius, and is attached to the under surface of the clavicle and to the coracoid process. It gives off the following branches: Connecting branches to the upper cervical nerves, to the
nodose ganglion of the vagus (jugular nerve) and to the glossopharyngeal nerve. The lamina cribrosa occupies the ethmoidal notch of the frontal bone and is a rectangular plate situated between the nasal and cranial cavities. The deep layer of the frontal bone and is a rectangular plate situated between the nasal and cranial cavities.
deep flexors of the fingers and the Pronator quadratus. The volar surface bears the nutrient foramen, otherwise the surfaces present no special markings. C101, C13, C14, C15, C16, C33, C34. They follow the course of the artery. The support of each eyelid is a cartilage
like plate of connective tissue, the tarsus (see Fig. C9, C10, C13, C14, C15, C74. The most important ascending tract of the lateral funiculus is the spino-cerebellar fasciculus, whose principal part (Flechsig's bundle) takes origin from the cells of the dorsal nucleus, while a more anterior portion, that also arises from the cells of the cord, is termed the
dorsal spinocerebellar (Gower's) tract. The inferior gluteal artery passes through the great sciatic foramen below the Piriformis. The intermediate part extends by means of the lateral recess to the ventral surface of the rhombencephalon. A similar area, the superior macula cribrosa, lies at the upper end of the vestibular crest for the utriculo-
ampullary nerve, while the smallest, the inferior macula cribrosa, which corresponds to the foramen singulare, is situated beside the ampulla of the posterior semicircular canal, on the lower surface of the vestibule and the mouth cavity
are relatively smaller and the furrows are wanting on the labial surfaces of the crowns of the incisors. The sphenoidal process is directed medially and posteriorly and articulates with the under surface; the latter forms part of the lateral wall of the nasal cavity and bears an ethmoidal
crest for articulation with the anterior part of the middle concha and below this a conchal crest for the inferior concha. The following branches arise from the part of the middle concha and below this a conchal crest for the inferior concha. The following branches arise from the part of the middle concha and below this a conchal crest for the inferior concha. The following branches arise from the part of the middle concha and below this a conchal crest for the inferior concha.
base and is at first directed upwards, but then bends forward and laterally. C184, C188, C189, C190, C195, C196, C197, C205. The Superficial Nerves of the Head. C46, C49. Anterior and posterior pulmonary plexuses. From the larger of
the two sacs, the utriculus, three arched semicircular canal, the ductus reuniens. They occur only on the lower ribs and are usually largely tendinous. It is rather small and arises just above the floor of the pelvis to pass to the lower part
                            branches to adjacent parts (floor of pelvis, seminal vesicles, vagina). Nerve: The obturator and sciatic (tibial). The optic tract apparently arises from both bodies, from the lateral port (in reality only the lateral geniculate is an optic center). Like the principal
cavity, these accessory cavities are paired. The Obliquus capitis inferior arises from the spinous process of the axis (epistropheus) and passes outwards and upwards to the transverse process of the axis (epistropheus) and passes outwards and upwards to the transverse process of the axis (epistropheus) and passes outwards and upwards to the transverse process of the axis (epistropheus) and passes outwards and upwards to the transverse process of the axis (epistropheus) and passes outwards and upwards to the transverse process of the axis (epistropheus) and passes outwards and upwards to the axis (epistropheus) and passes outwards and upwards to the transverse process of the axis (epistropheus) and passes outwards and upwards to the axis (epistropheus) and passes outwards and upwards to the axis (epistropheus) and passes outwards and upwards to the axis (epistropheus) and passes outwards and upwards to the axis (epistropheus) and passes outwards are part of the axis (epistropheus) and passes outwards are part of the axis (epistropheus) and passes outwards are part of the axis (epistropheus) and passes outwards are part of the axis (epistropheus) and passes outwards are part of the axis (epistropheus) and passes outwards are part of the axis (epistropheus) and passes outwards are part of the axis (epistropheus) and epistropheus (epistropheus) are part of the axis (epistropheus) and epistropheus (epistropheus) are part of the axis (epistropheus) and epistropheus (epistropheus) are part of the axis (epistropheus) and epistropheus (epistropheus) are part of the axis (epistropheus) and epistropheus (epistropheus) are part of the axis (epistropheus) are part of the axis (epistropheus) and epistropheus (epistropheus) are part of the axis (epistropheus) are part of the axi
the region of the finger webs these divide into proper artery and the three middle fingers, the proper artery for the fifth digit arising independently from the ulnar artery and the three middle fingers, the proper artery for the fifth digit arising independently from the ulnar artery and the three middle fingers, the proper artery for the fifth digit arising independently from the ulnar artery and the three middle fingers, the proper artery for the fifth digit arising independently from the ulnar artery and the three middle fingers.
calcaneal branches to the calcaneal rete. The group of ligaments that radiate from the medial malleolus to the talus, calcaneus and navicular constitutes what is termed the deltoid ligament. The Interspinales are wanting in the thoracic region. Its branches are:
and the skin around the anus. The cartilage of the vomer, the lower edge of the anterior edge of the vomer, the lower edge of the anterior edge of the anterior edge of the anterior edge of the septum; is a rather thin, irregularly quadrangular plate of cartilage, which is attached to the anterior edge of the vomer, the lower edge of the vomer, the lower edge of the vomer edge of the anterior edge of the vomer.
small posterior chamber (camera). These are the optic chiasma, formed by the decussation of the optic tracts; from it arise the optic nerves. To these belongs the complicated fibre tract known as the lemniscus (fillet), which, divided into a strong medial and a weaker lateral (acoustic) lemniscus, lies lateral to the nucleus ruber. The medial posterior
malleolar passes between the tendons and the bone to the medial malleolar rete. C8, C9, C10, C11, C12, C13. The middle one, the apex of the dens to the margin of the thoracic nerves form the intercostal nerves, only the first
taking part in the formation of the brachial plexus. Often they possess only three tubercles, sometimes more than four. Visceral tributaries. The Auricularis anterior (attrahens) arises from the galea aponeurotica in the
temporal region; and the Auricularis posterior (retrahens) from the tendon of insertion of the sterno-mastoid. Opposite this to the left is a rounded papillary process, which is covered by the peritoneum of the sterno-mastoid. Opposite this to the left is a rounded papillary process, which is covered by the peritoneum of the sterno-mastoid.
curvature falls gradually toward the little finger and quite suddenly toward the thumb. The Cartilages of the Larynx. It takes origin by three heads. They are not quite constant and differ from the Internal intercostals in that they occur at the hinder portions of the ribs and pass over one or more. The incus has almost the shape of a molar tooth, with
two roots of unequal length. It unites with the manubrium at a very obtuse angle, which is not always very distinct. The anterior glosso-palatine arch runs from the lateral, lower border of the soft palate to the mucous membrane of the border of the tongue, where it ends as the triangular fold. It is a club-shaped structure; its anterior
enlarged end is termed the head and its posterior portion, which curves backwards and downwards gradually becoming more slender, is the tail. C31, C35. Posterior border showing a furrow, the pterygoid process of the sphenoid, its posterior border showing a furrow, the pterygoid process of the sphenoid, its posterior border showing a furrow.
process and maxilla, forms the pterygo-palatine canal. The kidneys (renes) are two paired organs resting on the posterior abdominal wall. The Latissimus dorsi arises from the spinous processes of the lower six thoracic and all the lumbar vertebrae, from the dorsal surface of the sacrum, and the lateral lip of the iliac crest. runs beside the internal
carotid artery and the nerves to the orbital muscles in the wall of the cavernous sinus, where it gives off a tentorial branch, and at the superior orbital fissure, lying superficially, it divides into three terminal branches. Pectoralis minor (coracoid process of scapula). Fig. The lingual artery, see here. The medial inferior cluneal nerve passes from the
pudendal plexus to the skin of the medial portion of the gluteal region. The phrenic nerve (rather large, principally motor, from C3 or C5) runs downwards on the Scalenus anterior beside the ascending cervical artery to the medial surface of the pleural dome, passes, in company with the pericardiaco-phrenic vessels, close under
the mediastinal pleura to the pericardium (on the right in close relation to the pericardium (Fig. The stronger body hairs are
distinguished by their greater thickness, especially by being more closely set and, usually, by their greater length. Pharyngeal branches to the pharyngeal 
labii superioris arises by three heads. C88, C100, C101. Only on the medial surface is it separated from the parietal lobe by the parietal lobe, has a rather broad area uncovered by peritoneum, which runs out into a small
zone on the left lobe. In the lower third of the abdomen the posterior wall is completely wanting below the semicircular line (Douglasi) (see here), all three muscles passing to the anterior wall. The middle circular layer, which is also the strongest, extends over the entire stomach; at the pylorus it forms the pyloric sphincter. It forms a cylinder of
compact substance and only towards the articulating ends does it enclose any considerable amount of spongy substance. The Epicranius auricularis is a superficial muscle that is divided by the branches of the superficial temporal artery into three parts, which are quite distinct from the deeper Auricularis and posterior and do not all reach the
auricular cartilage. The almost triangular prismatic bodies of the metacarpals, except that of the former flattens towards the base. Nerve: The radial supplies both muscles. The Fascia of the Foot. It shows its relatively greatest size in the new-born
child; then its growth becomes retarded, although until puberty it increases in absolute size. The cranial arachnoid, like that of the spinal cord, is a non-vascular membrane, closely applied to the dura mater, separated from it, indeed, by little more than a cleft-like space, the subdural cavity. Behind the trochlea is a backwardly projecting part of the
bone, the posterior process, which bears a broad groove for the tendon of the Flexor hallucis longus. The knee joint (articulatio genus) is between the condyles and patellar surface of the femur on the one hand and the condyles of the tibia on the other. The
pudendal nerve, the principal and terminal branch of the plexus, accompanies the internal pudendal artery (see here) and terminates as the nerve of the penis (clitoris). They permit an exchange of fibers between the two systems)
from the spinal cord. The muscle is an extension of the Obliques abdominis internus and runs in scattered, at first longitudinal and parallel, bundles on the surface of the spermatic cord, but in the scrotum the bundles take oblique and transverse courses. The last is very short and, like the next to the last, is open anteriorly. Nerve: The deep radial. The
lower, anterior end of the upper lobe of the left lung projects below this incisure into a small tongue-like lobe, the so-called lingula, which rests on the pericardium. The latter closes certain of the ethmoidal cells and articulates on the lateral wall of the nasal cavity with the lacrimal process of the inferior concha. The Nerves and Blood Vessels of the
Neck. The External intercostals pass between the opposed borders of successive ribs, beginning behind the tuberosity and ending in front shortly before the junction of the ribs and their cartilages. after a term indicates that the part concerned is shown in different parts of its course. C26, C34. Finally the ilio-lumbar ligament unites the ilium to the
fifth lumbar vertebra. Between its tendon and the palpebral conjunctiva there are the smooth muscle fibres of Muller's muscle, m. The upper surface, which posteriorly bounds the sulcus chiasmatis of the sella turcica and anteriorly projects towards the lamina cribrosa
as the ethmoidal spine. The spinal cord is almost cylindrical and begins in the region of the decussation of the pyramids, where it is directly continuous with the medulla oblongata. Action: External rotation and adduction. The nucleus amygdalae is an irregular roundish mass of grey substance of the anterior end of the external rotation and adduction.
temporal lobe, below the lentiform nucleus. C69) to the tympanic plexus, the deep petrosal nerve to the spheno-palatine ganglion (see here and Fig. Nerves: Branches from the lumbar plexus and the twelfth intercostal. The Clavicle. It divides into a weaker superficial and a stronger deep branch, the branches of the latter passing to the posterior
region of the hip (Fig. The mediastinal surface of the lung, which is practically in the sagittal plane, shows at about its middle and towards the anterior border a cardiac impression. From the hypogastric plexus of the pelvis with vessels from
the lower extremity, which form the external iliac plexus. The Interessei volares arise each by a single head, the first from the radial border of the fifth. Partly as a consequence of these folds and partly on account of the conformation of the
bones forming the walls of the tympanic cavity, there is formed a series of blind pouches. The former are represented by 7 cervical vertebrae, 12 thoracic and 5 lumbar, while the latter are two composite bones, the sacrum and coccyx. C22, C116, C356, (C359). The skull of the new-born child differs in many points from that of the adult. The former
shows very abundant digitate impressions; the latter is concave and forms the pelvic organs, and parietal, passing to the pelvic walls; the former arise almost always from the anterior trunk, the latter usually from the pelvic organs, and parietal, passing to the pelvic walls; the former arise almost always from the anterior. The
basal coil of the spiral canal bends around the hollow base of the modiolus; in the region of the modiolus consists of spongy bone, traversed by narrow longitudinal canals that end blindly; at the end of the second coil the modiolus proper ends and is continued by the lamina modioli. Below they do not reach the nostrils but unite with the
alar cartilages. All three roots are usually well developed in the first upper molar; in the second they show, not infrequently, more or less fusion, and this is the radial side is the radial side is the radial collateral ligament, passing from the styloid process of
the radius to the navicular (scaphoid). The medial brachial cutaneous nerve from the medial cord of the base of the stapes with the fenestra vestibuli (ovalis). Levator scapulae (medial angle of scapulae). C316, C317, C318) contains
the chorda tympani after it has entered the tympanic cavity, and extends from the lesser tympanic spine to the neck of the anterior surface of the pyramid. The occipital or lesser fontanelle (fonticulus occipitalis) is
triangular and lies at the hinder end of the sagittal suture, between the two parietal bones and the occipital. contains the motor portio minor and is consequently a mixed nerve. The external nasal, a branch of the anterior ethmoidal nerve to the surface of the nose. The thinnest parts of the capsule are situated on its lower wall, between the
pubocapsular and ischio-capsular and ischio-capsular ligaments and above the orbicular zone, between the ischiocapsular and ilio-femoral ligaments. B45). The muscles of the upper extremity are enclosed in a common fascia, which receives different names in diff
cervical vertebrae. It may be divided into cervical, thoracic and abdominal parts. Action: Adduction of the eyelashes (cilia), form what is termed the ciliary muscle (Riolan's). The wall of the heart consists
of three layers; most externally is the visceral layer of the serous pericardium, termed the epicardium, beneath which there are, at least in adult hearts, extensive deposits of fat, especially in the same as the second, this sixth edition
presents a number of new illustrations, especially of the nerves and vessels of the lower limb, of the brain, the eye and the auditory organ. The Mylo-hyoideus arises from the mylohyoid line of the mandible. The Mucous Membrane of the Tympanic Cavity. Normally is does not give off any lateral branches. Edition: 1904-1907 J. It arises from the lateral
epicondyle of the humerus and inserts into the dorsal surface of the ulna, immediately below the olecranon. A262). A48). The lips of the opening are anterior and posterior; the anterior is the larger and contains the free end of the cartilage of the tuba auditiva, which projects as a rounded swelling, the torus tubarius (see Fig. Its apex does not reach
the apex of the heart: From the ventricle the right atrio-ventricular opening leads into the right atriom, the right atriom, the right atriom, the pulmonary artery. It varies greatly in thickness in the different regions of the body, its greatest thickness being found on the palm of the hand and the sole of the foot, while it is very thin over the eyelids, the
prepuce, the scrotum, etc. 157.4 MB. The posterior femoral cutaneous nerve also passes below the Piriformis (see here). In the female it is the artery of the Clitoris and is correspondingly weaker. In addition to muscular branches to the Ouadratus lumborum and the Psoas it gives origin to the following nerves: The iliohypogastric nerve, rather strong.
a mixed nerve from L1 passes through the Psoas and in front of the Quadratus lumborum over the inner surface of the Transversus, piercing this muscle above the iliac crest to continue its course between the Transversus, piercing this muscle above the iliac crest to continue its course between the Transversus and the Obliquus.
third, more slender, but longer, erectile body in the penis is the corpus cavernosum urethrae, a distinctly flattened cylindrical structure, enlarged posteriorly to form the bulb and anteriorly to form the penis is the corpus cavernosum urethrae, a distinctly flattened cylindrical structure, enlarged posteriorly to form the bulb and anteriorly to form the penis is the corpus cavernosum urethrae, a distinct plant and then more lateral, and runs downwards on the origin of the Adductor magnus giving off large branches.
The pulp cavity has in general the form of the tooth, but possesses, almost regularly, fine processes corresponding to the relief of the crown. The superior extremity bears an articular head (caput), placed at an angle with the body and directed medially, It is almost hemispherical and is separated from the shaft of the bone by a shallow, circular
groove, the anatomical neck (collum anatomicum). The left ventricle has the form of an oval, truncated above. The movements of the eyeball are produced by six muscles, four of which are termed the recti, and two the obliqui. The pyramidal lobe, which not infrequently occurs as a variation, is to be regarded as the remains of the eyeball are produced by six muscles, four of which not infrequently occurs as a variation, is to be regarded as the remains of the original embryonic
duct of the gland. The Abductor pollicis longus (abductor ossis metacarpalis) arises from the dorsal surface of the ulna, the interosseous membrane and the dorsal surface of the thumb, slips passing to the trapezium (greater multangular) and to the Abductor pollicis brevis. This last contains
the labial glands, which are mucous glands of small size. In the region of the vestibular glands (glands of Bartholin). Nerves: Branches from the lumbar plexus. The first of these runs almost horizontally from the anterior surface of the malleolus to the anterior border of the trochlea of the talus; the second,
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also horizontal, passes to the lateral tubercle of the posterior process of the talus; and the calcaneus. C82, C83, C84, C88. C103, C104, C105. Conical papillae which have a more conical form; they are scattered among the filiform papillae, especially in youth, and
pass over into them. They are formed by the tendons of the Extensor longus, those of the Lumbricales. The laryngo-pharyngeal plexus and to the superior laryngeal plexus and to the superior laryngeal plexus and to the superior laryngeal plexus and those of the Lumbricales. The laryngo-pharyngeal plexus and those of the Lumbricales.
largely independent of the cerebrospinal system and differing from it, in addition to many other points, in the lack of a definite central organ, its nerve cells occurring throughout its peripheral distribution, even in the walls of many organs. 1 Head, Neck, Upper Limb ].pdf. Muscles of the extensor surface. At the cardia a zigzag line indicates the
boundary between the epithelium of the oesophagus and that of the stomach. To the long bones belong all the bones of the free extremities, with the exception of those of the iliac fossa. At this region the ventricle appears to have a paired lateral aperture (inconstant?) and in
the median line in front of the obex there is an unpaired medial aperture which is gradually formed during extrauterine life. C37, C38, C39, C41, C48. When the teeth are in contact, it communicates behind the last molar with the actual mouth cavity and in front through the mouth cleft (rima oris) with the outer world. The external carotid artery runs
upwards through the carotid fossa almost in the line of the common carotid, giving off large branches and diminishing rapidly in caliber. In addition, the articular surface on the posterior surfac
duct. The inferior vesical artery, moderately large, passes forward and medially to the fundus of the bladder; in the male also to the seminal vesicles and prostate and in the female (Fig. C29, C30, C33, C34. The first thoracic vertebra has on each side a complete fovea for the first rib and a half fovea for the second rib, that is to say one and one half
instead of two half foveae. C80, C82, C83. Action: Fixes the head, turns the face upwards. Superficial cubital nodes, 1-2 small nodes, beside the basilic vein in the region of the temporal bone and passes to the border of the
tongue, interlacing with the fibres of Group II. Of the openings of the osseous nasal cavity, the spheno-palatine foramen for example. (See Fig. The Longissimus dorsi arises with the iliocostalis lumborum from the dorsal surface
of the sacrum and from the spinous processes of the lumbar and lower thoracic vertebrae. The iris has the form of a transverse circular disk perforated at the center, whose anterior surface is a boundary of the anterior chamber of the
broncho-mediastinal trunk. If the bones are not too far from the sensitized surface of the plate they appear relatively sharply outlined and undistorted, so that not only is their form made visible, but also the structure of the spongiosa is more or less evident. The intermediate tendon of the digastric passes between the two slips of insertion. The blood
from these to a small extent flows through the meningeal veins to the pterygoid plexus. The Muscles of the Forearm. Its posterior portion, the so-called radix linguae, looks almost backward when the mouth is closed and lies opposite the anterior wall of the pharynx in the region of the isthmus faucium, the wide opening of communication between the
oral and pharyngeal cavities. The ethmoid is an irregular, cubical bone in which a middle unpaired and two lateral paired portions may be distinguished. The medial crural cutaneous, the chief branches of the c
the medial border of the dorsum of the foot. The latter projects beyond the labyrinth both anteriorly and posteriorly and is attached by its ends to the ethmoidal crests of the maxilla and palatine bones. Frequently there is a more or less distinct line of separation between the lobes and the isthmus and in other respects also the isthmus seems to
possess a certain independence of the lobes, being occasionally quite rudimentary or even entirely absent. On either side of the anterior border of which the olfactory tract arises by several roots. The Deep Extensor Layer. The suprascapular
nerve passes with the transverse scapular artery through the supraclavicular fossa to the scapular notch, where it passes under the superior transverse ligament and supplies the Supraspinatus. The deferential artery in the male, a small
artery, occasionally arising directly from the internal iliac, more usually from the preceding, runs along the ductus deferens to the abdominal inguinal ring and through the inguinal canal, included in the spermatic cord, to the testis. There is thus formed between the prepute and the glans the preputial sack. C9, C64, C75. The pancreatic duct
(Wirsung's) traverses the whole length of the gland, becoming larger from the tail to the head by receiving branches that enter it almost at right angles. It is formed by the palatine processes of the maxillae and the horizontal
portions of the palatine bones. From the muscular coat bundles occasionally pass to the mediastinal pleura that invests the oesophagus (m. The ethmoidal labyrinth hangs almost vertically downwards from the lateral border of the muscular coat bundles occasionally pass to the mediastinal pleura that invests the oesophagus (m. The ethmoidal labyrinth hangs almost vertically downwards from the lateral border of the lamina cribrosa. The Tensor tympani is an elongated muscle which lies in a canal forming the upper part of the muscular coat bundles occasionally pass to the mediastinal pleura that invests the oesophagus (m. The ethmoidal labyrinth hangs almost vertically downwards from the lateral border of the lamina cribrosa.
tubar canal. The interparietal sulcus, behind the posterior central gyrus, separates the superior and inferior parietal lobules. The dorsal artery of the orbit and anastomoses with the angular artery. The obturator artery, from the internal iliac
(hypogastric) (see here), is relatively much weaker than the nerve. The inferior thyreoid artery, the strongest branch, passes upwards and medially behind the common carotid artery to the posterior surface and lower border of the thyreoid gland, giving off small pharyngeal, oesophageal and tracheal (Fig. Branches of the Trigeminus (see here) From
the ophthalmic (I) division: The supraorbital, to the skin of the forehead and to the scalp as far up as the vertex, anastomosing with the greater occipital. A fibular portion covering the Abductor digiti quinti may be distinguished from the broader tibial portion covering the Flexor digitorum brevis. The paired crico-thyreoid articulation is
between the inferior cornua of the thyreoid cartilage and the arch of the cricoid. Consequently Röntgen pictures of the skull and of the pelvis are never anatomically satisfactory. From these origins the fibres radiate to a trifoliate central tendon. The
neck (collum) is strongly constricted near the head but enlarges laterally toward the shaft of the bone; it has a long lower border and noticeably thicker than the lateral one, which extends as a hook-like bent plate only into the upper part
of the lateral wall of the tube, the lower part of this wall and the lower wall being formed by the membranous lamina (Fig. Behind the corpora mamillaria and the interpeduncular fossa is the broad, white surface of the pons. azygos from the left ascending lumbar vein, but is weaker than the azygos. The medial plantar nerve arises below the medial
malleolus by the division of the tibial nerve (see here) and, on entering the sole of the foot, lies medial to the terminal part of the posterior tibial artery. It is inserted into the tendon of the Flexor digitorum longus. In addition certain ligaments or membranes take part in its boundaries, the interpubic fibrocartilage, the obturator membrane and the
sacro-spinous, sacro-tuberous and ilio-lumbar ligaments. From the base, adherent to the diaphragm, the shorter right side passes almost vertically upwards to the apex, while the longer, left side runs obliquely. C84, C86. Associated with it and uniting with it in a common tendon are three other muscles. The Auricle, Pinna. It passes upon the dorsum
of the foot between the tendons of the Extensor hallucis longus and the Extensor digitorum longus and, resting on the dorsal surfaces of the tarsal bones, takes a straight course to the margin of the tympanic membrane to the malleus, where it inserts at the base of the two
processes of the bone. The Interbrain, diencephalon. It is the largest branch of the acrta and gives rise to the arteries for the rontal process of the maxilla is directed upwards and articulates by its upper border with the
lacrimal bone and by its medial border with the nasal bone. The Ligaments of the Shoulder Girdle and the Shoulder Girdle and the Shoulder Girdle and the cystic duct to form the ductus choledochus (common bile duct) immediately before (below) the porta, and also a number
of lymphatic vessels which pass to the (5-6) hepatic nodes (lymphoglandulae) situated in the porta. The Longissimus cervicis is not clearly separated from the upper part of the Longissimus dorsi; it arises from the upper and middle cervicals. At the
level of the third thoracic vertebra it forms a short arch lying almost in the sagittal plane over the root of the right lung and opens into the superior vena cava. This is the direct continuation of the femoral artery (see here) and begins at the adductor hiatus. Small thymic, pericardial, tracheal, oesophageal, etc. C106, C108. It usually receives the
vertebral vein before opening into the innominate. It enters the orbit through the inferior orbital fissure and after coursing along its lateral wall, passes into a canal in the zygomatic bone, where it divides into its terminal branches. On the latter again there may be made out two portions, corresponding to portions of the sacrum with similar names, the
lower and anterior auricular surface and the posterior and upper, very much roughened iliac tuberosity. Its branches are: the acromial branch passing beneath the Deltoideus to the acromial rete (Fig. C80, C82, C86. The Eyelids, palpebrae. The great saphenous vein, the largest superficial vein in the body, arises on the dorsum of the foot from the
dorsal venous rete and from the medial end of the dorsal venous arch. The Fornix. Its branches are: The medial femoral (sometimes directly from the deep femoral), and
passes behind the femoral and medially between the Adductors, which it supplies. The superior gastric nodes, small, along the lesser curvature of the stomach; the inferior gastric nodes in the hilus of the spleen; and the hepatic nodes in the
portal fissure of the liver and the hepato-duodenal ligament. A66 and A67) show the arrangement of the four surfaces as well as the formation of the tympanic portions. The tympanic portion of the temporal bone is a small trough-shaped plate of
 bone which forms the sides and floor of the external auditory meatus and the lateral funiculus is composed of the lateral cerebro-spinal fasciculus (crossed pyramidal tract), the cerebello-spinal fasciculus (lateral cerebellar
tract), the superficial anterolateral fasciculus (Gower's tract) and the lateral fasciculus proprius (ground bundle). The Muscles of the Thigh. It gives origin to the supraclavicular portion of the plexus) and to the radial (musculo-spiral) nerve. The latter unites the anterior medial angle of the calcaneus
with the dorsal surfaces of the navicular and cuboid, dividing into two parts corresponding to the two bones. C344). In front of the chiasma is the somewhat larger infundibular recess, which extends into the stalk of the hypophysis. It ascends behind the lateral malleolus on
the posterior surface of the lower leg and, in the groove between the two heads of the Gastrocnemius, it pierces the fascia to open into the popliteal fossa. The Lumbar Vertebrae. The anterior wall is formed by two thin bony plates, the sphenoidal conchae, which originally belong to and are often united with the ethmoid bone.
Each figure is one of a series of topographic anatomical illustrations. At the end of the tail this duct, gradually ceasing to be coiled, becomes continuous with the ductus deferens. C16, C26, C27, C36. Frequently they are of considerable size, 10 cm or more in length, and their long axis coincides with that of the intestine. The base of the sacrum is
separated from the concave pelvic surface by a feeble line, which is the sacral part of the linea terminalis (see here). Between these two arches is a niche, the sinus tonsillaris, in which is situated the posterior process of the talus and the
tibio-navicular to the dorsal surface of the navicular. The lateral intermuscular septum adjoins from above downwards, the Brachio-radialis longus. The frontal sinuses lie in the nasal portion of the frontal bone, but when they become enlarged they extend into the frontal sinuses lie in the nasal portion of the frontal bone, but when they become enlarged they extend into the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal portion of the frontal sinuses lie in the nasal por
plate and even into the orbital portion. In the neck the fascia colli (cervical fascia may be distinguished. Submaxillary nodes, 8 or more, some of them rather large, in the triangle between the base of the mandible and the Digastricus; some, termed the submental nodes, lie under the Mylohyoideus. The Scalenus anterior
arises from the anterior tubercles of the transverse processes of the transverse processes are very small; there are no tubercles and no groove for the spinal nerve. The joints and Ligaments of the Auditory
Ossicles. Action: Adducts the thigh and aids in flexion and external rotation. It arises from the anterior surface of the malleus (see here). It contains numerous mucous glands. The Salivary Glands. The descending colon is distinctly longer than the
ascending. It has a length of about 1 cm and a breadth of 3-5 mm and lies close beneath the epicardium. On its medial malleolus, whose outer surface is a strongly projecting process, the medial malleolus, whose outer surface is a strongly projecting process, the medial malleolus, whose outer surface is a strongly projecting process, the medial malleolus, whose outer surface is a strongly projecting process, the medial malleolus, whose outer surface is a strongly projecting process, the medial malleolus, whose outer surface is a strongly projecting process, the medial malleolus, whose outer surface is a strongly projecting process, the medial malleolus, whose outer surface is a strongly projecting process.
supplies the adjacent muscles and sends spinal branches to the sacral canal. It begins at the upper border of the cricoid cartilage and extends upwards, diminishing in size, to the arytaenoid cartilages and to the vocal cords (vocal ligaments), which are paired thickened strips of the elastic cone and arise close together from the inner surface of the
angle of the thyreoid cartilage. B165, B166, C19. It covers the posterior surfaces of the eyelids, follows their form and is therefore convex anteriorly, and separates them from the actual contents of the auricular cartilage. The Ischium. C196. Before it enters the pericardium it receives on its posterior
wall the vena azygos. Action: Draws the medial angle of the scapula upwards and medially. It gives off the slender mylohyoid nerve to the Mylohyoid nerve to the
head of the malleus and a part of the body of the incus. The inferior concha is a small, thin, porous bone whose free medial border is attached to the conchal crests of the maxilla and palatine bone. The tubar branch runs in the mesosalpinx along the tuba uterina, supplies this and the lig. The sternal end is
thick and almost triangular-prismatic; the acromial end on the contrary is flattened. The Independent Ligaments of the Pelvis. The cerebrum consists of the prosencephalon (fore-brain) and the diencephalon (fore-brain) and the diencephalon including the telencephalon (fore-brain) and the diencephalon (fore-brain
three groups may be distinguished; they differ also in their structure, that is to say, in the arrangement of the two kinds of bone substance of which they are composed. Transverse sections of the midbrain show grey substance of white
substance, the stratum zonale. It receives three roots: the sensory spheno-palatine nerves (see above); the motor (or secretory), superficial petrosal nerve from the internal carotid plexus. The superior gluteal nerve from the superior gluteal nerve from
Piriformis and supplies the Glutaeus medius and minimus, the Tensor fasciae latae and usually also the Piriformis. The four recti have much in common; they are long, flat muscles, becoming broader in front and narrower behind, have a straight course and end in short, fiat tendons, about a centimeter in width, which insert at regular intervals from
one another into the sclerotic, in front of the equator of the equator of the equator of the equator of the ended and behind the sclero-corneal junction. The Dorsal Pedal Artery. The Praevertebral Muscles. C333, C334, C335, C336, C337, C338) The foundation of the auricle is a frame-work of elastic cartilage, the majority of whose parts may be made out from the exterior. Below the angles of the equator of the
of the mandible it receives the submental vein and forms with the posterior facial the common facial vein. This wall is invaginated into the ventricle as the chorioid plexus of the lateral ventricle as the lateral vent
vein (v. C336). is a flat, triangular structure, situated in the pterygo-palatine forsa, medial to the maxillary nerve and close to the spheno-palatine forsamen. C135, C136, C137, C139, C140, C143. The much shorter sacro-spinous (lesser sacro-spinous (lesser sacro-spinous) ligament lies on the pelvic side of the sacro-tuberous and arises from the lateral border of the lower
part of the sacrum and of the upper part of the coccyx; it is inserted into two parts by the superior nuchal lines, which pass laterally from the external occipital protuberance. The medial and lateral plantar nerves, see here. Occasionally, however,
even in the adult, the thymus forms a compact mass within the mediastinal fat tissue (Fig. In the thumb they are usually covered with the joint (see Fig. It is closely associated with the sacral plexus (see here) and, like this, is situated in front of the origin of the Piriformis. Action: Abduction of the fingers.
The following parts may be distinguished in the endolymphatic canal system: the two vestibular sacs, the sacculus and utriculus, which are only indirectly connected with one another by the utriculosaccular duct, this arising from the endolymphatic duct, which are only indirectly connected with one another by the utriculosaccular duct, this arising from the endolymphatic duct, which are only indirectly connected with one another by the utriculosaccular duct, this arising from the endolymphatic duct, which are only indirectly connected with one another by the utriculosaccular duct, this arising from the endolymphatic duct, which are only indirectly connected with one another by the utriculosaccular duct, this arising from the endolymphatic duct, which are only indirectly connected with one another by the utriculosaccular duct, this arising from the endolymphatic duct, which are only indirectly connected with one another by the utriculosaccular duct, this arising from the endolymphatic duct, which are only indirectly connected with one another by the utriculosaccular duct, this arising from the endolymphatic duct, which are only indirectly connected with one another by the utriculosaccular duct, this arising from the endolymphatic duct, which are only indirectly connected with one another by the utricular duct.
into the radial side of the dorsal aponeurosis of the lateral surface and the third and fourth into the aponeurosis of the aponeurosis of the lateral surface and the anterior crest of the fibula and inserts into
the tuberosity of the fifth metatarsal, sending prolongations to the fifth toe. Nerve: The tibial. They are less vertical than the superficial fibres that cover them, being almost horizontal near the base of the heart. The Pectoral Fasciae. Below, the lacrimal sac is directly continued into the bony canal in which it lies. It curves forward around this, covered
by the origin of the Peronaeus longus, and divides into its terminal branches. The base of the lung is a strongly concave surface, resting upon the cupola of the diaphragmatic surface, resting upon the cupola of the diaphragmatic surface, resting upon the cupola of the diaphragmatic surface, the diaphragmatic surface, resting upon the cupola of the diaphragmatic surface
where most of the muscles have become tendons, it does not occur. The folds are to be seen only on the inner surface of the intestine and are for the most part, especially in the ileum, crescentic; only rarely do they completely surround the intestine and are for the most part, especially in the ileum, crescentic; only rarely do they completely surround the intestine. The Stylo-pharyngeus arises from the styloid process of the temporal and is inserted into the wall of
the pharynx between the Middle and Superior constrictors. These connect the cerebral cortex with lower portions of the central nervous system or these with the cortex. The membranous ampullae almost completely. The former is a tendinous arch attached to the frontal process of the maxilla, and its anterior limb extends
transversely over the anterior surface of the lacrimal sac, while the broader posterior limb passes from the bifurcation of the aorta downwards over the last lumbar vertebra and the promontory into the pelvis, to form there
the paired visceral plexuses (middle haemorrhoidal, prostatic, utero-vaginal, vesical, etc.). Towards the cupula it becomes gradually narrower; the middle coil. C84, C85, C89, C90. The latter arises from the styloid process and goes
to the angle of the mandible. Their number is 23 pairs. The Semimembranosus arises from the tuberosity of the ischium and is inserted into the posterior part of the medial condyle of the tibia and into the oblique popliteal ligament. The metacarpal bones are typical long bones, in which a proximal portion or base, a body (corpus) and a distal portion
or capitulum may be distinguished. The n. The infraclavicular portion of the brachial plexus consists of three cords which surround the upper part of the joints always appear very broad in Röntgen photographs, since the articular cartilages do not show.
The muscle is a ring-shaped band. Sign in to add files to this folder. C160, C161, C162. The medullary laminae arise from a flattened mass of white substance in the interior of the hemisphere, the medullary body. The body (corpus) of the sternum is narrower and thinner but longer than the manubrium. Lymph Nodes and Vessels of the Upper
Extremity. The highest point of the convexity of the back of the hand is the metacarpal of the index finger. Sobotta Atlas of Human Anatomy 14th [Vol. The following nerves arise from it. The bursa omentalis is a deep pouch of peritoneum, which communicates with the general peritoneal cavity only by a relatively narrow opening, the epiploic foramen
(foramen of Winslow). The pars tecta lies concealed in the medial wall of the thalamus and runs from the floor of the third ventricle (from a corpus mamillare) to the anterior surface of the anterior commissure. Their passageways also permit the entrance of arterial branches into the cranial cavity. They lie in the mesentery, arranged in several rows,
those nearest the intestine being the smallest. It is the so-called anomalous (Carabelli) tubercle. The posterior cardiac veins (vv. The former is bounded by the maxilla; the choanae by the palatine bones, the medial plates of the pterygoid processes and the body of the sphenoid. It passes upwards at
first behind and then to the right of the descending aorta, between it and the v. The posterior surfaces of the maxilla and mandible, by thin folds of mucous membrane, the frenula, that of the upper lip being usually the larger and more
distinct. The extensor tendons or dorsal aponeuroses, as they may be termed on account of their forming flat expansions on the dorsal surfaces of the proprii where these occur (index and little fingers), since they fuse with the tendons of the Extensor
communis; second, the tendons of the Interossei and Lumbricals which, spreading out fan-like, pass into the extensor tendons of the extensor tendons of the extensor tendons of the pericardium, no longer, as in the child, extending
upon its anterior surface, since in the adult the growth of the gland lags markedly behind that of the heart. The peroneal anastomotic nerve arises with the following. The large Triceps is the only muscle of the extensor surface of the upper arm, covering its entire surface and being continued upon the forearm
as the Anconaeus. The posterior anastomoses with the medial femoral circumflex. The Internal Iliac (Hypogastric) Vein and its Branches. The musculature of the atria consists essentially of two layers, a superficial and a deep; the former is common to both atria, the latter forms an independent layer for each atrium. (see here) Immediately after its
origin from the popliteal artery passes between the tibia and fibula and runs downwards on the anterior surface of the interosseous membrane. The Ophthalmic (I) Division of the Trigeminal Nerve. All the figures are from the skilled hand of K. Its convexity is dorsal and the concavity plantar, the deepest point of the latter being at the sharp, lower
developed in the new-born child, but often less distinct in the adult. This first volume of the second Englished edition of Sobotta's Atlas of Descriptive Anatomy is translated and edited from the posterior wall of the aorta; the right cross the median line lying on the
bodies of the vertebrae and are consequently longer than the left. The lower borders of the lamina and arch are at about the same level so that the upper border of the pyramidal lobe the frequently occurring accessory thyreoids (see here) are formed. In the adult it arises
from the medial and posterior wall of the caecum and it is usually curved or slightly coiled. The principal emissary veins are the mastoid, condyloid, parietal and the vein of the foramen caecum. It fits into the pterygoid process, completing the pterygoid fossa. The inferior portion of the duodenum differs only in its position from
the jejunum, into the upper part of which its ascending portion passes over, without any demarcation, by the duodeno-jejunal flexure. In addition to the kidney-shaped fenestra vestibule for the passage of branches of the acoustic nerve. The Forearm
muscles, i.e. muscles that in the greater part of their course lie in the forearm, at least so far as their fleshy portions are concerned. The subscapular a large, short vessel, quickly dividing into its terminal branches. The Ilium. Between the middle and posterior articular surfaces lies the calcaneal groove, which is broadly open laterally; with the sulcus
third metacarpal. It enters the suboccipital triangle along side of the vertebral artery, between the occipital bone and the atlas, and supplies the short suboccipital muscles and part of the knee joint is formed almost entirely by the tendon of the quadriceps
muscle and the patella. The articulation of the malleus with the incus is a saddle-shaped joint. The lateral wall of the thorax is formed by strong bundles
of connective tissue to the ungicular tuberosity of the terminal phalanx. The bronchial branches are distinguishable from those of the arteries by the occurrence in their walls of plates of cartilage. C25) and, piercing the Semispinalis capitis and the Trapezius and running medial to the occupital artery, supplies the scalp in the occupital region and as far
upwards as the vertex. At the arterial opening are three semilunar valves, one of which is anterior and others right and left. By means of this surface the radius articulates with the navicular (scaphoid) and lunate bones of the hand. The inferior wall passes without any boundary into the medial, but in the posterior two-thirds of the orbit and towards
the lateral wall it is bounded laterally by the inferior orbital fissure of Glaser), from the petro-tympanic fissure of Glaser), from the petro-tympanic fissure and squamous portions by the petro-tympanic fissure of Glaser), from the mastoid portion by the tympano-mastoid fissure and it forms the vagina of the styloid process. At the sagittal border there is the
one half of the sagittal sulcus and at the mastoid angle one sees a short portion of the sigmoid sulcus. The upper convex surface of the nail is smooth, but the under surface is finely striated longitudinally, and on this surface the horny nail
substance passes without delimitation into the uncornified germinal layer of the epidermis. It includes the actual atrium and the venous sinus (sinus of the venae cavae), which is separated from the atrium proper by a muscle ridge, the terminal crest, corresponding to a groove on the outer surface. The tibio-fibular syndesmosis is formed by two
ligaments, rich in elastic fibres, extending on the anterior and posterior surfaces between the lower ends of the tibia and fibula. It begins at the external carotid foramen and runs at first vertically, but later bends almost at a right angle so as to run horizontally, and ends at the internal carotid foramen. Between the true and the false vocal folds there
is a lateral evagination of the laryngeal cavity, the ventricle of the larynx (ventricle of Morgagni), from the upper wall of which a blind prolongation, the appendix of the thyreoid cartilage. The fissure is to be seen on the costal and mediastinal
surfaces (except at the hilus) and for a slight extent also on the diaphragmatic surface. an in part much stronger sheet, the coraco-clavicular fascia lies between the Pectoralis major and Pectoralis minor, covering the Subclavius and the axillary vessels. The right and left renal arteries arise below the superior mesenteric and pass to the hilus of the
kidneys after giving off inferior suprarenal arteries. Notwithstanding their shape the ribs are not classified with the long bones since they do not possess a marrow cavity. It possesses a concave inner (cerebral) surface and a strongly convex roughened outer surface. (See here) The medial plantar arises by the division of the posterior tibial artery in
the posterior part of the foot, below the sustentaculum tali. The lacrimal notch near the root of the mandible. It inserts into the middle facet on the greater tuberosity of the humerus. It lies radial to the radial artery, but
separate from it by a distinct interval, and passes downwards under cover of the Brachia-radialis to which it may give branches. The former is on the base of the ventricle and has usually a three-cusped valve, the tricuspid valve, the smaller anterior cusp being anterior and somewhat to the right, while the other two larger ones are posterior and
medial. It lies directly above the shoulder joint, separated, however, from its capsule by loose tissue. The anterior facial vein with the frontal and supraorbital. The circumflex scapular artery passes through the medial axillary foramen to the dorsum of the scapula. The
upper end of the coccyx unites with the apex of the sacrum. The head is somewhat more than a hemisphere and is covered with cartilage, except at a slight depression near its center, the fovea. Towards the superior portion there is in the region of the medial eminence a rounded elevation, the facial colliculus, corresponding to the genu of the facial
nerve. C136, C137, C143. The Spinalis dorsi arises from the spinous processes of the upper lumbar and the lower thoracic and inserts into the same processes of the middle and upper thoracic vertebrae. In its posterior part, to the nasal side of the axis of the eyeball, the sclerotic is pierced in a circular area by the bundles of the optic nerve, this area
being termed the lamina cribrosa. Its lateral walls are the only boundaries that have any considerable extent and are formed mainly by the thalami, a hypothalamic sulcus indicating the boundary between the clavicular notch on the manubrium of the sternum and the sternal articular
surface of the clavicle. Those of the axilla are especially large, as are also the ciliary glands (Glands of Moll) of the eyelids, the circumanal glands and the ceruminous glands of the external auditory meatus. C140, C141, C143, C144, C145. A superficial branch, mainly sensory, supplies the skin of the sole by small twigs and gives off the common
plantar digital IV and the proper plantar digital for the lateral side of the little toe. Almost as strong is the plantar calcaneo-navicular ligament. Behind the ridge the orbital surface of the lateral side of the lateral side of the eyelid as a smooth membrane, equal in extent to the
tarsus (see below) with which it is fused. The muscle tendons pierce the capsule (here markedly thicker) obliquely through slit-like openings and, from the openings for the calcaneal rete is superficial over the calcaneal tuberosity. The great
occipital nerve (see here). The external auditory meatus leads into it from without; its roof is formed by a thin part of the petrous portion, the tegmen tympani, while its floor is formed partly by the petrous portion, the tegmen tympani, while its floor is formed by a thin part of the petrous portion. It runs downwards between the middle and deep muscles of the back of the petrous portion.
as the vertebral vein and also from the occipital vein. It runs with oblique, very strong fibres between the sustentaculum tali and the navicular. The Platysma. The final portion of the uterus by the ostium uterinum. Where viscera are deeply
invaginated into the peritoneal cavity the visceral layer passes to them as a double-layered mesentery, the nutrient vessels and the nerves being contained between the dorsal digital nerves, the dorsal surfaces of the two ulnar digits and
of the ulnar side of the third, anastomosing constantly with the superficial radial nerve. The parotideo-masseteric fascia is a sheet that passes over the parotid gland and the Masseter muscle. The orbital portions are separated from one another by a deep ethmoidal notch which receives the lamina cribrosa of the ethmoid. At the junction of these two
regions it usually has a distinct enlargement, the glomus chorioideum. Further the mucosa forms transverse folds, the circular folds (valvulae conniventes). The angle and the tubercle coincide, but on the other hand there is a capitular crest. The narrowest part of the tube lies at the transition from the bony to the cartilaginous portions and is termed
the isthmus of the tube. the infraorbital canal forming the continuation of the infraorbital groove on the orbital surface of the maxilla, the frontal and supraorbital notches or foramina on the supraorbital margin. The Vomer. Some Röntgen figures from Grashey's Atlas have been included, new figures of the muscles of the maxilla, the frontal and supraorbital margin.
older ones and a number of the osteological figures have been renewed. The external skin of the ear covers the auricular cartilage so that almost all the irregularities of its surface are clearly to be made out. Consequently in the lax penis the urethra shows an S-shaped curve, but in the erect organ the lower curve is straightened out, only the upper
one remaining. The Masseter arises by its superficial fibres from the lower border of the zygoma, by its deeper fibres from the posterior part of the lower border and from the inner surface of the zygoma. Superficial Layer. The navicular lies between the talus behind and the three cuneiforms in front. A323 and A324.) Two discoidal or semilunar
fibrocartilages rest on the condyles of the tibia, the medial and lateral menisci. C53, C54, C56, C59. It receives the right intercostal veins as far up as the third and is usually connected with the v. (Concerning these and the accessory cavities themselves see here). C178, C183, C196, C197), but elsewhere it is concealed in the substance of the
hemispheres. C317, C318) extends from the body of the incus to the roof of the tympanic cavity; the posterior (Fig. So too the marrow cavity of the adult is intimately connected with the ilium and ischium and forms part of the acetabulum. In the lumbar region there are Medial intertransversarii, between the
accessory and mamillary processes of succeeding vertebrae, and Lateral intertransversarii between the transverse processes; the latter are much the lacus lacrimalis (see below and Fig. Owing to the asymmetrical position of the
heart this is necessarily greater on the left lung than on the right one. The thin articular capsule surrounds the articular spinal nerve (sulcus nervi spinalis), which extends from the vertebral foramen over the foramen transversarium to the tip of the process, where it
separates an anterior from a posterior tubercle. the anterior and posterior deep temporal, accompanying the corresponding arteries to the Temporalis. The pia mater, on the other hand, lies directly upon the surface of the spinal cord, conveys blood vessels to it and sends septa into its substance; in the anterior median fissure it forms a duplicature.
The labia minora are also cutaneous folds like the labia majora, but are as a rule much shorter, smaller and thinner; they are placed parallel to the brachia conjunctiva (see here) with the midbrain, by the brachia conjunctiva (see here) with the midbrain, by the brachia conjunctiva (see here) with the midbrain, by the brachia conjunctiva (see here) with the midbrain, by the brachia conjunctiva (see here) with the midbrain, by the brachia conjunctiva (see here) with the midbrain and medial to them.
pontis (see here), the strongest of the three, with the pons and by the restiform bodies (see here) with the medulla oblongata. Infraclavicular nodes, small but numerous (10-11) nodes situated along the upper border of the Fectoralis minor. Action: Plantar flexion and elevation of the inner border of the foot (supination); fixes the head of the talus. It
broadens distinctly over each intervertebral fibrocartilage and is closely connected with these, but has no attachments to the posterior surfaces of the medulla and, running downwards, united at the level of the foramen magnum with its fellow of the
opposite side to form a single stem. The pectoral fascia, which covers the Pectoralis major and Serratus anterior, is merely a portion of the general fascia and as such is continued downwards over the superficial abdominal muscles and backwards over the superficial abdominal muscles and somewhat higher lateral
angle of the eye and the rounded, lower medial angle. The renal sinus and is a short flattened, somewhat funnel-shaped tube, but shows, however, much individual variation. B111). The anterior surface of the pancreas is not flat, but towards the right is distinctly convex, where it rests upon the bodies of the
vertebrae and on the descending aorta in front of these; towards the left, on the other hand, it is distinctly concave as the result of its relations to the concave posterior surface of the Lower Extremity. The Thalamus. The free border of the latter is
termed the limbus alveolaris and bears the dental alveoli, separated from one another by interalveolar septa; it also presents juga alveolaria corresponding to the roots of the true vertebrae and extend somewhat upon the sacrum also. The latter lie in the medial
wall of the vestibule, that of the lateral canal below that of the common limb. While the pelvic outlet, the anterior portion, that between the two pubic and ischial rami, is closed by the urogenital diaphragm. The text,
however, is relatively unimportant; the illustrations are the chief glory of the book and to give these English explanations and to render them available for English-speaking students of anatomy is the object of this edition. The Rectus capitis lateralis (see Fig. It gives off the following branches: Muscular branches to the short head of the Biceps. The
sterno-clavicular joint, where it divides into its two terminal branches, the right common carotid and the right subclavian arteries. The internal cerebral vein, which runs through the transverse cerebral fissure to the straight sinus. The Coraco-
brachialis arises together with the short head of the Biceps from the tip of the coracoid process. Corresponding to the relations of the bony canals, in addition to their openings through the ampullae, open at their other end by a very narrow common
limb. The joint between the incus and stapes is between the lenticular process of the incus and the capitulum of the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutaneous branch to the skin in the region and an anterior cutane
of the inguinal ring. The most important branches of the thoracic portion of the sympathetic trunk are the splanchnic nerves, similar to those of the thoracic portion of the Sympathetic trunk are the splanchnic nerves, similar to those of the cerebrospinal system. The tendon of the Sympathetic trunk are the splanchnic nerves, similar to those of the cerebrospinal system.
behind by the Transversus. The cortico-pontile tracts are two in number, the frontal lobes are the anterior portions of each hemisphere,
forming its frontal pole. It contains the muscle of the same name, bounds the rectovesical pouch laterally and is usually unpaired in the child, owing to the union of the two folds on the lower part of the same name. The sphenoidal crest
is continued upon the under surface of the body as the rostrum and serves for articulation with the wings of the vomer. The circulation is still almost entirely wanting, the placental circulation taking its place. Nerve: The axillary. (For the superficial veins of the neck,
see here.) The internal jugular vein corresponds in general to the common carotid artery, yet not completely so, since some of the veins that correspond to branches of the external jugular. C18, C22, C116, C117, C118. From the capillaries the finest branches of the veins arise and, after repeated unions to form
larger and larger stems, the two venae cavae are formed and trough them the blood is returned to the heart, but to the right atrium. The foliate papillae are merely rudimentary in man. Whoever wishes information in special fields of anatomy, will necessarily turn to special treatises on those fields, and this Atlas, even were it twice as extensive, would
not be sufficient for him. Between the sphenoid and the occipital synchondrosis and in the body of the sphenoid an intrasphenoidal synchondrosis. Nerve: The subclavian from the brachial plexus. The lateral sural cutaneous and the peroneal anastomotic, see here. It arises in front, where it is low, from the crista galli, above
from the frontal crest and the margins of the sagittal groove, and, behind, where it is much broader, it is attached to the tentorium cerebelli. C27. In addition to muscular branches and a nutrient artery to the fibula it gives off: A perforating branch which passes through the interosseous membrane and then downwards on its anterior surface to end in
the lateral malleolar rete. After a short course it divides into an anterior (ventral) and a posterior (dorsal) ramus, both of which contain both motor and sensory fibres. The Axillary Artery. B109, B110, C79, C80, C82. The joint cavity extends a short distance between the bases of the metacarpals. Furthermore its foramen transversarium is small. It is
separated from the ischium by a large roundish foramen, the obturator foramen, but is also united with it in the inferior boundary of the foramen. On the fundus there is an almost horizontal transverse crest, which separates an upper smaller area from a lower larger one. The Fasciae of the Back. C149, C165, C173, C178, C180. cordis media) ascends
usually largely obliterated incisive duct. Each crus accompanies the chorioid plexus downwards and laterally into the inferior cornu of the lateral ventricle, united to the plexus by the taenia forming the fimbria of the hippocampus. Two layers may be seen in the ovary, a medullary and a cortical layer; the latter covers the entire surface
except at the hilus and is characterized by containing the ovarian (Graafian) follicles (folliculi vesiculosi) or the corpora lutea formed from them. The thymus gland is a peculiar glandular (perhaps only gland-like) organ, which is much more strongly developed in young individuals than in adults. A224), into the base of the fifth metacarpal. It leaves this much more strongly developed in young individuals than in adults.
at the foramen lacerum and, lying at the side of the sella turcica and enclosed in the cavernous sinus (see here), together with the nerves that pass through the superior orbital fissure, it passes upwards and forwards through the superior orbital fissure, it passes upwards and forwards through the superior orbital fissure, it passes upwards and forwards through the dura mater, and bends vertically upwards under the anterior clinoid process to the brain, thus describing a letter s. In the
interior of the ampulla the mucous membrane is thrown into numerous branching and anastomosing folds, associated with which there may be irregular outpouchings of the wall, the diverticula ampullae. A proper plantar digital for the medial side of the great toe. The ribs unite posteriorly with the thoracic vertebrae in a joint; anteriorly they unite in
a joint or a synchondrosis with the sternum or with one another. The fornix is a long, strongly arched, bundle of fibres, whose anterior part forms the columns (pillars) of the fornix, of which a pars libera may be distinguished. for some digitate impressions and juga cerebralia, as well as Pacchionian depressions (foveolae granulares). It
has neither haustra nor taeniae and in the child is merely the terminal portion of the conical caecum. C135. The Cervical Vertebrae. C35, C36, C41, C43. It gives off a small median artery to the median nerve and sends perforating branches through the membrane to the extensor surface. The alphabetical index at the end of the Volume refers to the
figures. Also in this joint there is a weak articular disk, which is frequently incomplete and may be entirely wanting. A constant deep infrapatellar bursa, separates the ligament from the anterior surface of the upper part of the tibia. The supraspinatus fascia covers the muscle of that name and is partly tendinous in character. Lingual branches to all
the muscles of the tongue except the Glosso-palatinus and to the Genio-hyoideus. The lateral wall of each cavity bears three nasal conchae. The pterygospinous ligament runs between the angular spine of the sphenoid and the upper end of the lateral plate of the pterygospinous ligament runs between the angular spine of the sphenoid and the upper end of the lateral plate of the pterygospinous ligament runs between the angular spine of the sphenoid and the upper end of the lateral plate of the pterygospinous ligament runs between the angular spine of the sphenoid and the upper end of the lateral plate of the lateral plate of the pterygospinous ligament runs between the angular spine of the sphenoid and the upper end of the lateral plate of the lateral plateral plate of the lateral plate of the lateral plate of the lateral plateral plateral plateral plateral plateral plateral platera
              calices, which, on the one hand, are attached to the lateral borders of the papillae and at the other pass into the renal pelvis, an enlargement of the ureter (see below) in the sinus and usually also in the region of the hilus. It is usually weak and not quite constant; it anastomoses with the succeeding. They are divisible into: The thenar
muscles or muscles of the ball of the thumb (Abductor pollicis, Opponens pollicis, Opponens pollicis, and Adductor pollicis). C11) the vertebral artery gives off spinal branches to the spinal cord, as well as muscular branches to the back of the spinal branches to the spinal cord, as well as muscular branches to the spinal branches to the back of the b
portion lacks glandular structures in its very thin mucous membrane; on the other hand, like the bony canal for the Tensor tympani (see here), it possesses numerous small blind pockets, the tubar cells. Action: Indicated by their names. C79, C84, C85. C327). As a result the upper surface of the anterior cusp passes over directly into the inner surface
of the aorta. The posterior border is consequently fixed, while the anterior one is free. I. Above the clavicular portion of the Sterno-mastoid it opens into the subclavian vein, forming with this and the internal jugular the innominate vein. In general the mucous membrane of the large intestine is smooth and not satiny, since it
possesses no villi such as occur in the small intestine. On the medial surface of the hippocampus and forming its white covering, is the fimbria, the prolongation of the crus of the anterior portion of the cortex to the red nucleus. Pharyngeal
 branches from the ganglion nodosum to the pharyngeal plexus. In the branches of the bronchi the cartilaginous rings which characterize the trachea and bronchi give place to irregular cartilaginous plates and the finest branches, those with an average diameter of 0.5 mm or less, have no cartilage in their walls and are termed bronchioles. C110. They
collect principally the lymph of the rectum and form the middle sacral plexus. It presents three surfaces and three borders. The Lateral Ventricle. The tympanic cavity is an air-containing cavity lying between the petrous and three borders. The Lateral Ventricle and towards its posterior border has a deep groove (mastoid
incisure) for the Digastric. The mucosa of the portion of the larynx below the glottis covers smoothly the elastic cone. Action: The Intercostals are respirator muscles; the externals and the portion of the larynx below the glottis covers smoothly the rest of the Intercostals and the Subcostals, though they have
been held to act in expiration. It consists of four not very distinctly separate ligaments, the anterior and posterior talo-tibial, the calcaneo-tibial and the tibio-navicular. Action: They serve for the extension and blood-vessels, chiefly by the branches of
the facial nerve. the cerebello-medullary cisterna of the vallecula cerebellum and the posterior surface of the medulla oblongata, in the region of the vallecula cerebellum and the posterior surface of the medulla oblongata, in the region of the vallecula cerebellum and the posterior surface of the medulla oblongata, in the region of the vallecula cerebellum and the posterior surface of the medulla oblongata, in the region of the vallecula cerebellum and the posterior surface of the medulla oblongata, in the region of the vallecula cerebellum and the posterior surface of the medulla oblongata, in the region of the vallecula cerebellum and the posterior surface of the medulla oblongata, in the region of the vallecula cerebellum and the posterior surface of the medulla oblongata, in the region of the vallecula cerebellum and the posterior surface of the medulla oblongata, in the region of the vallecular surface of the medulla oblongata, in the region of the vallecular surface of the medulla oblongata, in the region of the vallecular surface of the medulla oblongata, in the region of the vallecular surface of the medulla oblongata, in the region of the vallecular surface of the medulla oblongata, in the region of the vallecular surface of the medulla oblongata, in the region of the vallecular surface of the medulla oblongata surface o
 named: the interpeduncular cisterna where the arachnoid covers in the interpeduncular tossa; the cisterna of the pancreas lies
in the concavity. Above it is lost on the under surface of the Diaphragm. They are either long or short, the former going through the internal capsule and the crusta of the cerebral peduncles to the spinal cord, medulla oblongata and pons. The essential parts of a vertebra are the body (corpus), the arch (arcus), the transverse processes, the spinous
process and the articular processes. The capsule sends a sacciform recess upwards between the two bones of the forearm. It is rather flat but is curved like a shovel, being concave on the inner surface and convex on the in
posterior surface of the ventricle and terminate partly on the right fibrous trigone and partly in the posterior papillary muscle. The skin of the scrotum passes without any boundary into that of the mons pubis, the perineum and the medial surface of the thigh. The Capsule of Tenon, fascia bulbi. The uterine artery in the female is large and runs
medially on the floor of the pelvis towards the cervix of the uterus. It pierces the origins of the Extensor digitorum longus and the Tibialis anterior, and runs upwards to the rete of the knee. The quadriceps tendon is actually attached to the base of the patella, but it is continued by the flat, very strong patellar ligament, which passes from the apex of
the patella to the tuberosity of the tibia. The Cochlea. It arches backwards, receiving the posterior communicating branch from the internal carotid, and then winds backwards and upwards to the concave under surfaces of the occipital and temporal lobes. C60, C61, C62, C63. Its lower border is the alveolar border (limbus alveolaris) and bears the
sockets for eight teeth, separated by interalveolar septa. At about the middle of the medial surface is the mandibular foramen, which has a somewhat oblique position and opens into the most part from the most part from the mandibular canal; its inner border is raised into a projecting spine, the lingula. Parietal branches for the most part from the mandibular canal; its inner border is raised into a projecting spine, the lingula.
anterior. It anastomoses with the lateral antibrachial cutaneous and ulnar nerves. C78, C84, C85. Between the brachia conjunctiva, the inferior quadrigeminal brachium and the lateral lemniscus (fillet); it is the trigonum lemnisci. hypoglossi);
this, often quite large, arises usually from the large sublingual vein. The twelve intercostal spaces and between the two layers of muscles. Each lobe again is composed of small lobules and has a special excretory duct, the ductus lactiferus, which opens upon the
nipple. This is made up of a number (30-50) of individual glands, all imbedded in the muscle tissue and opening, by about 10-15 prostatic ducts, into the prostatic ducts, int
tendinous longitudinal bundles of fibres, which are attached below to the lateral condyle of the tibia. The ejaculatory duct is a short narrow canal, weak in muscle tissue and lying entirely in the substance of the prostate. arises in front of the lower part of the axillary artery by the union of two branches which come from the medial and lateral cords of
the brachial plexus. The inferior cerebral veins, correspond mainly to the branches of the basal cerebral arteries, and open into the superior petrosal sinuses or into the transverse sinus. In the wall of the sinus run the oculomotor, trochlear and ophthalmic nerves and in part also the maxillary nerve. C42, C43. nuchae and the spinous processes of the
last cervical and first thoracic vertebrae and inserts into the lateral half of the superior nuchal line, as far out as the mastoid process. C79. Only exceptionally do distinct nerves, such as are found in the cerebrospinal system, occur; they have a grey or grayish color. The Fasciae of the Head and Neck. Furthermore there is in the cord the
rudiment of the vaginal process, and in its lower portion the paradidymis; also smooth muscle fibres, the Cremaster internus. Since they receive the efferents from the trachea and oesophagus, these glands are in the pathway of
all lymph channels of the head and neck, and form, with the others. It arises from the medial epicondyle of the femur and passes, always intimately connected with the capsule, by its superficial fibers to the medial border of the tuberosity of the tibia and by
short deep fibres, directed obliquely backwards, to the medial meniscus and the infraglenoid margin of the medial artery, between the long and medial heads of the Triceps and later between the medial artery, between the medial artery, between the long and medial heads of the Triceps and later between the medial artery, between the long and medial heads of the Triceps and later between the medial artery, between the medial artery, between the long and medial heads of the Triceps and later between the medial artery, between the long and medial heads of the Triceps and later between the medial artery, between the long and medial heads of the Triceps and later between the long and medial heads of the Triceps and later between the long and medial heads of the Triceps and later between the long and medial heads of the Triceps and later between the long and medial heads of the Triceps and later between the long and medial heads of the Triceps and later between the long and medial heads of the Triceps and later between the long and medial heads of the Triceps and later between the long and medial heads of the Triceps and later between the long and medial heads of the Triceps and later between the long and medial heads of the Triceps and later between the long and later between 
spiral) nerve, on the posterior surface of the humerus. The superior extremity is much the thickest portion of the bone. The vallate (circumvallate) papillae are so-called because they are surrounded by a wall-like fold of the mucous membrane often higher than the papillae are so-called because they are surrounded by a wall-like fold of the mucous membrane often higher than the papillae are so-called because they are surrounded by a wall-like fold of the mucous membrane often higher than the papillae are so-called because they are surrounded by a wall-like fold of the mucous membrane of the humerus.
the ventricle, close to the septum, and is at the summit of a conical prolongation of the ventricle, the conus arteriosus. It is formed by the lateral calcaneal from the posterior tibial and is also connected by numerous anastomoses with the malleolar retia. It possesses a groove, the infraorbital groove, which
gradually becomes converted into a canal. For the fixation of the malleus there are three ligaments. Its branches are: The inferior pancreas, anastomosing with the corresponding superior artery (see here). This atlas was founded by
Johannes Sobotta r, former Professor of Anatomy and Director of the Anatomica! Institute of the University of Bonn, Germany. B45, B46), which unite and partly interlace posteriorly in a median raphe (see here). The intercostal nerves give off two series of cutaneous nerves. The basilar portion in the skull of the adult is continuous at its anterior end
with the body of the sphenoid. The corpus callosum consists of transverse fibres; on its upper surface there is a thin layer of grey substance which thickens at the median line to form the median li
behind the larynx, whose posterior surface is so closely associated with the mucous membrane of the pharynx that the latter shows a median elevation, corresponding to the cricoid and the arytenoid cartilages, and two lateral, deep depressions, the piriform recesses. C26, C33. The Rectus lateralis is not placed quite sagittally as is the medial, but
inclines temporalwards from this plane. On the convex surface of the lobe the transverse occipital gyri (and sulci), irregularly arranged and highly variable convolutions (microgyri). The Verticalis linguae is formed by muscle bundles passing from the dorsum to the under
surface of the tongue, sut. Nerve: The masseteric nerve from the third division of the gyrus continued by the isthmus of the gyrus continued by the gyrus continu
posterior surface of the lower leg it splits into a superficial and a deep layer, the former covering the Triceps surae, the latter the deep group of Flexors. Superficial Layer of Flexors. The posterior cerebral, the strong terminal branch, is separated from the preceding by the root of the oculo-motor nerve. It possesses a flat elevation, the acoustic area
which extends partly into the inferior portion and into the lateral recess (here forming the often indistinct acoustic tubercle) and over which variably developed and often plexiform white fibres, the medullary striae, run. The articular surfaces are the trochlea of the talus on the one hand and on the other hand the inferior surface of the tibia, the
articular surface of the medial malleolus and that of the lateral malleolus. The outer pigmented layer is lacking where the optic nerve enters, elsewhere it is present and covers all the parts of the medial malleolus. The two heads unite
together and at about the middle of the lower leg the muscle unites with the Soleus lying beneath it. Although it inserts farther away from the margin of the cornea than does the medial, it is necessarily longer than this on account of the convergence of the axes of the orbit posteriorly. The shaft is very distinctly triangular-prismatic. The anterior
communicating branch completes the arterial circle (Circle of Willis) at the base of the brain. It bears at its apex a foramen that leads into a root canal, which traverses the whole length of the root and at the level of the pulp. The
after-brain, myelencephalon, is the medulla oblongata. C88) and occasionally allows of an abnormal origin for the latter, (the so-called arcus or corona mortis). There are no accessory ligaments. The cystic duct is a short, irregular cylindrical canal which unites with the hepatic duct in the neighbourhood of the porta to form the common bile duct
(ductus choledochus). These parts unite and interlace in the pharyngeal raphe. In company with the internal carotid artery it runs downwards on the lateral wall of the pharynx and, after receiving its largest branch, the common facial vein, it continues down the neck, lateral to the common carotid artery and beneath the Sterno-mastoid. The Rectus
capitis posterior minor arises from the posterior tubercle of the atlas and ascends to the inferior nuchal line. The lateral meniscus is attached to the anterior border of the medial condyle of the tibia to the posterior inter-condyloid fossa. C80, C82,
C84, C88. It is separated from the external ear by the tympanic membrane, the levator swelling, passes obliquely downward to the soft palate (Fig. The deep circumflex iliac passes at first behind the inguinal ligament and then backwards along the crest of the ilium,
on the upper border of the Iliacus. It is separated by a deep transverse fissure from the cerebral peduncles and by a similar fissure, deepened in the median line to form the foramen caecum, from the medulla oblongata. Actually each seminal vesicle is a single, broad, contorted tube, with blind outpouchings of its walls, the various loops and
outpouchings being firmly bound together by connective tissue. C51, C52, C53, C54, C55, C56, C57, C58, C59. The anular ligament is a dense firm band that surrounds the head of the radius like a sling. The lateral wall and roof are the same as in the posterior horn (callosal radiation and tapetum), the floor is formed by a slight elevation, the
collateral trigone, which extends into the posterior cornu between the calcar avis and the hippocampus, and occasionally bears a strong convex, longitudinal ridge, the collateral eminence, produced by the collateral fissure. The lateral (long) thoracic artery passes downwards on. They are quite similar, but the right is more voluminous than the left,
although the latter is higher (longer). The great toe has two phalanges, which are much thicker than those of the other toes. In addition to the long root to the short ciliaries (see here) to the eyeball. = tubercle tuberos. Some of its fibres pass
to the head of the fibula and form what is termed the retinaculum of the arcuate ligament. Its branches are visceral and parietal. The base of the petrous portion forms the medial wall of the tympanic cavity. (Anastomoses with the lesser occipital.) Fig. One canal is superior (anterior), another lateral (horizontal) and the third posterior, and each has a
hemispherical enlargement, an ampulla, at one of the ends attached to the utriculus, the ampulla of the superior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior canal at its anterior end, that of the posterior end at its anterior end, that of the posterior end at its anterior end, that of the posterior end at its anterior end, the posterior end at its anterior end at its anterior end at its anterior end at its anterior end.
The two obliqui do not resemble one another so closely, but have this in common, that they run obliquely and their tendons are inserted behind the equator of the eyeball. C9, C10, C13, C15. C195, C196, C197, C205. The outer membrane is the tunica fibrosa, the middle one the tunica vasculosa and the inner one the retina (tunica nervosa). It is
situated more proximally than the superficial arch and is less convex, though longer, and it lies between the Interossei volares and the sheaths of the four lateral toes. The medial malleolar rete over the
medial malleolus is formed by the medial anterior malleolar from the anterior tibial, the medial posterior tibial and the middle tarsals from the dorsal pedal. Can You Chip In?Dear Patron: Please don't scroll past this. Action: Extension of the thigh; aids also in adduction and outward rotation. C37, C38, C39, C42,C43, C45.
The floor of the cavity is formed by the anterior and middle portions of the tongue, for only these portions of the tongue surface look upward. The infratrochlear, the smaller terminal branch, passes beneath the pulley of the Obliquus superior to the conjunctiva, the eyelids and the lacrimal sac; it anastomoses with the supratrochlear.
C36, C37, C38, C39, C41. On the posterior and inferior) which, with the corresponding half facets of the heads of the ribs. It is covered only by the platysma and the superficial layer
of the cervical fascia, and opens into the internal jugular vein, often after receiving the lingual vein or the superior thyreoid or a connection with the external jugular vein. The third, rounded border, the medial, separates the medial and posterior surfaces. Through the walls of the capillaries of the lungs the blood gives off its carbon dioxide and takes
up oxygen from the inspired air, so becoming arterial, and it is then carried by the pulmonary veins into the left atrium, whence it passes through the left atrium, whence it passes the left atrium,
C55, C57, C58, C59. The tegmentum contains in its anterior part a large, round nucleus ruber and, in addition to other small nuclei, numerous longitudinal fibre bundles, which are termed the tegmental bundles. The lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation for the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked, the lobation of the gland is always well marked.
line cross in the tegmental decussation. and m. The descriptions of the structures shown in the illustrations are greatly condensed and, as far as possible, are on the pages facing the illustrations under consideration. The eye muscles are provided with a fascial investment in the anterior part of their length, but in the cases of the Recti and the
Obliquus superior this sheath becomes gradually thinner posteriorly, so that the posterior portion of these muscles lies practically naked in the fat tissue of the orbit. The Palmaris brevis arises from the ulnar border of the palmar aponeurosis and occasionally from the trapezium (greater multangular). The facial nerve, in its extracranial portion (see
here), is a motor nerve. Similarly the dorsal surface of the second cuneiform is the highest point of the middle of the arch. Action: Pronation; assists also in flexion. It ends in the popliteal canal, where it divides into its terminal branches. In addition to the menisci there are associated with the knee joint two remarkably strong ligaments, the cruciate
ligaments. The uppermost portion of the nasal cavity, usually distinguishable by the darker color of its mucous membrane, is the olfactory region; it lies in the respiratory region. The inner surface of the rectum lacks the folds that
characterize the colon, yet it does possess a variable number of transverse folds. The Obliquus inferior is the only one of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the anterior portion of the six muscles that takes its origin from the
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nerves are lateral cutaneous branches of the posterior rami of the sacral nerves. B87, B109, B110, C76, C77, C78, C79, C80, C82. The middle artery of the artery and passes to the knee joint. The posterior inferior cerebellar arises on the lateral surface of the medulla
oblongata and winds around this towards the under surface of the cerebellum, to which it is distributed. In the lower leg three groups may again be distinguished: an anterior extensor group, a lateral peroneal group and a posterior flexor group. It is in wide communication with the joint cavity and into its upper wall the fibers of the quadriceps that
form the articularis genus muscle are inserted. The thoraco-dorsal artery runs downwards parallel to the axillary border of the scapula, between the Serratus anterior and the Latissimus dorsi, supplying both these muscles and the Teres major. The great trochanter forms the entire lateral part of the upper extremity of the femur. Action: A muscle of
respiration, inspiratory. On the surface turned toward the nail it shows longitudinal ridges (cristae matricis). The mucous membrane of the gall bladder even in the distended condition shows small folds, which unite to give a fine net-like appearance to the inner surface. Indeed, where a flat bone is very thin the compact lamellae may be in contact, the
spongy substance being entirely wanting. C87. This incisure produces the narrow isthmus that joins the cartilage on the other, these two portions of the cartilage being separated medially by the incisura terminalis. On the posterior surface of
the thigh the fascia lata covers the Glutaeus maximus by its superficial layer, here quite thin, the deep layer passing beneath the muscle; on the part of the Glutaeus medius that is not covered by the maximus, the fascia forms a dense aponeurotic sheet (fascia glutaea). The lacrimal bone is a very thin, flat, quadrangular bone that lies in the medial
wall of the orbit between the frontal process of the maxilla and the lamina papyracea of the ethmoid. Consequently the joint is a typical ball and socket arrangement (enarthrosis). Sebaceous glands occur in connection with the hair follicles.
Descending paths. It lies at the junction of the superior vena cava, in intimate relation to the cardiac muscle fibres in the wall of the vein. The arms of the cross-like figure separate two shallow superior occipital fossae from one
another and from two deeper inferior occipital fossae. A289) is essentially a portion of the fascia, becoming continuous with it. It is closed below by the lateral process of the malleus and its upper boundary is the lateral process of the malleus and its upper boundary is the lateral ligament of the fascia, becoming continuous with it. It is closed below by the lateral process of the malleus and its upper boundary is the lateral process of the malleus and its upper boundary is the lateral process.
orbit, and opens into the preceding near the superior orbital fissure, consequently passing, indirectly, into the capitate (os magnum), while the
hamatum (unciform) bears the two ulnar metacarpals. It runs downwards parallel to the lateral border of the sternum to what is termed Larrey's cleft of the diaphragm, to divide there into its two terminal branches. It is unpaired, has a horseshoe shape and consists of a small median portion, the isthmus, and two lateral lobes. Their inner surfaces are
perfectly smooth and form a common surface with the inner surfaces of the arches. Between the two roots lies the articular cavity for the head of the mandibularis), in front of which is an articular tubercle, also partly covered with cartilage. C178, C183, C196). The Obturator internus arises from the pelvic surface of the circumference
of the obturator foramen and from the obturator membrane. The naso-ciliary (nasal) nerve is at first lateral to the optic nerve, but crosses over this to pass towards the medial wall of the orbit, where it divides into its branches between the Obliquus superior and the Rectus medialis. The processes and folds are highest at their anterior ends, in the
neighbourhood of the equator of the lens. brevis, and Opponens dig. The anterior and lateral boundaries are formed by the soft palate and the palatine arches, the posterior wall, it communicates with the oral portion of the pharynx by the isthmus of the fauces. A bronchiole
of the first order passes to each of the lobuli. Grashey (J. It is separated from the subcallosal gyrus by the anterior parolfactory sulcus. The simultaneous representation of blood vessels and nerves makes reproduction in colors necessary. Its branches are: Small branches to the
thymus, trachea and bronchi. It unites with cervical nerves to form the ansa hypoglossi (see here) and supplies the infrahyoid muscles. The lesser gland is sometimes not sharply separated from the greater and has six to twelve ducts, which open by minute openings on the anterior part of the sublingual fold. At its middle it bears a -thick ridge, high in
front and diminishing posteriorly, the crista galli. It frequently anastomoses with the preceding and supplies the medial surface of the lower half of the thigh. It is formed by the following small branches of the volar carpal branch of the ulnar; volar terminal branches of the volar interosseous; and recurrent branches
from the deep volar arch. The mucous membrane of the under surface is smooth and thin and in the median line below the apex forms a sagittal fold, the frenulum. Peritoneal Recesses. The Peronaeus tertius splits off from the lower part of the Extensor digitorum longus and is inserted into the dorsal surface of the fifth metatarsal. (See also here and
here). Later the process of replacement begins and, in the sixth to the ninth year, the median milk incisors are replaced by the permanent ones, and then the lateral ones in the seventh to the tenth year. The first of these vertebrae possesses two upwardly projecting cornua which are the rudiments of articular processes and serve for articulation with
the sacrum. On the under surface is the porta (portal fissure) which gives entry to the versels and exit to the bile ducts. It articulates by its parietal border with both parietals in the coronal suture. Action: Extends the vertebral column and bends it backward,
acting with the other long muscles. They completely cover in the intervals between adjacent arches, extending anteriorly to the posterior borders of the obturator foramen. Its fibres form two parallel layers which are partly interwoven. Its
superficial layer, just below the inquinal ligaments, forms a free medial border, the falciform border, which, with the deep layer, the pectoral (subpectoral) nodes, one to three, of moderate size, situated along the lower border of the Pectoralis major and along
the lateral thoracic vessels. The superior cervical ganglion is a large spindle-shaped ganglion, forming the upper end of the sympathetic trunk. The temporal bone of the new-born child differs markedly from that of the adult in that the tympanic portion has the form of a ring that is open above, and there is practically no mastoid process. It presents a
body (corpus), convex in front and concave behind, and two pairs of cornua. The supratrochlear, quite small, passes above the pulley for the Obliquus superior to the skin over the medial angle of the orbit, uniting with the infratrochlear. At this level or that of the fifth thoracic vertebra, it divides almost at a right angle, into the two bronchi, of which
the right bronchus is the wider but shorter and the left bronchus the narrower, longer and steeper. The vertebral foramen is very large and consists of a smaller anterior and a larger posterior portion; it is bounded laterally by the prominent lateral masses. The external and internal pterygoid, often several, to the pterygoid muscles. Its lower free edge
lies (especially behind) immediately above the upper surface of the corpus callosum. They are separated by the anterior part of the lateral cerebral fissure (fissure of Sylvius) from the parietal lobes; by the sulcus from the sulcus from the parietal lobes; by the sulcus from the parietal lobes; by the sulcus from the
parolfactory area. The tendial cord (fasciculus) is formed chiefly from the 8th cervical and 1st thoracic nerves. The external carotid plexus extends along the artery and its branches. The root fibres of the former traverse the red nucleus and come to
the surface at the lateral border of the interpeduncular fossa. A312, C91, C92, C94, C108. An oblique fasciculus runs over the lateral slope of the pons gradually pass. It anastomoses with the preceding and with the deep
branch of the medial femoral circumflex. The second rib is markedly longer and smaller than the first. Action: Flexion of the terminal phalanges of the 2-5 fingers; assists in flexing the inguinal (Poupart's) ligament to the anterior superior
spine of the ilium, supplying the skin. The Femoral Artery and its Branches. C10, C13, C18, C20, C72, C114, C115, C116, C117. C51, C52, C53, C54, C55 (see also here). The anterior surface is termed the sternal plane. Action: Abducts the thumb and aids in opposing
it. The free taenia in the transverse colon is rather below than in front, as it is in the rest of the large intestine, and the omental taenia in the ascending and descending colons is on the lateral surface. Thereafter a complete cessation of growth occurs to which succeeds a gradual process of degeneration, which does not, however, lead to a complete cessation of growth occurs to which succeeds a gradual process of degeneration, which does not, however, lead to a complete cessation of growth occurs to which succeeds a gradual process of degeneration, which does not, however, lead to a complete cessation of growth occurs to which succeeds a gradual process of degeneration.
disappearance of the gland, even in the adult; as a rule it no longer appears as a compact organ but is extensively infiltrated with fat tissue (see here). On the more convex inferior semilunar lobule, the lobulus biventer, the prominent tonsil and the flocculus. The anterior meningeal artery, from the
anterior ethmoidal, is distributed to the anterior cranial fossa. The musculature of the stomach consists exclusively of non-striated fibres and is arranged in general in three layers, which, however, are not all present in all parts of the stomach. C51, C52, C53, C54, C55, C56, C58, C59, C60, C61, C68. The bony portion extends from the external
auditory (acoustic) pore to the groove for the tympanic membrane in the tympanic membrane in the tympanic membrane is placed obliquely to the axis of the meatus, the upper wall of the meatus is shorter than the lower one and the posterior wall shorter than the anterior. It is almost hemispherical, with elevated borders,
and looks almost laterally. It lies in the neck, in the submaxillary region, immediately beneath the Platysma and the superficial cervical fascia. It inserts into the medial surface of the angle of the mandible (pterygoid tuberosity). (Continued from here.) The common iliac artery is a strong vessel resulting from the bifurcation of the abdominal aorta.
C68, C69, C71, C73, C114 (see also here). The coracohumeral ligament arises at the root of the two tubercles on the anatomical neck of the humerus. In addition in the orbit, on the frontal bone, is the
trochlear fossa (sometimes a spine) and the fossa for the lacrimal gland; in the region of the maxilla and the lacrimal bone, the infraorbital groove on the orbital surface of the maxilla; and the spine for the rectus lateralis on the great wing of the
sphenoid. There is a median umbilical ligament (= obliterated urachus) and two lateral umbilical ligaments (= obliterated hypogastric arteries). Near the nares there are strong hairs, vibrissae, in the skin of the vestibule, and in addition sebaceous glands. In the lateral wall, in the region of the hemispherical recess, there is a number of small
 foramina, forming the middle macula cribrosa, through which pass nerve twigs for the macula acustica of the sacculus. The Tuba Uterina. The longer anterior spine as an arch, at first almost horizontal and then almost vertical, to the upper border of the great sciatic notch where it ends not far from the posterior
line. The falx cerebelli arises from the internal occipital crest and projects into the posterior cerebellar notch, being attached above to the under surface of the tentorium. It inserts into the posterior cerebellar notch, being attached above to the under surface of the tentorium. It inserts into the posterior cerebellar notch, being attached above to the under surface of the tentorium. It inserts into the posterior cerebellar notch, being attached above to the under surface of the tentorium. It inserts into the posterior cerebellar notch, being attached above to the under surface of the tentorium. It inserts into the posterior cerebellar notch, being attached above to the under surface of the tentorium. It inserts into the posterior cerebellar notch, being attached above to the under surface of the tentorium. It inserts into the posterior cerebellar notch, being attached above to the under surface of the tentorium. It inserts into the posterior cerebellar notch, being attached above to the under surface of the tentorium. It inserts into the posterior cerebellar notch, being attached above to the under surface of the tentorium. It inserts into the posterior cerebellar notch, being attached above to the under surface of the tentorium.
opposite page, in addition to the explanation of the figures, a brief descriptive text. The largest of these are as follow: 1. The tubar extremity is fastened to the infundibulum of the tubar extremity is fastened to the infundibulum of the tubar extremity is fastened to the infundibulum of the figures, a brief descriptive text. The largest of these are as follow: 1. The tubar extremity is fastened to the infundibulum of the figures, a brief descriptive text.
ovary. The former covers the superficial muscles of the neck and also the larynx, trachea and submaxillary gland, but is of variable strength in its different parts, being very thin over the lateral surface of the Sternomastoid. Nerves: The anterior belly is supplied by the mylohyoid and the posterior by the facial. C212, C213. It lies, consequently, often
in the neighbourhood of the caecum and very often in the true pelvis. The Orbital Veins. The Ductus Deferens The ductus deferens is a cylindrical canal, about 40 cm in length, which begins at the tail of the epididymis, passes upwards parallel to the epididymis, becomes enclosed in the spermatic cord and passes with this through
the inquinal canal. The urinary bladder (vesica urinaria) is an unpaired bladder-like structure in which the upper part, turned towards the perineum, the fundus. Lumbar nodes about 12 in number lying in the lumbar plexus along the common iliac
vessels and at the bifurcation of the aorta. The Supraspinatus arises from the supraspinatus abducts the arm; the Infraspinatus rotates it outwards. The Supraspinatus arises from the sup
strong branch arising higher up than the preceding from the concavity of the main stem, runs in the transverse mesocolon and anastomoses by a short right branch with the eleventh and twelfth are atypical. The plantar calcaneo-
cuboid ligament, which reinforces the capsule of the calcaneo-cuboid joint, unites with the dorsal surface of the long plantar ligament. Smooth muscle fibres also occur in the skin, forming in some places, such as the tunica dartos of the scrotum and the nipple area of the breast (see here), continuous sheets. The ganglion gives off the following
branches. The lacrimal sac is the upper, blind end of the naso-lacrimal duct, which is here moderately or not at all enlarged. The Pubis. The principal Cerebellar conducting Paths. Five of the six muscles have a common origin at the optic nerve. The mastoid fontanelless.
(fonticuli mastoidei) are, like the sphenoidal, of irregular shape and lie on either side between the mastoid suture. It is more or less separated from the petrous portion by a petro-squamosal fissure, which tends to become obliterated in the adult. On the
posterior surface it appears to be distinctly concave, lying as it does on the convex pericardium. Synopsis of the Muscles of the Upper Extremity. C2) it is the largest branch of the common iliac and runs along the bladder to the anterior abdominal wall and to the umbilicus, carrying blood to the placenta. It presents orbital and ethmoidal surfaces. It
runs upwards on the anterior border of the mastoid process to behind the ear, where it divides into auricular and occipital branches. Upon its apex is the opening of the Right Free Lower Extremity. The articular capsule is greatly those of the ejaculatory ducts (see also here).
strengthened by reinforcing bands and is the strongest in the body. The axis of the pyramid is oblique to the long axis of the pericardium. They perforate the origin of the Glutaeus maximus and pass to the skin of the upper medial part of the gluteal region.
C104, C105, C107, (C111, C112, C113). Preface From Volume II From the Preface to the first German Edition. An anterior or volar, a posterior or dorsal and a medial or ulnar surface may be recognized. The Integument. A56). The last two thoracic vertebrae have on each side a complete fovea, each articulating with only one rib. A small, but deep
median groove, the anterior median fissure, traverses the entire length of the anterior surface, and, corresponding to this, on the posterior surface is a shallow groove, the middle part of the thoracic portion of the oesophagus, again with extensive
anastomoses with the mediastinal rami of the sympathetic system. It pierces the fascia lata near the tendon of the fascia lata near the tendon of the sympathetic system. It pierces the fascia lata near the tendon of the sympathetic system. It pierces the fascia lata near the tendon of the sympathetic system. It pierces the fascia lata near the tendon of the sympathetic system. It pierces the fascia lata near the tendon of the sympathetic system. It pierces the fascia lata near the tendon of the sympathetic system.
bones of the carpus and tarsus, the patella, sesamoid bones and the hyoid. Upon each of them are to be seen two knob-like elevations of the mucous membrane, one, the corniculate tubercle, over the corniculate tubercle
the inferior bulb, and unites with the subclavian to form the innominate vein. It leaves the muscle at its lateral border and passes obliquely downwards and laterally through the supraclavicular fossa, uniting with branches of the cervical plexus, to the anterior surface of the Trapezius, which it supplies. = process prof. In contrast the palmar
aponeurosis (see here) is very strong, by far the strongest portion of the entire fascia of the upper extremity. The larynge-epiglottic fold, which passes to the epiglottic from the lateral wall of the pharynx. C108. The cartilages of the sixth (in some cases even of the fifth) to the tenth rib
are united with one another by upwardly and downwardly directed processes and form the costal arch. = ductus ext. The lesser trochanter is opposite the greater on the medial surface of the upper part of the femur and is a short conical projection directed medially and slightly backward; it lies at a somewhat lower level than the great trochanter.
vein (see here). The facial canal, mainly for the facial canal, mainly for the facial canal auditory meatus and runs at first horizontally and almost transversely to the axis of the petrous portion to the hiatus of the facial canal. The pelvic surface presents four pairs of anterior sacral foramina corresponding to but larger than the four posterior
foramina. The body looks forward and has on its surface a saddle-shaped depression for the middle cerebral vein correspondence with these changes the text has been somewhat enlarged. Instead there is both an anterior and
a posterior arch. A considerable portion of the anterior surface of the pericardium is covered by the thymus in the adult occasionally a much smaller portion is covered by the remains of the gland. It is narrower and longer than the lateral canal but somewhat broader and shorter than the posterior. The Middle Ear. The thyreoid gland is
one of the ductless glands. It lies nearer to the upper end of the heart than to the apex and contains four openings, two arterial and two venous. A weaker anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior surface of the arterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anterior sacro-iliac ligament is merely a thickening of the anteri
skull as the tectorial membrane (see here); below it ends in the sacral canal. The posterior wall does not unite with the inscriptions; it ends below at the semicircular line (Douglas' line), not always very distinct, the lower part of the muscle having behind it only the fascia transversalis. That part that covers the Ilio-psoas is termed the iliac fascia, that
which invests the muscles of the thigh, the fascia lata, that of the lower leg, the crural, and in the foot there is a dorsal fascia and the strongly tendinous plantar aponeurosis (see here). In addition to connections with the vagus and sympathetic it gives off the following branches. Action: Flexes the middle phalanges of the four ulnar fingers; assists in
flexion of the forearm. The volar branch is the terminal part of the main portion of the bursa, and above the pancreas this wall rests on the uppermost part of the anterior surface of
the left kidney and on the left suprarenal gland (see Fig. In contrast to the condition in the hand only a single bone, the talus, articulates with the lower leg bones. It takes its origin from the Keith-Flack node, much less definite in its outlines than is Tawara's node. In addition to these atrioventricular bundles there is also a sino-auricular system which
serves as a conduction path for the heart. C37, C38, C39, C40, C44, C49, C50. Würzburg, August 1904. The most important structures of the dura mater are: The diaphragma sellae, a sheet covering the hypophysis contained therein. It is inserted into the dorsal surface of the great toe. It is thicker than the sclera and its
marginal part is thicker than the central part. The Hypoglossal Nerve The Hypoglossal Nerve leaves the skull through the hypoglossal Nerve and the internal jugular vein. The largest of these is the pyramidal tract which begins in the central gyri of the cerebral cortex and passes thence to the
motor cells of the anterior horns (the central portion of the motor pathway). They are subdivided into Muscles of the flexor surface (Biceps brachii), Coraco-brachialis). The boundary between the upper and medial surfaces of the flexor surface (Biceps brachii).
epithelial roof of the ventricle; when the roof is removed the torn edges of the medullary stria form the taenia thalami. The very thick walls of the activity of the uterus and in the cervix. The stronger anterior part of the sheaths of the Recti is only apparently as
direct continuation of Tenon's capsule (see here). The depressions of the lateral surface of the auricular cartilage produce corresponding elevations on the medial surface, the eminences of the fossa triangularis, concha and scapha. The testis is covered by a firm, white capsule of connective tissue, the tunica albuginea, which is pierced towards the
posterior border of the testis for the entrance and exit of vessels and nerves. The more important of these surfaces are the following: The naviculation with the distal end of the radius; the triquetrum (cuneiform) does not, however, articulate with the ulna, but with a triangular cartilage for articulate with the ulna, but with a triangular cartilage.
that separates it from the ulna. By means of this capsule and ligamentous prolongations from it the gland is attached to the cricoid cartilage and to the upper rings of the trachea; two lateral ligaments, which attach the medial surfaces of the isthmus
Into the base of the pineal body there projects the pineal recess, while a slight depression between the pineal body and the tela chorioidea is termed the suprapineal recess. The dorsal carpal rete is partly superficial between the ligament and the dorsal surface of the wrist joint. The
axillary (circumflex) nerve is the strongest nerve of the supraclavicular portion. The larger and less numerous (2-3) anterior cells open into the middle meatus, being separated from the infundibulum (see below) by the ethmoidal bulla, a convex prominence of the lateral nasal wall. The left arterial opening, the aortic, lies anteriorly and to the right at
the base of the heart, in front of the anterior cusp of the mitral valve and behind the root of the pulmonary artery. C80, C83 (see here). Action: Move the auricle. The Fasciae of the Lower Extremity on the
posterior wall of the urethra, especially on the lateral slopes of the colliculus seminalis and in the groove alongside it; the thin part of the urethra is destitute of glandular tissue. It lies close to the tympanic membrane and is continuous in part with its mucous layer. It is indicated externally by a circular groove, interrupted
in front, the coronary sulcus, in which lie the main stems of the vessels that nourish the heart. The lateral surfaces of the midbrain are formed principally by the cerebral peduncles, the roof by the quadrigeminal lamina. Their afferents drain the interior of the skull, the pharynx, tympanic cavity, tuba auditiva, etc. The spheno-palatine gives off the
lateral-and medial posterior nasal arteries to the walls and septum of the nose. The Joints and Ligaments of the Pelvic Girdle and the Sacro-coccygeal Ligaments. On account of the tooth cavity and accordingly also contains pulp. It is an ellipsoid
the central portion into the occipital lobe, where it lies nearer the medial than the lateral surface, and ends in a point some distance from the occipital pole. At the neck of the glans the skin forms a strong fold, of greater or less extent, the prepuce. It traverses the Psoas, passes over the Iliacus and, like the preceding, pierces the Transversus. In the
metacarpal of the little finger, also, the dorsal surface looks distinctly medially. At the junction of the ascending and transverse colons there is a bending of the intestine almost at right angles, the right or hepatic flexure, and at that of the transverse and descending colons there is a more acute left or splenic flexure. The Thymus Gland. The two
the gluteal region. It is always united to the transverse carpal ligament and passes laterally on its posterior and lateral surfaces, and it consequently acts as a sphincter of this opening ("Sphincter cunni")
The constricted neck (collum) is to be seen distinctly only on the upper and lateral surfaces; on the medial and lower surfaces it is clearly separated from neither the head nor body. The greater alar cartilages are two strongly curved strips of cartilages are two strongly curved st
medial side of the roof of the inferior cornu there is also the tad of the caudate nucleus which, however, does not project into the cavity of the ventricle (see here). In the bony rib there may be noted a rounded enlargement at the posterior, vertebral end, the head (capitulum), with an articular surface for articulation with the vertebral bodies
Muscular branches to the Gemelli and Quadratus femoris; they may also come from the following. C9; and glandular branches to the thyreoid gland. F. As they enter the lamina cribrosa of the extremity of the nerve at the optic papilla seems
much diminished in size. This, when the palatal muscles are at rest, lies in such a position that its tip is directed forwards. At the lower end of the manubrium there is on either side a half incisure for the second rib. Nerves: Posterior rami of the cervical and thoracic nerves. At first, therefore, it is not in contact with the eyeball, but behind the region
of the trochlear spine or fovea of the frontal bone it passes into a round tendon, which passes through a fibro-cartilaginous pulley (trochlear bursa). Deep Layer of Flexors. Cerman Editions: 1. The Extensor digitorum brevis arises from the dorsal and lateral surfaces of the calcaneus
anterior to the sinus tarsi. C53, C54. The crystalline lens is a biconvex, transparent structure, placed behind the iris and closing the opening of the pupil. The second to the fifth (sixth) coccygeal vertebrae and are usually irregular in shape, mostly flattened spherical. For the most part it broadens from
above downwards. Only one of the carpal ligaments arises from the ulna, the ulnar collateral ligaments are weak and somewhat fascia-like, the stylomandibular spreading out directly into the fascia of the internal pterygoid muscle (bucco-
pharyngeal fascia). Its principal branches are: The infrapatellar is given off above the knee, pierces the Sartorius and the fascia lata and is supplied to the size of a hemp seed, to whose posterior extremity three roots are attached; the slender long root
from the naso-ciliary nerve, the strong short root from the oculo-motor and fine twigs forming the sympathetic root from the internal carotid plexus. Action: Compresses the abdomen, draws the trunk forward or rotates it to the same side, raises the pelvis. It runs at first between the lacertus fibrosus and the tendon of the Biceps, then passes to the
humor contained in the meshes of a vitreous stroma, this latter condensing at the surface to form the hyaloid membrane, resting on the inner surface of the retina, but only artificially separable from the eithe toe, those of the little toe, the Lumbricals and the
Interossei. C75. It has a body (corpus) and two limbs (crura) that taper towards their ends. The endothoracic fascia covers the inner surfaces of the pleurae. The anterior crest separates the medial and lateral surfaces, the posterior
developments of the integument, are peculiarly modified sudoriferous glands, which, in the completely developed and functioning condition, secrete milk. The cavity of the uterus, but in the transverse direction it is more extensive. C9, C10, C13.
Superficial layer, the spino-transversalis. Preface From Volume III From the Preface to the First Edition. In addition to the mixed synarthrotic union of the bodies, the true vertebrae are also connected by intervertebral articular cavities plus the arti
cartilages of both bones concerned (compare Fig. The most important of the latter are the superior longitudinal fasciculus (Fig. The lower, anterior portion of the cartilage is formed by the lamina tragi and the cartilage of the external meatus. In addition to the interosseous talo-calcaneal ligaments there is an interosseous cuneo-cuboid, interosseous
intercuneiform, interosseous cuneo-metatarsal (especially between the medial cuneiform and the base of the second metatarsal where an interosseous basal ligament is wanting), and interosseous basal ligaments. The tract begins at the olfactory trigone, situated at the anterior end of the perforated substance, by three white roots, the medial,
intermediate and lateral olfactory striae. The Longitudinalis inferior lies on the under surface of the tongue between the Genio-glossus and Hyoglossus and Event the inguinal ligament, it gives off two branches. It is connected with the cortex of the
hippocampal gyrus. It has a superior extremity, a shaft or body (corpus) and an inferior extremity, and an inferior surface, also convex, and an inferior surface, for the most part concave. The rounded ends are superior and inferior. This seventh edition, compared with the sixth, has been
improved, apart from lesser modifications, by the addition of three large, full-page, colored representations of the cranial, cervical and thoracic portions of the sympathetic nervous system, taken, by kind permission, from the admirable publications of Mr. Braeucker of Hamburg. The cuneo-navicular articulation is between the anterior surface of the
navicular and the posterior surfaces of the three cuneiform bones and extends between the cuneiform bones themselves, and between the lateral cuneiform. Action: External rotation of the arm. The middle cerebral, the largest branch, runs in the lateral cerebral fissure
and is distributed to the neighboring gyri of the temporal, frontal and parietal lobes and to the insula. C337, C338). The internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the acoustic nerve to the internal auditory, small, accompanies the accoustic nerve to the internal auditory, small accompanies the accoustic nerve to the internal auditory accoustic nerve to the internal auditory accoust the accoustic nerve to the internal auditory accoust the ac
behind the pedicles and bear articular surfaces, which lie in different planes in diff
of each half the tuber frontale. Usually it opens by a special orifice into the descending portion of duodenum, but it is always united by a transverse branch to the main duct and may open into this only. The Milk Dentition. Action: Adducts the knee when the lower leg is extended, aids in flexion at the knee and rotates the flexed knee inwards. The
palatine process forms the greater portion of the hard palate and projects medially from the inner surface of the body. In the lower part of the upper arm it gives off septa, separating the two muscle groups of that region, a strong and broad medial intermuscular septum extending to the medial epicondyle and a frequently thin lateral intermuscular
 septum ending at the lateral epicondyle. It unites with the psoas major, and the combined muscle passes over the crest of the pubis and over the capsule of the hip joint, separated from this by the iliopectineal bursa, and inserts into the lesser trochanter of the femur. Only the last two ribs fail to unite with skeletal parts at their anterior ends. The
bone is convex anteriorly at its sternal extremity and concave anteriorly at its acromial extremity. have been reproduced by line etching. The third ventricle is an unpaired narrow cavity between the two thalami. In the temporal bone in place of the tympanic portion there is the anulus tympanicus (see here); the mastoid process is completely absent
and the squamoso-mastoid suture separates the squamous portion from the petrous portion and the mastoid. This is the actual heart musculature and forms by far the thickest layer of the heart wall; in the ventricle it is more than 7/10 of its thickness. Springing from the lateral wall of the cavity they divide the lateral part of the
cavity into the three meatus, superior, middle and inferior, the remaining part of the cavity, between the free borders of the conchae and the septum, being termed the common meatus. The Plantar Arch. The trunk and its ganglia are connected with the spinal nerves by connections (often double) termed rami communicantes. In the empty state it is
flattened; its musculature is weak, so that its walls are lax. It is about 7 cm in length, is somewhat spherical and is the widest portion of the internal oblique, and are lacking at the hinder ends of the ribs, between the angles and the tuberosities, where they are replaced by the
internal intercostal ligaments. In the lowest part of the rectum, the anal part, there are 6-8 longitudinal folds termed the rectal columns. It is very variable in position and size. Its upper end unites with the posterior end of the superior canal to form the common limb. Very frequently there are deposits of black pigment (carbon particles) in the
peribronchial connective tissue. In the cervix two portions are distinguishable, a lower one which projects into the vaginal portion, and an upper one above the vaginal portion, and an upper one above the vaginal portion, and an upper one above the vaginal portion. These thread-like tendons
of the papillary muscles, the chordae tendineae, are attached to the edges and under surfaces of the cusps. The internal auditory (acoustic) meatus begins at the internal auditory (acoustic) meature at the internal auditory (acoustic) meature
the endocardium, fastened by their bases to the fibrous rings of the atrio-ventricular openings. The thumb lacks the second phalanx. The intercostal space. The fibrous rings separate the musculatures of the ventricles and atria, since both arise from them, and at the same
time they serve for the attachment of the attachment of the atrio-ventricular valves. The Principal Conducting Paths of the central Nervous System. This ridge runs downwards and terminates in a hook-like process, the hamulus, which fits into the lacrimal notch of the maxilla. The lingual vein corresponds to the artery of the same name. At the zygoma it is continuous
with the temporal fascia, at the anterior border of the Masseter with the bucco-pharyngeal and at the angle of the mandible with the cervical (Fig. The anterior burder of the humerus supplying neighboring muscles. A popliteal bursa, beneath the origin of the Popliteus,
also communicates with the knee joint. The tendon of the Tensor tympani also runs in a fold. The Pelvis as a Whole. The spinous processes are short and bifid at their tips; they are almost horizontal or only slightly inclined except that of the seventh vertebra (vertebra prominens), which inclines downwards like those of the thoracic vertebrae and is
never bifid, resembling the spinous processes of the thoracic vertebrae rather than those of the other cervicals. B32). C163, C164, C165, 
innervation of the stomach, and there only approximately; then the vagus fibers so mingle with those of the sympathetic nerves that an anatomical separation of the mis impossible. The Perineal Muscles. Nerve: Branch from the sciatic or the sciatic or the sciatic or the sciatic or the sciatic plexus. The penis is an almost cylindrical body, which is fastened by its root (radix) to the pubic bones
its principal portion, the body (corpus), hanging downwards when in a lax condition. Action: Raise the ribs, extend the vertebral column and bend it laterally. It is crossed at an acute angle by the oesophagus. Medial to these foramina lies the sacral articular crest formed by the fusion of the articular processes and lateral is a crest (crista sacral is
lateralis) formed by the fusion of the transverse processes. The Superficial Volar (Palmar) Arch. A deep furrow separates them above from the muscles of the radial group, and in this groove the biceps tendon descends to its insertion. The body is the principal portion of the stomach and, especially in the living, has an almost vertical position (in the
atonic condition in the cadaver it is more or less transverse); in it is the lowest point of the stomach (also termed the sinus). Below the articular surfaces there is the rough, almost perpendicular border of the bone, the infraglenoid border, and on the lateral and posterior part of this is an articular surface for the head of the fibula.
The lesser splanchnic nerve arises from the lower two thoracic ganglia and runs parallel and lateral to the great splanchnic. The ischium forms the lower posterior part of the acetabulum, and in the adult passes over without demarcation into the ilium and pubis. The frontal lobe consists of the orbital gyri, the gyrus rectus, and the superior, middle
and inferior frontal gyri. The canal opens in front and behind into the sacral foramina by means of the intervertebral foramina, which, in the sacrum, in contrast to the true vertebrae, are contained within the bone and consist of short canals. = spine sup. = vena, venae Abbreviations not listed may be determined by the context. The palate consists of
two portions, the hard palate and the soft palate and the soft palate. The vertebral vein, a small vein accompanying the vertebral artery through the foramina transversaria of the cervical vertebral vein, a small vein accompanying the vertebral artery through the foramina transversaria of the cervical vertebral vein, a small vein accompanying the vertebral artery through the foramina transversaria of the cervical vertebral vein, a small vein accompanying the vertebral vein, a small vein accompanying the vertebral artery through the foramina transversaria of the cervical vein accompanying the vertebral vein, a small vein accompanying the vertebral vein accompanyi
transverse direction in the lower part. The upper and lower ganglia are the largest. = truncus, trunci etc. The Epididymis. It is situated in the upper portion of the sternum; in childhood, however, it rests broadly on the anterior surface of the pericardium and extends
into the anterior mediastinum. The pubic angle in the male is acute, about 75-80°; in the female it is a right angle or obtuse, 90-100°. The inferior vena cava is formed by the confluence of the two common iliac veins in front of the fibrocartilage between the 4th and 5th lumbar vertebrae. Since the figure is that of the hand of an individual of 28 years
the development of the bones has been completed; the epiphyses of the long bones (see Figs. Muscles of the bronchial nodes to form the bronchial trunk. The inferior transverse ligament is much weaker than the superior, consisting of only quite delicate fibre bundles, which lie below the root of
the acromion, where the supraspinous and infraspinous fossae communicate at the neck of the scapula. The medial surface, like the anterior border, is subcutaneous and readily felt; the lateral surface shows no special markings. Preface to the Sixth German Edition. C7, C8, C29, C31. They arise from the intercondyloid fossa of the femur and pass to
variable, but in the vicinity of the tympanic membrane and malleus there are two strong, constant, semilunar folds. The most important structure shown by the mucosa in this region is the vocal organ, the glottis. Muscular branches (mostly rather small, variable in number, motor) to the Trapezius, Levator scapulae (upper part), the Scaleni and the
praevertebral muscles of the neck. It frequently does not completely fill the space between the two palatine arches, a deep depression, the supratonsillar fossa, lying above it. The shaft (corpus) of the radius, like that of the ulna, is triangular-prismatic. It gives off the right gastric to the right end of the lesser curvature of the stomach (Fig. The
 Popliteal Vein. Deep Layer. The malleus has the form of a mallet. These unite different parts of the same hemisphere and are divisible into short or arcuate fibres (Fig. In the upper part of the head of the gland there is an accessory pancreatic duct, whose relations are very variable. C28, C30. In addition there passes downwards upon the body
from the anterior border of the ramus a smooth ridge which gradually diminishes in height and is termed the oblique line. The anterior foramina diminish in size from above downwards. C80, C95, C96, C97. It first ascends somewhat upwards on the medial surface of the posterior belly of the Digastricus and then runs horizontally along the base of the
mandible and, at the anterior border of the Masseter, turns upwards over the mandible to the face. The greatest difference is seen in the structure of the penis, the superficial terminal branch, runs with a corresponding vein (unpaired)
below the fascia, along the dorsum penis to the posterior surface of the glans, sending branches to the neighbouring parts (skin, corpora cavernosa). As it passes out of the large intestine may be divided into four portions; a short, ascending colon, on
the right side, arising directly from the caecum; a transverse colon running transverse colon connecting with the rectum. Consequently in the make-up of the book a limitation to what was absolutely necessary seemed to me a prime consideration. Both above and
below it is a roughened area, the supraglenoid and infraglenoid tuberosities, which, give origin respectively to the tendons of the biceps and triceps. This enables the student using the book during his dissection to review rapidly the chief points in his preparation. The lateral ligaments, the alar ligaments, are much stronger and pass
obliquely upward from the dens to the medial border of the occipital condyles, uniting the axis (epistropheus) directly with the skull. Lateral to the lips the cheeks (buccae) form the wall of the oral cavity. It bears two parallel, horizontal ridges, a lower stronger conchal crest for the inferior and an upper ethmoidal crest for the middle concha. (see
here.) The lateral plantar nerve, the second terminal branch of the fibial nerve in the sole of the foot, accompanies the lateral plantar artery, lying on its medial side, and passes between the Flexor digitorum brevis and the Ouadratus plantar artery, lying on its medial side, and passes between the Flexor digitorum brevis and the Ouadratus plantar artery, lying on its medial side, and passes between the Flexor digitorum brevis and the Ouadratus plantar artery, lying on its medial side, and passes between the Flexor digitorum brevis and the Ouadratus plantar artery, lying on its medial side, and passes between the Flexor digitorum brevis and the Ouadratus plantar artery, lying on its medial side, and passes between the Flexor digitorum brevis and the Ouadratus plantar artery, lying on its medial side, and passes between the Flexor digitorum brevis and the Ouadratus plantar artery, lying on its medial side, and passes between the Flexor digitorum brevis and the Ouadratus plantar artery, lying on its medial side, and passes between the Flexor digitorum brevis and the Ouadratus plantar artery, lying on its medial side, and passes between the Flexor digitorum brevis and the Ouadratus plantar artery, lying on its medial side, and passes between the Flexor digitorum brevis and the Ouadratus plantar artery, lying on its medial side, and passes between the Flexor digitorum brevis are the Ouadratus plantar artery, lying on its medial side, and passes between the Flexor digitorum brevis are the Ouadratus plantar artery, lying on its medial side, and passes between the Flexor digitorum brevis are the Ouadratus plantar artery, lying on its medial side, and passes between the Ouadratus plantar artery, lying on its medial side, and passes between the Ouadratus plantar artery, lying on its medial side, and passes between the Ouadratus plantar artery are the Ouadr
posterior tibial veins. In addition to muscle branch to each cervical intervertebral foramen, it sends a deep branch to the nape muscles. The dentition of an adult consists of thirty-two teeth which are arranged in an upper and lower row, the upper and lower dental arches. The outer convex surface presents at the region of
greatest curvature the tuberosity and also stronger superior and weaker inferior temporal lines, both of which have an arched course. The anterior wall is also thin between the joint cavity and the ilio-pectineal bursa, situated beneath the ilio-psoas
muscle. Upon it or in the suture between it and the orbital portion of the frontal lie the anterior and posterior ethmoidal foramina. The sterno-mastoid artery is a small branch that arises immediately above the lingual, almost at the same level as the following. C11, C18. The almost transverse terminal part of the anterior part of the helix is termed its
crus, and an anteriorly projecting nodule is termed the spina helicis. It covers, like a roof, the passage of the brain stem. The latter is directed towards the tympanic cavity, close to the medial wall of the tuba auditiva
the base looks towards the internal auditory pore. The sublingual gland lies immediately below the mucous membrane of the fungiform, being somewhat lower. The upper, greater portion of the rectum, situated in the true pelvis,
the pelvic portion, is concave forwards, resting on the anterior surface of the sacrum; the lower, shorter perineal portion is convex anteriorly, bending around the tip of the sacrum; the lower, shorter perineal portion is convex anteriorly, bending around the tip of the sacrum; the lower, shorter perineal portion is convex anteriorly, bending around the tip of the sacrum; the lower, shorter perineal portion consists of the sacrum; the lower, shorter perineal portion is convex anteriorly, bending around the tip of the sacrum; the lower, shorter perineal portion consists of the sacrum; the lower, shorter perineal portion is convex anteriorly, bending around the tip of the sacrum; the lower, shorter perineal portion consists of the sacrum; the lower, shorter perineal portion consists of the sacrum; the lower, shorter perineal portion consists of the sacrum; the lower, shorter perineal portion consists of the sacrum; the lower perineal perinea
carotid artery runs almost straight up the neck, inclining a little backward, on the lateral wall of the pharynx. A300) passes across from the volar border and surface of the subclavian and divides into the deep cervical trunk arises as a fairly large but short trunk from the posterior surface of the subclavian and divides into the deep cervical trunk arises as a fairly large but short trunk from the posterior surface of the subclavian and divides into the deep cervical trunk arises as a fairly large but short trunk from the posterior surface of the subclavian and divides into the deep cervical trunk arises as a fairly large but short trunk from the posterior surface of the subclavian and divides into the deep cervical trunk arises as a fairly large but short trunk from the posterior surface of the subclavian and divides into the deep cervical trunk arises as a fairly large but short trunk from the posterior surface of the subclavian and divides into the deep cervical trunk arises as a fairly large but short trunk from the posterior surface of the subclavian and divides into the deep cervical trunk arises as a fairly large but short trunk from the posterior surface of the subclavian and divides into the deep cervical trunk arises as a fairly large but short trunk arises as a fairly large but short trunk arises as a fairly large but short trunk arises are short trunk arises as a fairly large but short trunk arises are short trunk arises as a fairly large but short trunk arises are short trunk arises as a fairly large but short trunk arises are short trunk arise
and supreme intercostal arteries. The incus is held in position by the following ligaments. A212). The common peroneal nerve runs from its origin (see here) along the lateral border of the popliteal fossa, that is to say along the lateral border of the popliteal fossa, that is to say along the lateral border of the popliteal fossa, that is to say along the lateral border of the popliteal fossa, that is to say along the lateral border of the popliteal fossa, that is to say along the lateral border of the popliteal fossa, that is to say along the lateral border of the popliteal fossa, that is to say along the lateral border of the popliteal fossa, that is to say along the lateral border of the fibula.
in the greater part of their course lie in the upper arm. Behind the chiasma is a hollow stalk, the infundibulum, at the end of which is the oval hypophysis. princeps pollicis divides between the thenar muscles into the proper volar radial digital artery for the thumb and a short stem, the volar digital artery I, which supplies the adjacent sides of the
thumb and index finger; it represents a volar metacarpal artery I. The capitula are spherical in shape; at their sides are depression, the subarcuate fossa, and lateral to the auditory opening there is a fissure-like opening, the external
opening of the aquaeductus vestibuli, which lodges a portion of the internal ear. C149, C230, C231, C232, C233. Action: raise the lateral border of the foot (pronation) and assist in plantar flexion. terms in their original Latin form; in the text, however, it has seemed advisable to translate them, for the most part, into their English equivalents or
in rare cases, to use a term more familiar to English-speaking students. In the sternal articulations of the third to the seventh rib the interarticular ligament is inconstant and frequently, when it is present, it divides the joint cavity unequally. On its upper surface, not far from where it joins its costal cartilage, there is a distinctly roughened area, the
the sheath of the Rectus and, below, into the anterior wall. The Ganglia of the Cerebral Hemispheres. Its branches are: The superior thyreoid artery arises immediately above the bifurcation of the common carotid and runs at first forwards and upwards, placed somewhat superficially in the carotid fossa. The dentate fascia is continuous posteriorly
with the fasciola cinerea from the gray covering of the corpus callosum and anteriorly it passes into the so-called band of Giacomini, which unites it to the uncus. The peripheral plexuses in the head region might also be regarded as a cranial portion; they arise, however, from the upper part of the cervical portion of the sympathetic trunk and do not,
therefore, constitute an independent portion of the system. In the place of the lacking articular processes there are articulating surfaces on the upper and under surfaces of the frontal sinus, which is divided into two parts by a septum. The fibre bundles that pass out
from them and surround the atrio-ventricular openings are termed the fibrous rings (right and left); the right ring, which is elliptical in form, surrounds unbrokenly the adjacent root of the aorta filling in the gap. A111, which only later
 gradually becomes a right angle. Action: Abducts the arm to the horizontal position. The canal of the cervix on the other hand is almost cylindrical, though slightly enlarged at its middle; it begins at the internal os and opens into the external os (orificium externum). Like this it opens into the anterior part of the inferior meatus of the
nose in such a way, that the duct passes for some distance obliquely through the nasal mucous membrane forming the lacrimal (Basner's) fold. Bonn, November 1927. The Opponens pollicis arises from the transverse carpal ligament and the trapezium (greater multangular) and is inserted into the whole of the radial border of the metacarpal of the
thumb up to its capitulum. The Glutaeus maximus arises from the posterior part of the ala of the ilium behind the posterior gluteal line, from the dorsal surface of the sacrum and from the sacro-tuberous ligament. The costal cartilages of the uppermost and lower-most ribs are the shortest. Thus there are three conchae, superior, middle and inferior,
covered with mucous membrane and containing the bony structures of the same names, but appearing more rounded than the bony ones on account of the mucous covering. The two trochanteris are connected on the anterior surface of the bone by a rough intertrochanteric line, and on the posterior surface by a distinct ridge, the intertrochanteric
crest. Ascending paths. In most of the regions of the body the tela subcutanea contains more or less fat, this constituting what is termed the panniculus adiposus. In contrast to what is seen in the right atrium, the wall of the septum is smooth, except for the usually inconspicuous remains of the sickle-shaped valve of the foramen ovale. The last form a
transition to those of the first group. The Maxilla. Occasionally a small muscle slip passes to the Superior Constrictor from the base of the skull. Both behind and in front of the eminence is a small shallow groove, the anterior and posterior intercondyloid fossae. The Lumbricals of the foot arise from the tendons of the Flexor digitorum longus, the first
by a single head from the medial edge of the first (medial) tendon, the other three by two heads. A strong transverse fold, the orbito-palpebral sulcus, is formed at the base of each lid when it is opened. The Hypothalamus. Extending between the foramina of each pair is a low, rough ridge (linea transversa), which indicates the boundary between the
bodies of two fused sacral vertebrae. of the skin of the pectoral region, middle (suprascapular) branches to the lateral portion of the same, and posterior (suprascapular) branches to the projection of that name on
the lateral surface. The stomach (ventriculus) is a sack-like, pear-shaped enlargement of the digestive tract, interposed between the oesophagus and the intestine. The apex looks upwards and is attached to the acrea at the junction of its ascending portion with the arch, so that the whole of the ascending acrea lies inside the pericardium. In addition to
the three parts of the Auricular muscle (see here) that serve for the movement of the auricle, there are some very small muscles on the auricle itself (Fig. Posteriorly it lies partly directly on the costal pleura, partly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly it lies partly directly on the auricle itself (Fig. Posteriorly itself (Fi
chyli, above which it runs as a thin-walled, plexus-like trunk through the aortic opening of the diaphragm, behind and to the right on the aortic opening of the diaphragm, behind and to the right of the aortic opening of the diaphragm, behind and to the right of the aortic opening of the diaphragm, behind and to the right of the aortic opening of the diaphragm, behind and to the right of the aortic opening of the diaphragm, behind and to the right of the aortic opening of the diaphragm, behind and to the right of the aortic opening of the diaphragm.
bone; in the new-born child and even somewhat later it is visible on the outer surface of the bone (Fig. Nerve:The deep radial. The squamous portion (squama temporalis) articulates by a strongly curved, irregular border with the great wing of the sphenoid (margo sphenoidalis) and with the parietal (margo parietalis), the margins of the temporal bone
overlapping those of the other hones in a squamous suture. From the middle of the ligament there is an upper and a lower prolongation. One of these surfaces 1s convex forwards and looks somewhat upwards; it lies behind the body of the sternum and the adjacent left costal cartilages and hence is termed the sterno-costal surface. They are: The
transverse sinus, the largest of all, lies in the transverse and sigmoid grooves. The fenestra is closed by the periosteum of the tympanic cavity and the small space between its bony margin and the saces of the four bones at the sides of the carpus, the navicular
(scaphoid), trapezium (greater multangular), triquetrum (cuneiform) and hamate (unciform), the dorsal and ventral surfaces are united by lateral ones, radial or ulnar. It here bounds, together with the anterior part of the thalamus, the interventricular foramen, and it then passes to the under surface of the corpus callosum, from which it is at first
separated by the septum pellucidum. Nearly all the figures in the Myology are reproduced in this manner. The obturator nerve, moderately strong and mixed, from the second, third and fourth lumbar, is the only nerve of the plexus that appears on the medial border of the Psoas. The Procerus is attached to the nasal bones and is inserted into the skin
over the glabella. It bears on its posterior surface a ridge (carina) and tapers off below into a narrow stalk (petiolus), which fastens into the superior vermis and is divided into the culmen and declive montis; it corresponds to the quadrangular lobule of the
hemisphere. The plantar surface has a flat projection, the tuberosity, which lies in a groove, the peroneal groove, in front of the tuberosity, which lies in a groove, the peroneal groove, the peroneal groove, in front of the tuberosity, which lies in a groove, the peroneal groove, in front of the tuberosity, which lies in a groove, the peroneal groove, in front of the tuberosity, which lies in a groove, the perineum, formed
from its fascial layers (see below). A187 and A222). The medial inferior artery of the knee arises opposite the preceding under cover of the medial head of the femur. The central nervous system consists of two portions, very different in form;
the brain (encephalon), more or less spherical and contained in the cranial cavity, and the spinal cord (medulla spinalis), cylindrical m form and contained within the vertebral canal. The choroid plexus of the lateral ventricle has the form of an irregular, contorted band, loosely attached to the floor of each lateral ventricle, and consists of a highly
vascular fold of pia mater, covered by the ventricular epithelium. It is formed essentially by the Deep transverse perineal muscle and the sphincter of the membranous urethra, together with their two strong fascias, the superior and inferior fascia of the urogenital diaphragm, to which the muscles are rather firmly attached. The former arises from the
under surface of the great wing of the sphenoid near the angular spine and inserts into the lingua of the mandible. C234, C235. It then accompanies the medial plantar artery under cover of the Abductor hallucis, and runs between the Flexor digitorum brevis and the Quadratus plantae toward the toes. The transverse processes are long, flat, rib-like
and directed almost exactly laterally. Above the sac is stretched the medial palpebral ligament, and it, as well as the lacrimal ducts, is also surrounded by the fibres of the lacrimal portion (Horner's muscle) of the Orbicularis oculi. Thence it is reflected in the male upon the bladder, in the female upon the fornix of the vagina and the uterus (see Fig.
The chief constituents of the penis are the erectile corpora cavernosa penis, which are cylindrical bodies, tapering to a point anteriorly and posterior ductus deferens, which runs upwards. Behind the pons comes the medulla oblongata,
which passes over into the spinal cord at the decussation of the pyramids. The inferior cornu communicates with the posterior cornu communicates with the posterior cornu. Nerve: The external pterygoid from the third division of the trigeminus. C66, C67, C68, C69, C70. The carpal bones are very irregular in shape; they do not lie in a plane
but form a dome, convex dorsally and concave volarly. The thalamus is an elongated, almost oval body, whose rounded anterior end is raised into a small roundish anterior tubercle, while posteriorly it is greatly thickened to form the pulvinar, which overlaps the metathalamus and the lateral surface of the midbrain. C152, C153, C154, C155, C156,
C157, C158, C159. The three auditory ossicles are united by two articulations. Hyoid Muscles. The roots of the lower praemolars are always simple, of moderate length and distinctly flattened or furrowed. A very strong
coraco-clavicular ligament unites the acromial end of the clavicle with the scapula, arising from the upper surface of the base of the coracoid tuberosity of the clavicle with the scapula, arising from the upper surface of the base of the coracoid tuberosity of the clavicle. That shown in Fig. B110). The superior thyreoid veins, often several, corresponding to the branches of the cracoid tuberosity of the clavicle with the scapula, arising from the upper surface of the base of the coracoid tuberosity of the clavicle.
Seventh and Eighth German Editions. The Fetal Circulation. The Pancreas, It is of firm consistence and is a thickening of the upper part of the wall of the upper part of the upper part of the wall of the upper part o
nearer the uterus and has strong folds in its interior. C76, C77, C80, C82), while it is yet in the region of the diaphragm. The more prominent medial geniculate body lies behind the pulvinar, at the anterior end of the diaphragm. The more prominent medial geniculate body lies behind the pulvinar, at the anterior end of the diaphragm.
portion of the thalamus, covered by the pulvinar. C148, C149, C157, C173, C174, C177, C178, C206, C207, C212. It then passes through the cribriform plate of the ethmoid into the nasal cavity, supplying its upper anterior part. The joint cavity usually communicates with that of the intercarpal joint and sometimes is divided transversely into
two parts. Excretory Organs (including Suprarenal glands). On the bodies of embryos the hairs are arranged in distinct curved lines, termed hair streams (flumina pilorum), which occasionally, as at the crown of the head, become vortices. C60). As it runs through its canal it is enclosed by a strong layer of periosteum (Fig. On the other hand the
articular processes are in immediate contact by their articular surfaces. It may be double or plexiform in parts of its course and is also connected with the pudendal plexus. C91. The middle and upper conchae are projections of the ethmoid bone. Since the system innervates the musculature of the blood-vessels as well as that of the intestine, a part of
the peripheral distribution is to these, plexuses, often finely meshed, surrounding the vessels. The spermatic artery to the ovary or testis. The Vertebrae. It is completely closed laterally and posteriorly by muscular walls and anteriorly is in open communication with the nasal and mouth
cavities and, below, with the larynx. = posterior, -ius, -es proc. The ganglia connect with the cervical nerves by grey rami communicantes. It has two terminal branches (from the anterior trunk): The umbilical artery is functional throughout its entire length only until birth. In cross section it is triangular or heart-shaped. From the
lower portion of the canal the canal the canal the canaliculus for the chorda, tympanic cavity. The vagus stem on each side now approaches the hilus of the lung, into which it sends numerous strong twigs, which pass along the larger bronchi and so reach the substance of the lung along with bronchial sympathetic rami. The Obliquus inferior and
Rectus major and minor rotate toward the same side, the Obliquus superior to the opposite one; the Rectus lateralis bends the head forward. The nipple (papilla mammae) (Fig. C162) just above. C57, C58, C59. Just as ganglia are imbedded in the white substance of the cerebral hemispheres, so too in the cerebral hemispheres, so too in the cerebral hemispheres.
appears distinctly lobed, its color is grayish red and in section it shows fine vesicles, filled with colloid, which appear as dots or of the size of millet seed. Nerves and Vessels of the Neck, Axilla, Back and Thoracic Wall. Bonn, June 1931. It then runs downwards close beneath the fascia lata, in the groove between the Biceps and Semitendinosus, to the
popliteal fossa. The zygomatico-temporal anastomoses with the lacrimal nerve (Fig. It passes under the head of the caudate nucleus and in front of the anterior part), and then curves around into the temporal lobe (posterior part) (Fig. C9, C10, C11, C58, C59, C66, C67, C68.) It passes then
with the inferior alveolar artery into the mandibular canal, forming the inferior dental plexus, and leaves the canal as the mental nerve, which sends branches to the skin and mucous membrane of the lower lip. Action: Abduction, flexion and opposition of little toe. The Flexor carpi radialis arises from the medial
epicondyle and the antebrachial fascia and is inserted into the volar surface of the base 
corresponds in width to the caudate lobe. It is a long muscle, broader in front than behind, which almost covers the Rectus superior (only its lateral border remains free) and lies closely imposed upon that muscle in the posterior part of the Sinuses of the Dura Mater. The rounded apex, directed upwards, has, in the case of the
left lung, a shallow, broad groove for the subclavian artery on its medial surface. The small intestine, intestinum tenue, is a cylindrical tube about 6½ m in length, beginning at the pylorus of the stomach and ending by opening into the large intestine, gradually but markedly diminishing in diameter (from almost 4.5 to 2.5 cm) from above downwards.
The posterior surface is almost flat, the anterior surface is much shorter and almost vertical. The lower supports for the arch are the calcaneal tuberosity behind and the heads of the metatarsals in front. On the sole of the foot there is a crossing of the tendons of the Flexor hallucis longus and Flexor digitorum longus, by which both tendons fuse, so
that the strong Flexor hallucis acts not only upon the great toe, but also on the other four. Their upper surfaces are the slightly concave medial and lateral superior articular surfaces which are separated by a median elevation, the inter condyloid eminence, surmounted by two tubercles, the medial and lateral intercondyloid tubercles. A large one of
this group, the anterior lingual gland (gland of Nuhn), lies in the musculature of the tongue. The pyramid, corresponding to the lobulus biventer. The Tibialis anterior arises from the lateral surface of the tibia, the interosseous membrane and the crural fascia. They
arise in part from the larger branches of the ophthalmic artery; one of them, a. Main menu. At its opening into the caecum there is a variable, valve-like crescentic fold of the mucous membrane, directed downwards and to the right, the valvule of the vermiform process. The pineal body is a grayish-red, flattened, oval body, whose broader base is
attached to the posterior part of the roof of the third ventricle, while its apex projects backwards and downwards upon the quadrigeminal lamina. The orbiculus ciliaris is the posterior part of the retina. Muscles of the radial
border of the forearm. The Biceps brachii has two heads of origin. Action: Adduction of the fingers. It consists of long superficial and deep fibers passing from vertebra to vertebra to vertebra to vertebra to vertebra to vertebra. They form parallel, weakly defined, transverse folds on the lateral borders of the tongue, immediately in front of the root of the glosso-palatine arch (Fig. Each describes
about two-thirds of the circumference of a circle and their lumina are flattened in their planes of curvature. Not infrequently an unpaired, usually flat process, the pyramidal lobe, arises from it, extending upward to the body of the hyoid bone and tapering as it goes. The Psoas minor tenses the iliac fascia. C62, C63, C64, C65, C66. It opens usually into
the left innominate vein. Würzburg, July 1913. The transverse processes enclose a foramen (foramen transverse process. B109, C82, C83, (C86). The common facial vein, the largest branch of the internal jugular, corresponding generally but
not in detail to the external carotid artery. The central part in the parietal lobe, below the corpus callosum and at the sides of the corpus striatum, sends off prolongations, the corpus cardiac branches, usually several, run downwards, partly united with the external branch of the superior
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pharyngeal, to the posterior surface of the common carotid artery and form the cardiac plexus with branches of the sympathetic. The middle and lower spinal nerves leave the cord very obliquely in order to reach their respective intervertebral foramina. It supplies the adjacent muscles. From the mandibular (III) division: The auriculo-temporal runsian leave the cord very obliquely in order to reach their respective intervertebral foramina. It supplies the adjacent muscles. From the mandibular (III) division: The auriculo-temporal runsian leave the cord very obliquely in order to reach their respective intervertebral foramina.
 with the superficial temporal artery in front of the ear to give superficial temporal branches to the skin of the terminal branch, passes from the region of the promontory to the upper and middle portions of the rectum. The hypophysis consists of an anterior epithelial and a posterior nervous lobe. The
boundary between the body and the root is indicated on the dorsum by the foramen caecum, which leads into a quite short, blindly ending canal, the lingual (thyreoglossal) duct. The last part, which is also on the left side, is, like the small intestine, arranged in several, usually two, loops, being moveable on account of possessing a mesentery. Its
strongest curvature looks backwards and downwards. The dorsal lingual branches to the mucous membrane of the dorsum of the tongue. The cochlea has the form of a spiral canal with two and a half turns. C149, C177, C178, C212, C213. It has seemed advantageous to include the heart since in dissection it is usually considered with the other
viscera of the thorax. The Skull and the Skull Bones. By somewhat deeper sulci the superior surface is divided into the following lobes: the ala of the cases it is a boundary of the anterior part of the inferior orbital fissure and
presents one or two zygomatico-orbital foramina. The Hyoid Bone. The posterior facial vein is formed mainly by the superficial temporal veins which accompany the branches of the artery of the same name, lying in front of them. The Spinal Cord. The ligaments of the joints are covered, towards the vertebral canal, by a broad firm sheet of fibres, the
membrana tectoria, which is continuous with the dura mater at the foramen magnum and with the posterior longitudinal ligament below (see here). Its cerebral surface presents a cross-like figure, whose upper and lateral arms are formed by grooves, while the lower arm is formed by a ridge, the internal occipital crest, which passes toward the
posterior border of the foramen magnum. C135, C136. The Omohyoideus arises from the upper border of the scapular notch. The third border, turned toward the radius, is sharp; it separates the volar and dorsal surfaces and is termed the interosseous crest. It lies at about half the height of the larynx and
consists of the two vocal lips (labia vocalia) and the rima glottidis. The articulation of the pisiform and cuneiform (triquetral) bones. The deep, distinctly stronger lamina covers the Omohyoid and the posterior surfaces of the other infrahyoid muscles and, anterior to the larynx and trachea, fuses with the superficial lamina
The further branching of the bronchial rami takes place within the lung. The external maxillary (facial) artery lies in a deep groove on the upper medial surface of the gland. The Atlanto-occipital articulations act as a symmetrical double joint. C15, C18, C20, C117. The cleft-like intervaginal spaces between the sheaths of the nerve correspond to the
cavities between the cranial meninges and are in direct connection with them (the subdural and subarachnoid cavities). A328), which passes from the medial malleolus to above the transverse one, extending from the dorsal surface of the navicular to the anterior part of the
calcaneus. On the distal terminal surface, which is turned toward the hand, there is a concave carpal articular surface, usually distinctly divided into two areas. Its separation from the true pelvis is indicated by the linea terminalis. The agger nasi, a slight elevation extending from the anterior end of the middle concha towards the tip of the nose,
separates off, with the help of the anterior end of the inferior concha a flat area, the antrum of the middle meatus; this lies anterior to the middle meatus, this lies anterior end of the middle meatus, this lies anterior to the middle meatus. C64, C75. Behind, the ventricle gradually passes over into the cavity of the middle meatus, this lies anterior to the middle meatus.
the quadrigeminal lamina). The very strong and firm transverse ligament arises from the medial borders of the lateral masses of the atlas and traverses its vertebral foramen, enclosing the dens from behind. The peritoneal pouch which is thus formed in the male between the rectum and the bladder is the recto-vesical pouch, while in the female,
owing to the interposition of the uterus or posterior fornix of the vagina and the vesico-uterine pouch between the bladder. The posterior thoracic nerves divide into two branches: The dorsal scapular, which
accompanies the descending branch of the a. The Soleus takes its origin from the popliteal vessels and from the posterior surface of the tibia at and below the popliteal line. It is pierced by many blood vessels and possesses a few stronger
deeper bundles extending from the Latissimus to the Pectoralis, these being sometimes muscular and then termed the axillary arch. It is closely interwoven with the fascia of the Infraspinatus muscle and is not really an independent ligament. The sclerotic passes into the cornea in such a way that it forms a sort of groove for the reception of the
margin of the cornea (rima cornealis). The outer longitudinal layer is developed chiefly along the curvature, but bundles spread out obliquely over the body and fundus, where they are gradually lost. C174, to which passes the lateral olfactory stria. Below this fold is a usually broader portion of the rectum, the
rectal ampulla. Atlas of Human Anatomy: the exam atlas for understanding, learning anatomy The English-language Sobotta Atlas with Latin nomenclature is specifically adapted to the needs of preclinical medical students. C55, C71. The broader part of the cochlea is its base and the apex, the cupula. C331). It then curves forwards and
laterally on the lateral side of the internal and external carotids, medial to the Digastricus and Stylo-hyoideus, to reach the submaxillary region. The much larger lower aperture is bounded by the twelfth, eleventh and tenth ribs, the costal arch and the xiphoid process. The Suprarenal Glands. Usually these villi form dense vi
tufts, the arachnoidal (Pacchionian) granulations, which cause a thinning of the dura mater and may even break through it so as to lie in corresponding depressions on the inner surfaces of the bones. The superior extremity is formed by the disk-shaped capitulum and a distinct circular constriction below this is termed the neck (collum). The Abductor
digiti quinti arises from the pisiform bone and is inserted into the dorsal aponeurosis of the little finger. The inferior conchae. Nerves: The lower intercostals and branches from the lumbar plexus (iliohypogastric, ilioinguinal,
and genito-femoral). The sternum with the costal cartilages and the adjacent portions of the bony ribs forms the anterior wall of the thorax. A bicipito-radial bursa lies between the tendon and the radius. The Portal Vein. The former passes beneath the endocardium to the columnae carneae to the medial side of the anterior papillary muscle and with
these to the base of the muscle; the posterior bundle, also running beneath the endocardium, continues the direction of the left limb and so reaches the base of the posterior bundle, also running beneath the endocardium, continues the direction of the left limb and so reaches the base of the posterior bundle, also running beneath the endocardium, continues the direction of the left limb and so reaches the base of the posterior bundle, also running beneath the endocardium, continues the direction of the left limb and so reaches the base of the posterior bundle, also running beneath the endocardium, continues the direction of the left limb and so reaches the base of the posterior bundle, also running beneath the endocardium, continues the direction of the left limb and so reaches the base of the posterior bundle, also running beneath the endocardium, continues the direction of the left limb and so reaches the base of the posterior bundle, also running beneath the endocardium, continues the direction of the left limb and so reaches the base of the posterior bundle, also running beneath the endocardium, continues the direction of the left limb and so reaches the base of the posterior bundle, also running beneath the endocardium, continues the direction of the left limb and so reaches the base of the posterior bundle, also running beneath the endocardium bundle, also running bundle, also r
medial epicondyle to supply the neighboring muscles; the posterior stem goes dorsally to the epicondyle, covered by the muscles arising from it, to the cubital rete. They are destitute of hairs and of fat tissue, but, on the other hand, they are richly supplied with sebaceous glands. On the reddish-grey surface dark, blue-black to black lines (coal dust
deposits), which mark out the individual pulmonary lobules, may be seen and, further, certain deep fissures, the interlobar incisures, which separate the various lobes and pass deeply into the substance of the lungs. It is distinctly convex anteriorly. Somewhat higher, i.e. nearer the pylorus, on a small, wart-like elevation, the (lesser) papilla, is the
opening of the lesser or accessory pancreatic duct; this and the papilla may be quite small or even occasionally wanting. For its branches see here and here. The Medial Plantar Nerve. A266). The part surrounded by the gingiva is termed the neck (collum), the part projecting into the mouth cavity the crown (corona). Absolutely destitute of hairs are
only the skin of the volar surface of the hand, the plantar surface of the fingers and toes and, in addition, the dorsal surface of the fingers and toes, the glans penis, the inner surface of the fingers and toes and, in addition, the dorsal surface of the fingers and toes and the red portion of the lips. The cavernous
portion is much the longest part of the male urethra and its walls are the corpus cavernosum urethrae. In its outward form this first volume of the work is treated throughout as an Atlas, is arranged primarily for use by classes in dissection and follows closely the usual methods employed in such classes. The thoracic portion of the Vagus Nerve. The
coccygeal ganglion, small and unpaired, is situated on the coccyx and is the end of the trunks. Hajek has drawn the illustrations in a thoroughly satisfactory manner. The Bucinator crest of the mandible, the posterior end of the alveolar process of the maxilla and the pterygo-mandibular raphe. The quadrate lobe has a pyloric
impression. The tendons of the Flexor digitorum longus and Tibialis posterior cross one another above the medial malleolus, so that that of the lactinate ligaments (see Fig. The testis and epididymis are contained within a serous membrane, the tunica vaginalis, whose visceral layer covers the testis
completely, except over the area where the vessels enter, and the epididymis partly, being reflected from the head and tail of the latter to the posterior surface of the testis, forming the superior and inferior epididymal ligaments. The xiphoid process is usually only partly bony, being usually cartilaginous in its lower part. Nerves: Posterior rami of the
spinal nerves. C55, C56. The use of yellow, red and blue colors is naturally merely conventional, although they approximate the natural tints. helicis major is an elongated flat muscle, which external branch. e. = ligaments m. From
its posterior extremity the hinder part of the temporal line passes upwards and backwards to be continued upon the parietal bone. Through the inferior orbital fissure there occasionally pass small anastomoses to the pterygoid plexus and to the anterior facial vein. The wall of the intestine is quite thin. Between the atria and the terminations of the
various veins, for instance between the left atrium and the left pulmonary veins, there are pockets which are sometimes deep, but blind, that between the inferior vena cava and the lower left pulmonary veins, there are pockets which are sometimes deep, but blind, that between the inferior vena cava and the left atrium and the left pulmonary veins, there are pockets which are sometimes deep, but blind, that between the inferior vena cava and the lower left pulmonary veins, there are pockets which are sometimes deep, but blind, that between the inferior vena cava and the left atrium and the left atrium and the left atrium and the left atrium and the lower left pulmonary veins, there are pockets which are sometimes deep, but blind, that between the inferior vena cava and the lower left pulmonary veins, there are pockets which are sometimes deep, but blind, that between the inferior vena cava and the lower left pulmonary veins, there are pockets which are sometimes deep, but blind, that between the inferior vena cava and the lower left pulmonary veins, there are pockets which are sometimes deep, but blind, that between the inferior vena cava and the lower left pulmonary veins, there are pockets which are sometimes deep, but blind, that between the left atrium and the left atrium and the left pulmonary veins are sometimes deep, but blind, the left atrium and the left atrium atr
of the eyeball. This is of a dark red color, due to its blood content, since, in addition to large blood corpuscles, which undergo destruction in the spleen. Action: Extension of the forearm. It has a broader upper and anterior or dorsal surface and a somewhat smaller urethral surface, below and behind
They are also partly muscles of the isthmus of the fauces, which they may contract. C131, C132, C133, C134S. If only one acts, the head is drawn to the same side and rotated towards the opposite one. It is inserted into the terminal phalanx of the thumb. The portal vein is a short and large venous trunk that is formed by the union of the superior
mesenteric and splenic (lienal) veins, behind the neck of the pancreas. The outlet (apertura inferior) is bounded by the arcuate ligament, the symphysis, the ischial tuberosities, the inferior rami of the pancreas. The Pharyngo-palatinus (Palato-pharyngeus) is formed
from the middle and inferior constrictors of the pharynx. In the female the false pelvis is lower, broader and flatter, and the ala of the ilium, is the anterior spine. Each has a strongly convex anterior and posterior surface, separated by rounded medial
and lateral borders, the latter being convex, while the former at its middle is concave to form the hilus. Posterior branches to the skin and muscles of the lumbar region and send spinal branches to the spinal cord. It is very variable in size. The tarsus of both the upper and the lower eyelid is traversed throughout its entire height by the tarsal
(Meibomian) glands, which lie in a single layer, parallel to one another, their ducts opening at slight intervals from one another along the posterior palpebral limbus. C37, C38, C39, C49, C50. Part of the socket is, therefore, nearly in the vertical plane and part almost horizontal, so that the head of the ulna rests upon the lateral as well as the lower
surface of the socket. The thorax is formed by the twelve thoracic vertebrae, the twelve pairs of ribs and the sternum. The anterior as well as the lateral surfaces are hollowed out (consequently the contact surfaces are hollowed out (consequently the contact surfaces are hollowed out (consequently the middle of the bodies). The Veins of the Face. Usually their greatest
height is near their anterior ends; posteriorly they become much lower and lose themselves in the frenulum, in front of the posterior commissure. C111, C112, C113. The Radius. It then crosses the lateral surface of the Hyo-glossus, which separates it from the lingual artery, and passes to the tongue. The wide spaces of the diploë contain blood-
vessels, especially venous plexuses but no red marrow; where the bones become thin the diploë is greatly reduced and may even be wanting. The posterior, which are for the most part slender and thin, are not altogether
irregular in their arrangement, but are influenced to a large extent both in their structure and their arrangement by pressure on the one hand and by the pull of muscles on the other. Nerve: The lateral plantar; Action: Assists the flexor digitorum longus, correcting its oblique pull. At the lower end of this is the common opening of the bile duct and their
greater pancreatic duct, which usually before reaching the opening forms a small enlargement of the fold, the duodenal diverticulum (greater duodenal papilla). The first cartilage, however, is always united to the manubrium by a synchondrosis. The insertion is into the ulnar sesamoid bone of the metacarpo-phalangeal joint of the thumb. The
infundibulum is attached above to a soft grey mass, the tuber cinereum. These are: Neck: Sternomastoid, clavicular head (sternal end of clavicle). The frontal plate forms the principal part of the bone. It is convex forward and lies between the plantar Interossei and the oblique head of the Adductor hallucis. In addition the pericardium surrounds the
pulmonary artery up to its division and the short portion of the inferior vena cava that is above the Diaphragm. The very narrow mastoid canaliculus begins as a groove in the jugular fossa, passes through the lower portion of the facial canal and opens in the tympano-mastoid fissure. C84, C88, C96, C97. Its lower posterior angle is termed the angle of
the mandible. The middle collateral artery is frequently the direct continuation of the main stem; it penetrates the medial head of the Triceps and runs to the seventh rib is in the angle between the body and the xiphoid process. Perineal
branches to the skin of the perineum. It has an irregular cubical form, tapering toward the lateral border of the foot. or ven. The Stapedius (Fig. It differs from the cerebrum by its darker (reddish brown) color and by the close succession and regular arrangement of its surface furrows (see below). The fossa represents the external or subcutaneous
ring, that is to say, the lower opening of the femoral canal (see here). The Anterior Tibial Artery. The Internal Mammary Artery and Vein. The frontal notch to the forehead. The Occipital Bone. The vestibular crest terminates above in a sharp projection, the pyramid,
and below in two limbs that bound a flat depression. They supply the skin of the medial side of the foot and the posterior part of the plantar region. The bones of the thumb, the metacarpal as well as the two phalanges, are placed with their surfaces directed laterally and medially, instead of dorsally and volarly as in the other fingers; the bones of the
thumb, therefore; turn towards the dorsum of the hand a border and not a surface of the brain, where the brain surface is separated to a greater extent than usual from the inner surface of the dura mater, the subarachnoid space is increased
to form cavities, the subarachnoid cisternae, filled with cerebrospinal fluid. The body can be divided into a number of regions that are shown on Fig. art. At the bottom of the follicle the hair is attached to a papilla. The tympanic cavity (Fig. It then passes upon the ventralsurface and unites with its fellow of the opposite side, opposite the line of
junction of the medulla oblongata and pons, to form a single trunk, the basilar artery. The Ischiocavernosus is similar in form in both sexes, but is much more strongly developed in the male than in the female. The surface for the
Quadratus lumborum and the hepatic impression on the anterior surface, the left kidney having also gastric, pancreatic, colic and splenic (lienal) impressions. here and here.) Fig. As a result the sagittal diameter of the thorax is small, much smaller than the transverse, especially in the upper part. (cf. The stronger body hairs usually are arranged in
groups, as is the case with the hairs of the head. It arises with the Rectus superior by a small, short tendon from the tendinous ring (see here), it consists of striated muscle tissue and is covered by fascia in its anterior portion. The interosseous membrane is very similar to that of the forearm and like this, extends between the interosseous crests of the
two bones. The costo-clavicular ligament is only functionally apart of the greater projection of the male is heart-shaped on account of the median nerve and to the musculo-cutaneous nerve. A184, A185, A186) have
completely united with the diaphyses, whose ossification began in embryonic life. The eyeball, bulbus oculi, is almost spherical, but its anterior sixth (corneal segment) has a stronger curvature than the rest. The width of the column is greatest at the upper part of the sacrum; from this level the vertebrae become gradually smaller toward the coccyx
and also upwards toward the middle of the thoracic region. The Teeth. On its medial wall there is a pronounced rounded elevation, the calcar avis, which is produced by the calcarine fissure. Below this it bends under the tendons of the Abductor pollicis longus and the Extensor pollicis brevis to the dorsum of the hand, traversing the radial foveola
(tabatière), and there passes between the two heads of the first dorsal Interosseous muscle to the volar surface of the hand to form the deep volar arch. The endolymphatic duct and sac are very rudimentary in man. It is interposed between the cerebellum and the cerebrum, is convex above and concave below and has attached to it in the median line
the posterior edge of the falx cerebri. This, covered by the parotid gland, accompanies the terminal portion of the external carotid artery into the submaxillary region. The part of the cavity immediately below the glottis is termed the inferior entrance (aditus) of the glottis. The costo-transverse articulations possess a loose capsule and are
characterized by possessing a whole series of accessory ligaments. That the ossification processes not infrequently do not go on synchronously on the two sides of the body. Frequently, but not always, the
first upper molar has a super-numerary tubercle, usually very small, at the base of the anterior lingual tubercle. It is a small, flattened, plexiform body, which receives branches from the meningeal plexus and the lesser superficial petrosal nerve
from the glosso-pharyngeal (see here). The Transversus perinei profundus lies in the urogenital trigone. X after a name denotes that the part indicated has been cut away or cut through. They are constant only in the thoracic region. The lateral antebrachial cutaneous nerve is the sensory terminal branch of the musculo-cutaneous. It has a long gyrus
and short gyri. Nerve: All five muscles are supplied by the suboccipital nerve, the posterior ramus of the first cervical. A process of the gland, the retromandibular process, extends beneath the ramus of the mandible to the posterior belly of the Digastricus and to the muscles arising from the styloid process, surrounding as a compact mass of
glandular tissue the external auditory meatus; this portion constitutes the main mass of the entire gland (see Fig. The anterior border of the right lung is almost straight, but that of the left lung has an incision, the cardiac incisure, which allows the pericardium to be seen. The lowest lumbar veins open into the middle sacral vein and this into the left
common iliac; this passes over the middle sacral vessels, but behind the right common iliac artery. C8, C9, C10, C13, C23, C25. In the upper portion, lateral to the medial eminence, there is an elongated area which has a dark color in the fresh brain and is called the locus caeruleus. The inner plate has at its base an elongated shallow depression, the
scaphoid fossa, and at its lower end and separated from it by a groove, the hamulus. The Cerebral Veins. On the posterior surface, the posterior surface, the posterior median sulcus extends to the fasciculi gracilis and cuneatus. between the pyramid and the olive, the
root fibres of the hypoglossal nerve (XII) and farther laterally the ninth and tenth nerves, the glosso-pharyngeal and vagus, while the eleventh, the accessory, passes into the skull cavity through the foramen magnum, but receives roots from the medulla oblongata below the vagus. It supplies the abdominal muscles and passes through the inguinal
canal to the skin of the mons pubis and of the external genitals as the anterior scrotal (labial) nerve. Further, one may perceive the apposition of the pharynx to the hase of the external genitals as the anterior scrotal (labial) nerve. Further, one may perceive the apposition of the pharynx to the hase of the external genitals as the anterior scrotal (labial) nerve.
and of the new-born child are distinctly lobed. Nerves: From the cervical and brachial plexuses. The cavernous sinus at the sides of the sella turcica, encloses the internal carotid artery and the abducens nerve (see here and here). C51, C52, C53, C54, C55, C56, C57, C68, C69. Between the medial crura is the aortic opening (hiatus); in the muscular
part of its lumbar portion, the oesophageal opening; and in the central tendon, the foramen for its radial part of the aponeurosis divides into several processes, which practically agree in number with the toes, but transverse fasciculi are
hardly noticeable, a condition contrasting with that of the palmar aponeurosis where they are very noticeable (see here). The Arytaenoideus obliquus arises from the muscular process of one arytaenoid and passes to the apex of the other. The Skeleton of the Trunk. Nerve: The median for the superficial head, the deep volar branch of the ulnar for the
deep head. C149, C178, a rudimentary gyrus situated in front of the anterior perforated substance, Fig. The sharp curved border that forms the posterior, upper and upper part of the anterior circumference of the auricle is termed the helix. Finally fibres also pass from the (contralateral) cells of the cord to the
thalamus, the spino-thalamic tract. Since the two upper conchae are by no means as long as the nasal cavity, there is a common space in front of their front ends and behind their hinder ends; the anterior space has already been considered (see here); the posterior is the naso-pharyngeal meatus. hemiazygos. The musculus (azygos) uvulae, usually
unpaired, arises from the posterior nasal spine and passes to the uvula. The upper articular process of the last sacral vertebra forms a process, the sacral cornu, for articulation with the last lumbar vertebra, while the lower process of the last sacral vertebra forms a process, the sacral vertebra forms a process, the sacral vertebra forms a process, the sacral vertebra forms a process of the last sacral vertebra forms a process.
phonation position it is markedly wider than the rima glottidis, so that on looking into the anterior column and, separating the anterior and lateral funiculi, come to the surface in the anterior lateral sulcus. Above the superior concha
 between it and the roof of the nasal cavity, there is a pocket-like depression, the spheno-ethmoidal recess. The synovial folds of the knee joint are the alar and patellar folds. The lateral wall is slightly concave and almost sagittal in position. The Thyreo-pharyngeus from the
lateral border of the cricoid cartilage. In front of the tip of the coccyx it terminates in a vascular knot, the glomus coccygeum. The Glutaeus minimus arises from the lateral surface of the ala of the ilium, between the anterior and inferior gluteal lines. It has an irregular, rough surface, for articulation with the nasal bones and the frontal processes of
the maxilla and, in addition, the frontal spine, directed downwards and serving for the fixation of the bones that form the skeleton of the nose. On the posterior surface of the ventricle over its rounder border to the posterior surface, where they bend
salivary glands, the parotid, the submaxillary and the submaxillary and the sublingual which lie outside the boundaries of the index is the longest the phalanges of the mouth cavity. The Visceral Branches. Close side sheet. While the metacarpal bone of the index is the longest of all the fingers. The artery
of the penis, the terminal branch, is the direct prolongation of the main stem along the inferior ramus of the maxilla to the posterior superior alveolar, of which there are frequently several, passes through foramina in the maxilla to the posterior superior alveolar, of which there are frequently several, passes through foramina in the maxilla to the posterior superior alveolar, of which there are frequently several, passes through foramina in the maxilla to the posterior superior alveolar, of which there are frequently several, passes through foramina in the maxilla to the posterior superior alveolar, of which there are frequently several, passes through foramina in the maxilla to the posterior superior alveolar, of which there are frequently several, passes through foramina in the maxilla to the posterior superior alveolar, of which there are frequently several, passes through foramina in the maxilla to the posterior superior alveolar, of which there are frequently several in the maxilla to the posterior superior alveolar in the maxilla to the posterior superior superi
and loose, especially anteriorly and posteriorly. It extends as a dense membrane from the superior temporal line to the zygoma and at about the middle of its course it splits into two laminae, a superficial and a deep, between which there is some fat tissue. The Conducting System of the Myocardium. The canines have a long conical form. Table of
Ossification (from Grashey) The wavy lines indicate the amount of variation in the appearance of the centres. The long and short posterior ciliary arteries accompany the optic nerve to the eyeball and pierce the sclerotic. Action: Pronation. C72, C115, C117. From the ventricles the blood is driven into the arteries, the blood stream in these being
directed centrifugally. Over these structures the fascia is especially strong and it is firmly fused with the tendinous portion of the atrioventricular bundle is Tawara's node (atrioventricular nodule), an elliptical thickening of the musculature of the atriol septum,
measuring 0.6 mm in its longest diameter. Nerve: The spinal accessory (and branches of the cervical plexus). C61, C62, C63. The Skeleton of the Right Lower Extremity. At its insertion it forms with the tendons of the Gracilis and Semitendinosus the pes anserinus, beneath which are one or two bursae. Extensions from the tendon to the fascia of the
lower leg form the patellar retinacula. The Glosso-palatinus (Palato-glossus) is formed from the transverse fibres of the tongue. Its middle, firmer portion is termed the middle hyo-thyreoid ligament, while the lateral portions, which unite the tip of the greater cornua of the hyoid bone to the superior cornua of the thyreoid cartilage, are known as the
lateral hyo-thyreoid ligaments. C36. At the base of the crown immediately above the neck there is a thickening, the tubercle. At their points of insertion there are usually small bursae. Mr. K. The musculo-phrenic artery, one of the terminal branches, is the principal supply of the thoracic surface of the diaphragm. Between the two halves of the
mandible the remains of a suture are visible; the rami are almost in the same line as the body, i. Its duct is very thin, but rather long (4-5 cm), and runs forwards and downwards through the bulb of the urethra at the beginning of its cavernous portion. The bones of the proximal row do not lie in a straight line, but form an arch
slightly convex proximally and deeply concave distally. Corresponding to the function of the hand as a grasping organ the fingers are strongly developed, forming almost half the length of the pupil. Furthermore, this same vertebra has feebly
developed transverse processes. A305), by uniting firmly with the dorsal surface of the lower end of the radius. C14, C15, C75. The nerves accompany the branches of the bronchi. The cavity of the true pelvis is larger. or ligam. The shaft (corpus) of the
femur is almost cylindrical, but toward its lower end it broadens and becomes triangular-prismatic with rounded borders. The inner surface of the sclerotic is united to the middle coat by a thin layer of delicate pigmented tissue, the lamina
fusca, an exceedingly thin perichorioidal space intervening. The Muscles of the Flexor Surface. The Pericardium. In its other relations it does not entirely correspond with the artery (Fig. The Bulbo-cavernosus arises in the male from the under side of the bulb of the corpus cavernosum urethrae and inserts into the corpus cavernosum penis. The
palpebral portion has its origin in the medial palpebral ligament and inserts into the lateral palpebral raphe, while the lacrimal portion (Horner's muscle) is attached medially to the posterior lacrimal crest and fuses laterally with the palpebral portion. C62, C255. The division is at an acute angle, so that the right limb passes to the right ventricle, lying
in the same plane as the crus commune, while the left limb bends to the left, gradually separating from the crus commune. The Right Ventricle. Only in the pyloric portion does it form an almost continuous layer, especially thick on the anterior and posterior surface, forming there the so-called pyloric ligaments. The external iliac vein begins in the pyloric portion does it form an almost continuous layer, especially thick on the anterior and posterior surface, forming there the so-called pyloric ligaments.
lacuna vasorum as the direct continuation of the femoral vein. Its main branches, the three great trunks for the upper parts of the body, arise from the concave surface. The Stylo-hyoideus arises from the styloid process of the temporal and is
separated by the superior orbital fissures. They also contain Gower's lateral cerebellar tract. The Pterygoideus internus arises from the pterygoid process. C284), which is curved in correspondence to the lids. It also frequently has a
tendinous inscription in its lower part, and inserts into the outer surface of the thyreoid cartilage. The Popliteal Artery. At the opening of the inferior vena cava (Eustachian), which is placed between the opening of the vein and the right atrio-ventricular
opening. Of the epiphyses of long bones those that are the earliest to appear are those of the formation of the knee-joint, the distal epiphysis of the femur and the proximal of the tibia, the formation of the knee-joint, the distal epiphysis of the femur and the proximal of the tibia, the formation of the knee-joint, the distal epiphysis of the femur and the proximal of the tibia, the formation of the knee-joint, the distal epiphysis of the femur and the proximal of the tibia, the formation of the knee-joint, the distal epiphysis of the femur and the proximal of the tibia, the formation of the knee-joint, the distal epiphysis of the femur and the proximal of the knee-joint, the distal epiphysis of the femur and the proximal of the knee-joint, the distal epiphysis of the femur and the proximal of the knee-joint, the distal epiphysis of the femur and the proximal of the knee-joint, the distal epiphysis of the femur and the proximal of the knee-joint, the distal epiphysis of the femur and the proximal of the knee-joint, the distal epiphysis of the femur and the proximal of the knee-joint, the distal epiphysis of the femur and the proximal of the knee-joint, the distal epiphysis of the femur and the proximal of the knee-joint, the distal epiphysis of the femur and the proximal of the knee-joint, the distal epiphysis of the femur and the proximal e
median and lateral glosso-epiglottic folds, between which, on either side, there is a depression, the epiglottic vallecula. the central lobule of the hemisphere. C59. The Inferior Vena Cava (pelvic part). A peculiarity of the shoulder joint is that it is traversed
throughout its entire length by a tendon, that of the long, head of the Biceps. The Radio-carpal Articulations, are three joints, one between the metatarsal of the great toe and the medial cuneiform, a second, between the bases of the second and
third metatarsals and the middle and lateral cuneiforms, and a third, between the fourth and fifth metatarsals and the cuboid. Not infrequently also Pacchionian depressions (foveolae granulares) which may be of considerable depth, especially in middle and old age
The medial angle of this edge is sharp, the lateral rounded. On its posterior surface the medial malleolar groove for a muscle tendon. The muscle arises like the others, chiefly from the tendinous ring, but with a small head (lacertus) from the spine on the border of the superior orbital fissure. It has the form of a shallow
funnel, whose apex is perforated by the rectum; in this region the fibres of the External sphincter ani pass over into the Levatores ani. The median cubital vein is an oblique anastomosis between the basilic and cephalic veins, which are high in the ampulla,
lower in the isthmus. The swollen end of this portion of the bone is termed the tuberosity; it presents several small alveolar foramina and also a pterygo-palatine groove, which completes the canal of the same name (see here). The surface of the tympanic membrane that is turned towards the lumen of the external auditory meatus is covered by the
external skin, greatly diminished in thickness, while the surface turned towards the tympanic cavity is covered by mucous membrane. In addition, the parolfactory area, on the medial surface of the hemisphere, below the genu of the corpus callosum, belongs to the anterior portion of the rhinencephalon. The first rib is short and broad. It gives off
Pancreatic branches to the body and tail of the pancreas. The cartilaginous septum is usually bent either to one side or the other. They articulate with the cuboid. Some branches of the right nerve, the phrenico-abdominal, traverse the
diaphragm and pass to the muscle from the under surface; a sensory pericardial branch goes to the pericardial branch goes to
together by intervertebral discs. It gives origin to the ulnar, the medial root of the medial cutaneous and the medial antibrachial cutaneous and the medial antibrachial cutaneous nerves. Bone Structure. While the cartilaginous portion has a narrow cleft-like lumen, that of the bony portion, corresponding with the caliber of the bony canal m which it lies, is relatively
wide and rounded triangular. On the other hand there are others, such as the openings of the accessory cavities of the nose, that are evident in the cavity covered with mucous membrane. The right one is broad and shallow and is divided at about its middle by the caudate process of the caudate lobe (see below) into an anterior fossa for the gall
bladder and a posterior fossa for the canal 
laterally it has opening into it the antrum and the mastoid cells. A slight furrow on the posterior surface divides the chief mass of the gland into two imperfectly separated portions, the right and left lobes. In the median line it is traversed by a shallow groove, the basilar sulcus. Gradually, however, the oesophagus passes more and more to the left and
in front of the aorta, which thus separates it from the bodies of the vertebrae, and later it passes very obliquely across the front of the aorta and curves at once around the posterior surface of the sacro-spinous ligament to pass through
the lesser sciatic foramen to the lateral wall of the ischio-rectal fossa. Its form is in general that of the lid, and consequently the higher upper lid has a higher tarsus than the lower. C15, C16, C17. A small process projecting toward the palating
bone. Each ramus presents a medial surface, turned towards the oral cavity, and a lateral surface. It runs free for a short distance (marked by * on Fig. The union may be a synchondrotic one or else diarthrotic. It pierces the fascia about midway down the lower leg and unites with the preceding to form the following. The Rectum. The inferior portion
has a triangular grey area beside the medial eminence, the hypoglossal trigone, and just below the medullary striae there is another triangular grey area, the ala cinerea (vagus-glossopharyngeus nucleus). The Accessory Nasal Sinuses, sinus paranasales. This surface, at least in the ribs that articulate with the bodies of two vertebrae, is divided into
two portions by the capitular crest. It is divided by the septum into two symmetrical halves, each of which has an anterior opening at the nostrils (nares) and a posterior one, the choana, which leads into the pharynx. The walls of the thorax enclose the thorax encloses the thorax 
the bicuspid valve are two large papillary muscles, very constant both in number and position. The inferior labial to the lower lip. Action: Draws the mandible forward. C12. On all the walls of the tympanic cavity, except on the promontory and the epitympanic recess, there are groove-like depressions, the tympanic cavity, except on the promontory and the epitympanic recess, there are groove-like depressions, the tympanic cavity, except on the promontory and the epitympanic recess, there are groove-like depressions, the tympanic cavity, except on the promontory and the epitympanic recess, there are groove-like depressions, the tympanic cavity, except on the promontory and the epitympanic recess, there are groove-like depressions, the tympanic cavity, except on the promontory and the epitympanic recess, there are groove-like depressions, the tympanic cavity, except on the promontory and the epitympanic recess, there are groove-like depressions, the tympanic cavity, except on the promontory and the epitympanic recess, there are groove-like depressions, the tympanic cavity, except on the promontory and the epitympanic recess, there are groove-like depressions are groove-like depressions.
cellules into the beginning of the tuba auditiva. C80, C84, C85. The subscapular nerves, several small branches to the Subscapular nerves and Teres major, a larger thoraco-dorsal nerve passing to the Latissimus dorsi with that process. The larger orbital
process looks laterally and anteriorly, forms a small part of the floor of the ethmoidal suture and with the maxilla in the palato-maxillary suture, closing along these sutures the adjacent ethmoidal suture and with the maxilla in the palato-maxillary suture, closing along these sutures the adjacent ethmoidal suture and with the maxilla in the palato-maxillary suture, closing along these sutures the adjacent ethmoidal suture and with the maxilla in the palato-maxillary suture, closing along these sutures the adjacent ethmoidal suture and with the maxilla in the palato-maxillary suture, closing along these sutures the adjacent ethmoidal suture and with the maxilla in the palato-maxillary suture, closing along these sutures are sufficient end of the suture and with the maxilla in the palato-maxillary suture.
neither communicating with the other carpo-metacarpal joints nor with the intercarpal. Its roof is formed anterior welulary velum and in part by the pia mater, lined with ependymal epithelium and forming the tela chorioidea of the fourth ventricle, and partly
by the posterior medullary velum. They are situated one on either side of the orifice of the vagina and are elongated bodies, rounded and thickened posteriorly and flattened on the reception of the head of the radius. The External Auditory (Acoustic)
Meatus. In contrast to the brachial fascia the antibrachial has well developed longitudinal fibres, which are especially strong and tendon-like where the fascia becomes aponeurotic and muscle fibres arise from it. Of the 34 colored plates 30 are reproduced by this process, the remaining 4 by the method of three (four)- color printing, again used for the
first time in this connection. The former presents anteriorly the lacrimal groove, which is bounded posterior portion of the superior lacrimal crest. Of the so-called borders of the heart only the right one really deserves the name and then only in hearts empty of blood. It is consequently limited in the adult usually to the anterior portion of the superior
mediastinum, where it lies imbedded in the so-called retrosternal fat body. It is perforated laterally by an opening for the passage of the superior laryngeal nerve. C17. Into it there are three openings; the foramen rotundum leading from the skull cavity, the opening of the horizontal pterygoid canal, which passes backward in the root of the pterygoid
process to the foramen lacerum, and the spheno-palatine foramen leading into the nasal cavity. This third joint is a rotary joint with incompletely formed articular surfaces, since the dens is covered by cartilage only on its anterior and posterior surfaces, since the dens is covered by cartilage only on its anterior and posterior surfaces, since the dens is covered by cartilage only on its anterior and posterior surfaces.
 backwards a narrow band, the rostrum, which passes towards the anterior commissure and thence extends as the rostral lamina towards the terminal lamina of the facial canal is a small, conical, hollow elevation, the pyramidal
eminence. It gives off branches to the external auditory meatus, parotid branches to the gland, anterior auricular branches to the external auditory meatus, parotid branches to the external auditory meature.
anteriorly, and posteriorly and below by the vomer (see Fig. The left pulmonary veins have only a short course within the pericardium, the right veins a longer one. The ala of the ilium has somewhat
the form of a broad flat shovel. The former passes upwards between the flat muscles of the back, the latter downwards, mainly between the tendons of the Flexores digitorum to the volar surfaces of the basal phalanges.
This reflexion of the parietal into the visceral layer takes place only at two regions and not at each of the eight vessels that pass through the pericardium. The Interossei lie in the intervals between the metacarpal bones. C29, C31) supplying a part of the skin of the shoulder, there are the following: The lateral brachial cutaneous nerve from the
axillary (see here). Muscular branches to the adjacent muscles. The superior cerebellar arises from the anterior end of the basilar and passes over the anterior part of the pons and Plexuses of the Neck and Head. We'd be deeply grateful
if you'd join the one in a thousand users that support us financially. The lesser alar cartilages are rather constant, small pieces of cartilages are rather constant, small pieces of cartilages. The gracilis ends below the calamus scriptorius in an enlargement, the clava, and the cuneate somewhat
higher in a less evident cuneate tubercle. Between it and the upper wall is the superior orbital fissure and between it and the lower wall is the superior orbital fissure. Further, it has a folded surface, fine, almost concentric, folds being crossed with coarser radiating ones, the latter becoming closer and more numerous towards the pupillary margin.
intermedius) is given off to join the lingual nerve (see here). The nails (Fig. The body is the thickest and most posterior part of the bone and bears on its upper surface an articular surface, the trochlea, covered with cartilage and articular surface, the trochlea, covered with cartilage and articular surface an articular surface and articular surface and articular surface and articular surface.
the uppermost pair of these lies between the second and third cervical vertebrae and the lowest pair between the fifth lumbar vertebra and the sacrum, so that there are altogether 23 pairs of foramina. The splenic (lienal) branches to the hilus of the spleen. It lies closely medial to the artery, and is usually a single stem on either side of the body,
although at its origin on the diaphragm its branches are doubled companion veins. It accompanies the saphenous nerve for a distance, and divides into muscular branches to the rete genus. Below, the pterygoid processes divide into a smaller inner and a broader outer plate (lamina) separated in their
upper part by a groove, the pterygoid fissure, which is filled by the pyramidal process of the palatine bone. The two surfaces pass into one another by rounded convex lateral surfaces. The membranous portion is about 1 cm in length and runs almost perpendicularly through the musculature of the
urogenital trigone. It consists principally of the paired semilunar coeliac ganglia, which receive the great splanchnic nerves, and of the superior mesenteric ganglion, situated behind the origin of the superior mesenteric ganglion, situated behind the origin of the superior mesenteric artery. Except in the abdominal part, which receives a serous investment from the peritoneum, the oesophagus is imbedded in loose
adventitious connective-tissue. Superficial subinguinal nodes, 7-12, partly very large, lie parallel with the long axis of the thigh in the region of the posterior hemisphere of the eyeball rests and moves. Two surfaces of the petrous portion,
the anterior and the posterior, look toward the skull cavity; the third, inferior, is at the base (not labelled) forms the medial wall of the tympanic cavity; the third, inferior (intraabdominal part). = nervus, nerve nn. Action: Slight movement of the nose, especially of the ala. In addition to some connective
tissue, rich in fat, the two peritoneal layers of the lesser omentum also enclose in this region the hepatic lymph nodes (lymphoglandulae). Instead of using photographs of the cadaver, those of an athletic man of small stature were taken as a foundation. The motor or pyramidal tracts from the cortex of the central gyri, through the internal capsule and
the basis of the cerebral peduncle to the spinal cord and to the motor cranial nerves in the medulla oblongata, pons, etc. The Semispinalis has three portions. The first group is represented by the External sphincter ani, which is composed of striated muscle fibres in contrast with the smooth fibres of the rectal wall (see Figs. The bony
semicircular canals contain the membranous ones and, as in the case of these, two are vertical and one horizontal. C326). The dorsal fascia of the two tubae is an unpaired pharyngeal tonsil, which usually becomes rudimentary in the adult
The mastoid portion has as its chief part the large mastoid process, which forms the whole outer surface of this portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by its occipital margin with the squamous portion of the bone; it articulates by the parietal and by the bone; it
these three conchae the lateral portion of each cavity is divided into three passages (meatus); the superior and the inferior concha and the floor of the cavity. The vitreous body fills the large cavity of the eyeball,
situated behind the lens; it is spherical in form, but on its anterior surface where it is in contact with the lens it has a hyaloid fossa. It is inserted into the contrary, have three conical roots, two buccal and one lingual or palatal; their tips are also curved.
A64, A65). Second Layer. One of its walls is attached to the free edge of the bony spiral lamina and it separates completely the scalae of the cochlea (see here), which, without it would
pass into one another at the free edge of the bony spiral lamina. Nerves: The Intercostals are supplied by the intercostal nerves which run between the external and internal. The pterygoid processes extend almost vertically downwards, almost parallel with one another, from the under surface of the body of the sphenoid; they arise on each side by two
roots which enclose between them the pterygoid(Vidian) canal, which is directed almost horizontally in the sagittal plane. Its upper border is broad and forward on the lateral wall of the pelvis and passes through the obturator canal with the obturator
vessels. C18, C72, C114. The Adductor hallucis consists of two distinct portions. Its branches are: The deep brachial and long heads of the Triceps in the groove for the radial (musculo-spiral) nerve. The Ulna. Its mostly
concave surface shows orbital gyri and sulci and, parallel to the longitudinal fissure, the olfactory sulcus, in which lies the olfactory bulb, to which branches of the temporal to the lesser cornu of the hyoid.
C315, C317, C318) fastens the head of the malleus in the epitympanic recess to the under surface of the tegmen tympanic recess to the under surface of the demonstration for the abdominal cavity (below the transverse color
and mesocolon). thyreoidea ima arises from the unpaired venous plexus of the thyreoid and passes downwards, practically in the median line, in front of the trachea. The medial lamina is especially thickened at the opening into the pharynx and forms there the projecting torus tubarius. Nerve: Phrenic from the cervical plexus. The parietal bone is
large quadrangular flat bone, convex on its outer surface and concave on its inner. b) The Suprahyoid Muscles. The entire internal ear lies in the petrous portion of the temporal bone. The Rhomboideus major arises from the spinous processes of the upper four thoracic vertebrae and inserts into the vertebral border of the scapula, below the spinous processes of the upper four thoracic vertebrae and inserts into the vertebrae and in
C37, C38, C39. The costo-cervical trunk of the subclavian artery. It lines the entire cavity of the heart, including the muscular elevations on the wall of the right atrium and open directly into the atrium by the foramina venarum minimarum. The entire
cavity of the eyeball behind the lens, is filled by the vitreous body (vitreous humor), a semifluid mass. C120, C123, C124, C125, C126, C127, C128, C127, C128, C129. The layer is weakest on the auricles, which are otherwise rather rich in muscle. By the umbilical ligaments and by the epigastric folds formed by the blood vessels of the same name, five
shallow depressions are formed upon the anterior abdominal wall, the supravesical fovea, between the ligaments, and the paired medial and lateral processes. Where the pubis and ilium meet there is a low, rounded elevation, the
iliopectineal eminence. The joint cavity is completely divided into two parts by an articular disk, whose circumference is united with the articular capsule. The falx cerebri a median sickle-shaped plate projecting into the longitudinal cerebral fissure. The cartilage of the external auditory meatus begins at its lateral end in the lamina tragi and is a
trough-like semicanal whose posterior and upper portion is bridged over by connective tissue. The medial border of the foot and to the medial malleolar rete (see here). The Spheno-palatine Ganglion. A thin membrane stretched between the two limbs of the stapes is termed the obturator membrane (Fig. =
 ramus, rami. The vomer is a flat, quadrangular bone which forms the lower and posterior portion of the nasal septum. A bursa lies beneath the origin of the medial head of the Gastrocnemius and another beneath the origin of the medial head of the Gastrocnemius and another beneath the origin of the medial head of the medial head of the Gastrocnemius and another beneath the origin of the semimembranosus; both may communicate with the knee joint. The orbital septum is a fascia-like, connective tissue
structure at the opening of the orbit, like a diaphragm perforated at its center. The lamina is three times as high as it is thick and on its upper border it bears articular facets for the arytaenoid cartilages. The sheath of the Rectus serves as its fascia. Peculiar to the union of the first two cervical vertebrae with the occipital bone are the atlanto-occipital
membranes, which serve to close the wide intervals between the atlas and the occipital and between the atlas and axis (epistropheus). The Deep Oblique Group of Extensors. In the median line the mucous membrane is raised into a low ridge, the raphe, and at the anterior end of this, at a point corresponding to the incisive foramen, there is an
elongated, wart-like elevation, the incisive papilla, and anteriorly on either side three or four transverse palatine folds, which often disappear in old age, but may be in greater number in the new-born child. It connects the cavernous sinus with the transverse. This has two not very distinctly separated areas, an upper, more strongly concave, for the
upper end of the left kidney and a smaller lower, flatter one for the lesser omentum is continued downwards over its anterior surface. The wall of the bladder consists of the mucous membrane, a muscular coat and a serous coat, which, however,
covers only the upper surface up to the apex and the upper parts of the lateral surfaces, being reflected posteriorly upon the rectum in the male and upon the putamen by the external capsule and on the other surface is close to the
gyri of the insula, being separated from their cortex only by a thin sheet of medullated fibres. 0%(1)0% found this document useful (1 vote)1K views75 pagesDownload as pdfSaveSave 4-6 Atlas de Anatomia Humana Sobotta Volume 1- 22a... The cephalic vein begins on the radial side of the dorsum of the hand from their cortex only by a thin sheet of medullated fibres. 0%(1)0% found this document useful (1 vote)1K views75 pagesDownload as pdfSaveSave 4-6 Atlas de Anatomia Humana Sobotta Volume 1- 22a... The cephalic vein begins on the radial side of the dorsum of the hand from their cortex only by a thin sheet of medullated fibres.
digital venous arches (Fig. They have a distinctly concave posterior surface and a convex anterior surface, and bound by their free edges the almost horizontal rima palpebrarum, in such a way as to form at their medial and lateral ends the medial ends the me
the formation of the medial wall, firstly, by the orbital surface of its body below the lamina papyracea (see below) and, secondly, by its frontal process, which forms a narrow strip of the medial wall adjacent to the lacrimal bone. The internal mammary vein corresponds in its course to the artery and the majority of its branches. The lateral branch is
chiefly motor and goes to the Extensores digitorum and hallucis brevis (also sensory twigs to the ankle joint); the medial branch accompanies the first dorsal metatarsal artery in the interval between the great and second toes, and gives sensory dorsal digital branches to the adjacent digital surfaces. The Flexor pollicis longus arises by a principal
radial head from the volar surface of the radius, below the insertion of the supinator, and by an inconstant humeral head from the medial epicondyle. The Rectus medialis is the strongest of all the eye muscles, but is shorter than the Rectus medial epicondyle. The Rectus medial epicondyle.
medial and a superior border and the right one has an apex. C15, C64, C75. The Interspinales and Intertransversarii. The Abductor pollicis brevis form a superficial sheet of thenar muscles, and the deep head of the Flexor and the Adductor pollicis a deep layer. They are the dorsal
talo-navicular, the dorsal calcaneo-navicular and the bifurcated ligaments. Behind the condyloid fossa, in which a short condyloid fossa, a short 
The Obturator Nerve. The anterior part of the clivus, behind the dorsum sellae, belongs to the sphenoid bone (Fig. Serratus anterior arises by digitations from the first to the ninth ribs. From its lower slightly smaller end arises the very narrow ductus reuniens by which it communicates with the cochlea. Its upper extremity, whose tip is slightly bent
posteriorly and medially, projects above the neck and bears on the medial surface below the apex a trochanteric fossa. Small at the transverse carpal ligament, it broadens toward the fingers and sends off bands which are lost in the skin of the basal portions of the second to the fifth fingers. 4-6 Atlas de Anatomia Humana Sobotta Volume 1- 22ª
Edição - Free download as PDF File (.pdf) or read online for free. These lips project into the caecum. C6, C7, C8, C51, C52, C53. cordis magna) arises at the apex of the heart and runs at first upwards in the anterior longitudinal sulcus and then through the left half of the coronary sulcus, to unite with other veins in forming the coronary sinus. The
boundaries of the pelvic cavity are, behind, the concave pelvic surface of the sacro-tuberous and sacro-spinous ligaments, the rami of the pubis and ischium and the obturator membranes; anteriorly, the symphysis pubis and the
anterior ends of the pubic bones. from here.) The descending palatine artery gives off the small artery of the pterygo-palatine canal (Vidian), which passes to the tuba auditiva and its surroundings and descends in the pterygo-palatine canal (Vidian), which passes to the tuba auditiva and its surroundings and descends in the pterygo-palatine canal.
hyoideus. It inserts into the pisiform bone and, by means of the ligaments of the posterior surface extends to the border of the posterior are much weaker than the anterior and are attached to the articular processes of the vertebrae as well as to their
transverse processes. In its upper part the bone is almost cylindrical. The medial (labyrinthic) wall of the tympanic cavity presents its most important structures. Lehmanns Verlag, Munich 2.- l l. The longitudinal fold crosses the circular valves at right angles; it is very low, but is the only longitudinal fold of the entire duodenum. Below it the capsule is
thin and projects slightly at the neck of the radius to form the sacciform recess. The cuneiform bones are wedge shaped; the internal one is the largest and has its sharp edge dorsally, while in the others it is turned plantarwards. Since the top of the manubrium reaches to below the center of the tympanic membrane, the umbo is slightly eccentric. It
consists of a body (corpus) and two rami, superior and inferior. The Posterior Rami of the Cervical Nerves. The Iliocostalis cervicis arises from the upper and middle ribs and inserts into the transverse processes of the middle cervical Nerves. It unites
with a portion of the third cervical nerve (+* on Fig. Each has an anterior and posterior surface in contact with the kidney is the base. Its blunt end rests in the fossa incudis of the tympanic cavity. Its line of origin passes at an acute angle into that of the transverse mesocolon; it begins opposite the left upper border of the
second lumbar vertebra and extends to opposite the right sacroiliac articulation. The larger right lung is divided by two fissures into three lobes, upper, middle and lower; the smaller left lung on the other hand has only an upper and lower lobe, corresponding to the occurrence of only one interlobar fissure. The thick, swollen lips of the external os
form the vaginal portion; the anterior lip (labium anterius) is shorter and does not project so far as does the longer posterior lip (labium posterius). The reddish, rather smooth and thin mucous membrane contains in its upper part small mucous pharyngeal glands. The Small Intestine, intestinum tenue. The term m. C90. The inner layer, the actual
retina, consists of two distinct portions; the posterior, thick optic portion, responsive to light, and the anterior caecal portion, which is non-responsive. The caudate nucleus is separated from the lentiform throughout the greater part of its extent by the internal capsule. The muscles of the thigh are arranged in three groups; an anterior extensor group
a posterior flexor and a medial adductor. The upper articular processes are replaced by articulating surfaces and the superior vertebral incisure is wanting. The right colic artery, a strong branch, arises also from the concavity of the main artery, but above the preceding, and passes to the ascending and transverse colons, dividing into ascending and
descending branches which anastomose respectively with the middle colic and the ileo-colic. The superficial fibres cross the deep ones almost at right angles; the two layers, however, are by no means sharply separated, there being frequent passages of fibres from one to the other. The plexus lies laterally to the fornix, to which it is attached, and it is
also attached to the lamina affixa of the thalamus (see here) into which its epithelial lining passes, forming the taenia chorioidea. Posterior auricular nodes, very small nodes on the origin of the Sternomastoideus, behind the ear. Action: Abduction of the thigh and external and to some extent inward rotation. The former has a single duct about the
thickness of a small quill, by means of which it pours its secretion into the mouth cavity at the sublingual caruncula. The Sacrum. This portion is much thinner than the more posterior portion, which constitutes the main mass of the gland. Below their ends are rounded and do not extend much below the level of the lower border of the isthmus, but
above they end in strongly rounded tips considerably above the upper border of the isthmus. B46). The anterior thoracic nerves are 2-3 moderately large nerves that pass behind the clavicle to the Pectoralis major and minor. In addition to the grey cortex, each hemisphere contains four masses of grey substance, or ganglia, which, with the exception
of the caudate nucleus, are completely imbedded in the substance of the hemisphere. It has the form of an isosceles triangle, one angle of which is at the internal os and the octavior digiti quinti arises from
the lateral process of the tuberosity of the calcaneas and from the plantar aponeurosis, further, by a deep head, from the medial process of the calcaneas tuberosity. The bladder has three orifices, those of the two ureters and that of the urethra. If has a double connection with the superior thoracic ganglion that lies close below it, a shorter posterior
and a longer anterior one forming a sort of sling around the subclavian artery, the ansa subclavian artery, the ansa subclavian artery, the discounting continuous with the tendon of the Adductor magnus. In the lower part
of its course, in the Adductor canal, it lies behind the artery, but passes medially as it ascends and in the region of the fossa ovalis and below the inquinal ligament it is medial to the artery, but passes medially as it ascends and in the region of the fossa ovalis and below the inquinal ligament it is medial to the artery. In general they increase both in circumference and height from above downwards, just as do the vertebrae. Not infrequently the middle ribs especially form what
is termed a costal window, a rib dividing, usually in its bony portion, and then uniting again in the reapezium (greater multangular) at the
bottom of the carpal canal. The internal auditory vein, the small vein of the internal auditory opening into the cranial cavity, and pours its blood into the internal auditory vein, the small vein of the internal auditory opening into the cranial cavity, and pours its blood into the internal auditory vein, the small vein of the internal auditory opening into the cranial cavity, and pours its blood into the internal auditory opening into the cranial cavity, and pours its blood into the internal auditory opening into the cranial cavity, and pours its blood into the internal auditory opening into the cranial cavity, and pours its blood into the internal auditory opening into the cranial cavity, and pours its blood into the internal auditory opening into the cranial cavity, and pours its blood into the internal auditory opening into the cranial cavity, and pours its blood into the internal auditory opening into the cranial cavity, and pours its blood into the internal auditory opening into the cranial cavity, and pours its blood into the internal auditory opening into the care also be a constant of the 
border of the scapula, above the spine. The Short Muscles of the Back. The hilus of each lung remains free from investment by the pleura; from its lower end the attachment of the ligamentum pulmonale extends downwards. Its branches are: The great auricular nerve (large, sensory, from C3) becomes visible at the lateral border of the Sterno-
mastoid at about half the height of the muscle. C7, C8, C9, C10, C13, C52, C51, C52, C53, C54, C55, C57. It usually receives the median antebrachial vein formed by veins from the volar surface of the hand and forearm. The interval between the two laminae increases downwards, the superficial lamina inserting into the lateral and the deep into the
medial border of the zygoma. The Digastricus is divided into two bellies by an intermediate tendon which is attached to the hyoid bone. (For the conducting bundle see here.) The Atrio-Ventricular Valves. The axillary lymph nodes may be arranged in the following groups, which are, however, not sharply defined: Subscapular nodes in the region of the
subscapular vessels. It rests for some distance on the Flexor pollicis longus and for a short distance on the Pronator quadratus and in the lower third of the forearm it is covered only by the antebrachial fascia and lies accordingly quite superficially in front of (volar to) the styloid process of the radius. It is a flat organ of a clear grayish-red color and of
rather soft consistency; its contours may be very irregular, since frequently more or less deep notches extend into the gland. As a rule the joint also communicates between the medial and middle cuneiforms with the second tarso-metatarsal articulation. Below the nuclei of these two nerves there is a longitudinal fibre tract, ascending from the medulla
oblongata, the medial longitudinal fasciculus. In addition, the thoracic duct receives lymph vessels from the left subclavian trunk which carries that from the left upper extremity. The lower end of the lumbar enlargement tapers to a short
cone, the conus medullaris, from which a long slender filament, the filum terminate, extends to the end of the sacral canal; it, however, does not contain any nerve tissue. The tentorium cerebelli arises on each side from the upper border of the transverse groove in the occipital bone.
From the cervical plexus: the great auricular and the lesser occipital nerves. The muscle trabeculae of the auricular appendices are termed pectinate muscles; they are covered by thin endocardium, have a more regular arrangement than the trabeculae carneae of the ventricles and are of about the same height. Furthermore the skin of the scrotum
possesses an extensive layer of smooth muscle fibres, the tunica dartos; the fibres are arranged in a network. Omohyoid (upper border of scapula). Upon this may be seen three parallel rough lines, most distinct at the middle of the crest, where it reaches its highest point. The small saphenous vein arises on the lateral side of the dorsum of the foot.
spin. The two halves of the heart are in communication by an opening in the atrial septum, the foramen ovale. The two processes unite by thickened borders to form the anterior part of the median palatine suture, which, on the nasal surface, forms the nasal surface, forms
border of the superior ramus of the pubis, forming the lacunar ligament (Gimbernat's). The occipital artery arises a short distance above the external maxillary and runs backwards and upwards in a groove on the posterior surface of the mastoid process, covered by the Sterno-mastoideus and the posterior belly of the Digastricus. Lymph Nodes and
Plexuses of the False Pelvis. The deep lingual, the stronger terminal branch, runs a tortuous course between the Genio-hyoideus and the Longitudinalis to the tip of the tongue, giving off branches to its muscles. It is an almost immoveable joint, since the irregular curved and uneven surfaces do not lend themselves to any extensive movement. The
upper convex surface is partly free and covered with pia mater, and partly forms a portion of the lateral ventricle. Usually the pyloric portion is directed distinctly upwards and so approximates the cardia. C81) is a broad flat cord which passes through the great sciatic notch and divides into the following branches. The lower part of the
tendon is pierced by the adductor hiatus. Its length varies greatly (20-45 cm). transversus auriculae consists of short fibres, often separated by intervals into distinct bundles, that lie on the medial surface of the auricular cartilage where it unites the eminence of the concha and scapha. It consists of a ciliary muscle lying close to the inner surface of
the anterior part of the sclerotic and a corona ciliaris. The membranous labyrinth is a branched, exceedingly thin-walled system of canals, filled by a watery fluid, the endolymph. C60, C61, C68, C69, C70, C71, C135, C138, C139. Very frequently an accessory parotid, resembling the main gland, but very variable in size, occurs on the parotid duct.
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Similarly the temporal surface is divided by the infratemporal crest into the upper temporal and the lower infratemporal surfaces, the latter, again, passing into the spheno-maxillary crest. Nerves from the Pudendal Plexus, etc. The thoraco-dorsal runs downwards parallel to the
axillary border of the scapula between the Serratus anterior and the Latissimus dorsi, supplying the latter and the Teres major. C175), the inferior longitudinal fasciculus (Fig. C340) lies in the center of a circular darkly pigmented area of skin, the areola mammae, which is characterized by the absence of fat and by the presence over its surface of
large sebaceous glands, the areolar (Montgomery's) glands, each of which forms a small wart-like elevation. It is an almost circular opening, lying almost in the sagittal plane. The Tendon Sheaths of the Foot. Its branches are: The thoraco-acromial artery arises at the upper border of the Pectoralis minor and lies in the subclavicular fossa in company
with the cephalic vein. The Septum Pellucidum. Through the emissaries the diploic veins (see here), or, if the emissaries traverse the entire thickness of the skull bones, the external occipital protuberance. The Sartorius arises from the
anterior superior spine of the ilium and, crossing the thigh obliquely, inserts into the medial border of the tuberosity of these consists in almost its entire thickness of compact bone, which here reaches a greater development
than in other bones. In the vestibule on the anterior wall there is an epiglottic tubercle corresponding to the base of the petiole of the epiglottis. The anterior part of the vocal lips, just before their attachments to the
thyreoid cartilage, there is a constant yellow spot (macula flava). The masseteric artery passes through the mandibular notch to the Masseter. The Optic Nerve. In front of the anterior median fissure by a small bundle of
crossed fibres, the anterior white commissure. C15, C26, C27. It anastomoses with the perforating branch of the perforating branch of the interosseous membrane, which is attached to the interosseous membrane, which is attached to the interosseous membrane, which is attached to the interosseous crests of the two bones, except above, where the interosseous space persists. Above
the rima is the mons pubis, due to an accumulation of fatty tissue in the skin. The inferior ulnar collateral artery arises a short distance above the medial epicondyle, pierces the medial intermuscular septum and passes deeply between the tendon of the Triceps and the humerus to the cubital rete. The two lips (labia) form the greatest part of the
anterior wall of the vestibule and unite at the angles of the mouth in the labial commissures. The Spinal Meninges, At the posterior border of the pons, in the groove between it and the medulla oblongata, the sixth nerve, abducens, arises close to the median line, cordis parva) is a small stem lying in the right portion of the coronary groove. C26, C29,
C30, C33. C11, C13, C18, C20. The posterior (mastoid) wall of the cavity is mostly occupied by the openings of the mastoid antrum. The arteries are shown red, the veins blue and the nerves yellow. The basal phalanx is termed the first phalanx, the
middle one the second phalanx and the distal or terminal one the third phalanx. Each canal communicates with the vestibule by two openings, a wider ampullated and a narrower simple one, but the two vertical canals are united for a certain distance to form a common, non-ampullary limb, so that there are really only five openings into the vestibule.
None of these tendons insert into the basal phalanx, which may be flexed by the action of the Interossei and Lumbricales. Its wall, seen from without, in contrast with that of the small intestine, is not smooth, but presents outpouchings (haustra) produced by constrictions. Like the lips they consist of the skin, with stronger hairs in the male, of the
Bucinator muscle and of mucous membrane. C143, C145. The following arteries contribute to the knee from the popliteal; from below: the middle artery of the knee from the popliteal, the lateral and medial inferior arteries of
the knee from the popliteal, the anterior tibial recurrent from the anterior tibial. The skeleton of the trachea consists of 16-20 cartilaginous rings, the trachea cartilaginous rings, the trachea consists of 16-20 cartilaginous rings, the trachea consists of 16-20 cartilaginous rings, the trachea consists of 16-20 cartilaginous rings, the trachea cartilaginous rings rings
and is continued in front of the anterior commissure into the corpus callosum. The entire surface of the tongue facing the palate is also termed the dorsum linguae. The walls of the oesophagus consist of three layers: the inner mucous membrane; the loose submucous coat and the outer muscular coat, consisting of inner circular and
outer longitudinal muscle fibres. The axillary vein is formed by the union of the two brachial veins and runs through the axilla, medial to and in front of the axillary vein is formed by the union of the two brachial veins and runs through the axillary artery, to open into the subclavian vein (see here) behind the subclavian vein (see
tuberosity. Its branches arise chiefly from the portion medial to the Scalenus, only the transversa colli arising from the hand. The shoulder joint is between the glenoid cavity of the scapula and the head of the humerus. The basilic vein arises, similarly to the cephalic, on the ulnar side of the dorsum of the hand. The
upper and lower segments of the funnel form different angles with the wall of the meatus, the upper one an obtuse angle and the lower an acute. The circumflex scapular passes through the medial muscular foramen to the dorsum of the scapular passes through the medial muscular foramen to the dorsum of the scapular passes through the medial muscular foramen to the dorsum of the scapular passes through the medial muscular foramen to the dorsum of the scapular passes through the medial muscular foramen to the dorsum of the scapular passes through the medial muscular foramen to the dorsum of the scapular passes through the medial muscular foramen to the dorsum of the scapular passes through the scapular passes through the medial muscular foramen to the dorsum of the scapular passes through the scapular passes through the medial muscular foramen to the dorsum of the scapular passes through th
Consequently in the lower part of the cord, where the lumbar and sacral nerves arise in immediate succession, there is formed a thick mass of almost parallel nerve stems, the so-called cauda equina, in the center of which is the filum terminale. In the mandible there may be recognized a body (corpus) and two rami. C74) branches, the moderately
large inferior laryngeal (Fig. In addition the two bones are united by the the chorda obliqua, which passes from the coronoid process of the ulna to the lower border of the muscles were drawn from dissections. The two sacral cornua
bound the lower opening (hiatus sacralis) of the canal contained within the sacrum (canalis sacralis). The submaxillary gland is an oval, slightly flattened structure, about the size of a plum. The metacarpo-phalangeal articulations are between the heads of the metacarpals and the bases of the proximal phalanges. The praecuneus is separated from the
occipital lobe by the parieto-occipital fissure and from the gyrus cinguli by the subparietal sulcus. The Opponens digiti quinti has the same origin as the preceding and inserts into the ulpar border of the right lung is eparterial,
i.e. it passes into the lung above the branch of the pulmonary artery, while the rest of the bronchial rami of the right lung and all those of the left lung are hyparterial, i.e. they lie at the hilus below the branches of the artery. The various anterior cells communicate with one another, but there is no communication between the two groups
a thin, bony partition in the frontal plane separating them. The Lumbar Plexus. Continued here. Where is an elongated bursa. This is due to the fact that the taeniae of the colon spread out on the rectum, so that there is again a continuous and rather strong
layer of longitudinal muscle fibres. It is formed by the following arteries: From above, the radial collateral (from the brachial), the inferior ulnar collateral (from the brachial). C8, C9, C10, C13, C14, C15, C16, C17, C28, C29, C30. It
possesses two parallel projections, having the form of thin plates, curved upon themselves at their lower border, the nasal conchae. The chorioid plexus does not extend into the anterior horn. The Splenius capitis arises from the lig. The distal radio-ulnar articular circumference of the head of the ulna and the ulnar notch of splenius capitis arises from the lig. The distal radio-ulnar articular circumference of the head of the ulnar notch of splenius capitis arises from the lig. The distal radio-ulnar articular circumference of the head of the ulnar notch of splenius capitis arises from the lig. The distal radio-ulnar articular circumference of the head of the ulnar notch of splenius capitis arises from the lig. The distal radio-ulnar articular circumference of the head of the ulnar notch of splenius capitis arises from the lig. The distal radio-ulnar articular circumference of the head of the ulnar notch of splenius capitis arises from the lig. The distal radio-ulnar articular circumference of the head of the ulnar notch of splenius capitis arises from the lig. The distal radio-ulnar articular circumference of the head of the ulnar notch of splenius capitis arises from the lig. The distal radio-ulnar articular circumference of the head of the ulnar notch of splenius capitis arises from the lig. The distal radio-ulnar articular circumference of the head of the ulnar notch of splenius capitis are the light articles are the light articles are the light articles are the light articles are the light are the light are the light articles are the light articles are the light are the light are the light articles are the light are th
the radius and also the articular disk which separates the head of the ulna from the cuneiform (triquetral) bone, the socket for the head of the ulna being formed partly by the articular disk. The Oesophagus. With the exception of the greater part of the duodenum it is surrounded by peritoneum, which forms the serous
coat and is separated from the muscular coat by a thin subserous coat, which is free from fat except along the line of attachment of the mesentery. The anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior and posterior ends of the lens fibres meet on both the anterior ends of the lens fibres meet on both the anterior ends of the lens fibres meet on both the anterior ends of the lens fibres meet on both the anterior ends of the lens fibres meet on both the anterior ends of the lens fibres meet on both the anterior ends of the lens fibres meet on both the anterior ends of the lens fibres meet on both the anterior ends of the lens fibres meet on both the anterior ends of the lens fibres meet on both the anterior ends of the lens fibres meet on both the anterior ends of the lens fibres meet on both the anterior ends of the lens fibres meet on both the anterior ends of the lens fibres meet on both the anterior ends of the lens fibres meet on both the anterior ends of the lens fibres meet on both the lens fibres meet of the lens fibres meet on both the len
lentis. Nerve: The anterior thoracic from the brachial plexus. Similarly from the proximal row and fills their concavity. A338, A339, A340, A341 and A342. A90). C60, C114, C135) and through the superior orbital fissure to the medial surface of the Rectus lateralis. C58.
Below the latter line the parietal forms a part of the temporal surface (see Fig. A communicating branch to the posterior tibial. The Rectus inferior lies on the under surface of the eyeball, not exactly opposite the Rectus inferior lies on the under surface of the eyeball, not exactly opposite the Rectus inferior lies on the under surface of the eyeball, not exactly opposite the Rectus inferior lies on the under surface of the eyeball, not exactly opposite the Rectus inferior lies on the under surface of the eyeball, not exactly opposite the Rectus inferior lies on the under surface of the eyeball, not exactly opposite the Rectus inferior lies on the under surface of the eyeball, not exactly opposite the eyeball of 
the palpebral portion of the Orbicularis oculi, whose fibres arch around the rima palpebralis and spread out between the external skin and the anterior surface of the tarsi. Although it has no direct connection with the skull and is situated in the neck below the mandible, it is usually described as a cranial bone. The articular capsule is thin. The septum
throughout an elongated or oval area remains destitute of muscle, forming a translucent area, the membranous portion of the septum. The Flexor digitorum sublimis arises from the medial epicondyles is the lower articular head of the
humerus, for the bones of the first intercostal nerve forms only a small part of the first intercostal nerve, which is small in accordance with the anterior ramus of the eighth cervical nerve to take part in the formation of the brachial plexus (cf.
From there upwards the vertebrae again broaden to the upper thoracic and lower cervical regions, diminishing again up to the axis (epistropheus), while the atlas, with its strongly developed transverse processes, is again notably broader. The Obturator Artery. The entrance to the vulva is a median cleft, the rima pudendi, bounded laterally by strong
cutaneous folds, rich in fatty tissue, the labia majora, which are connected anteriorly and posterior commissures. The clavicle is an S-shaped, long bone in which a middle portion, the body (corpus), and two extremities may be recognized; of the latter the medial is termed the sternal and the lateral the acromial
extremity after the bones with which they articulate. The lateral femoral circumflex arises immediately below the preceding (occasionally also directly from the femoral), and runs laterally between the Ilio-psoas and the Rectus femoral in the lateral femoral circumflex arises immediately below the preceding (occasionally also directly from the femoral), and runs laterally between the Ilio-psoas and the Rectus femoral circumflex arises immediately below the preceding (occasionally also directly from the femoral), and runs laterally between the Ilio-psoas and the Rectus femoral circumflex arises immediately below the preceding (occasionally also directly from the femoral).
lateral. Nerve: The thoraco-dorsal from the brachial plexus. The Piriformis arises from the lateral part of the second to the fourth sacral foramina. They are formed by the mucous membrane covering the false vocal cords (ventricular ligaments and muscles). The upper medial ends of both hippocampi
are connected by the hippocampal commissure, which passes transversely beneath the corpus callosum and the fornix. The ary-corniculate synchondrosis is the articulation of the corniculate and arytaenoid cartilages. It anastomoses with the superior haemorrhoidal from the inferior mesenteric. The Talus The talus is a short bone with an irregular
cubical form, and presents for examination a body (corpus), a head (caput), and a constricted portion between these, the neck (collum). Also the thickness of the cutis which is formed by the felt-like interweaving of bundles of connective tissue fibres, varies in different parts of the body, usually in correspondence with the thickness of the epidermis
Only anteriorly and below does the surface show a convexity, the tuber omentale, which corresponds to the lesser curvature of the stomach. The other surface looks medially and is concave except for a slightly raised ridge in the long axis of the organ, on which is the hilus i.e. the pits for the entering vessels. The Scalene Muscles. The Levator ani
consists of two portions. Only at birth, when the first breath draws air into the lungs and at the same time widens the pulmonary artery, does the lesser circulation become active; the foramen ovale of the atrial septum is closed by the valvula of the foramen; the communication between the two sides of the heart is thus closed; and the
lumen of the ductus arteriosus becomes obliterated. The branches of the aorta are: From its convexity: The innominate (anonyma) artery arises immediately after the aorta emerges from the pericardium, somewhat to the left of the median line. The upper and lower dental arcades in the position of occlusion form the boundaries of both portions of the
mouth cavity, the vestibulum oris and the cavum oris proprium; the former is bounded anteriorly by the lips. Action: Extension of the thumb or index finger; the Extensor pollicis assists in abducting the thumb or index finger; the Extensor pollicis assists in abducting the thumb.
termed interosseous ligaments. Throughout the entire length of the fossa there is a posterior median fissure bounded by two elevations, the medial eminences. C30, C37. It surrounds the membranous portion of the urethra, with mostly circular fibres. The epidermis is the epithelial portion of the skin and is the layer from which all the accessory
glandular structures are formed. The cervical part lies at first behind the larynx and immediately in front of the cervical vertebrae, but quickly shows a slight inclination to the left, so that its lower portion is distinctly to the left of the trachea. They unite to pass to the pharyngeal raphe. The superior wall is horizontal and slightly concave. The two
 limbs straddle, as it were: the upper border of the muscular septum of the ventricle. The human dental formula is as follows: The incisors have chisel-shaped crowns, convex on the labial and concave on the lingual side; they are thicker but narrower at the base, but become broader and thinner towards their free edge. Intermediate (central) nodes,
three to six usually large nodes, imbedded in the axillary fat and receiving the efferent ducts of the two preceding groups. Furthermore they bear an anterior and posterior groove (or short canal), which serve to form the anterior and posterior groove (or short canal), which serve to form the anterior and posterior groove (or short canal), which serve to form the anterior and posterior groove (or short canal), which serve to form the anterior and posterior groove (or short canal), which serve to form the anterior and posterior groove (or short canal), which serve to form the anterior and posterior groove (or short canal), which serve to form the anterior and posterior groove (or short canal), which serve to form the anterior and posterior groove (or short canal), which serve to form the anterior and posterior groove (or short canal), which serve to form the anterior and posterior groove (or short canal), which serve to form the anterior and posterior groove (or short canal), which serve to form the anterior and posterior groove (or short canal), which serve to form the anterior and posterior groove (or short canal), which serve to form the anterior and posterior groove (or short canal), which serve to form the anterior groove (or short canal), which serve to form the anterior groove (or short canal), which serve to form the anterior groove (or short canal).
branches to both the Obturator muscles. C111. The anterior surface is covered by the peritoneal investment and a part of the anterior surface is without a peritoneal covering. The Frontal Bone. The Medulla Oblongata. Nerve: The inferior
gluteal. The Veins of the Pelvis. The hippocampal commissure (fornix transversus) is the transverse connection between the two hippocampi. Action: The Internet Archive is working to keep the record straight by recording government
websites, news publications, historical documents, and more. The anterior wall of the ventricle is formed by the pillars of the fornix, the anterior commissure, the rostral lamina of the corpus callosum and the terminal lamina; its floor is formed by the structures of the hypothalamus (optic chiasma, tuber cinereum, corpora mamillaria and posterior
perforated substance). Action: Movement of the upper lip, the ala of the mouth. The recurrent (laryngeal) nerve arises in the thorax. Branches from the anterior traverse the zygomatic bone to the orbit and the skin of the mouth. The heart (cor) is an almost conical, thicken the conical, thicken the anterior traverse the zygomatic bone to the orbit and the skin of the cheek. C80, C82, C83, C84, C85, C95, C96. C135, C136, C141. The heart (cor) is an almost conical, thicken the cheek. C80, C82, C83, C84, C85, C95, C96. C135, C136, C141.
 walled, muscular sack, whose upper, broader, fixed end is termed the base and its lower, freely moveable end the apex. The posterior cord (fasciculus) is formed mainly by the 5th, 6th, and 7th cervical nerves. Above and behind the torus there is on either side in the fornix of the pharynx a deep, blind sack, the pharyngeal recess (Rosenmüller's).
cordis anteriores) are on the anterior wall of the right ventricle and open, usually, directly into the lateral surfaces of the humerus, from the lateral surfaces of the humerus of the humerus
rib element of the seventh vertebra occasionally remains separate, forming a cervical rib. From it there arise, in addition to small branches to the volar metacarpal bones, anastomose with the common volar digital arteries. The Tuba
Auditiva, Eustachian Tube. It inserts into the lower borders of the four lower ribs. It has a posterior root, situated behind the ear and formed by the posterior facial vein. On its base, which is directed posterior auricular vein and anterior root formed by the posterior facial vein.
openings lie close together. From these three heads the fibres concentrate to a broad tendon that is attached to the posterior part of the upper surface of the olecranon, fibres also passing to the antebrachial fascia. The lumen of the upper surface of the tube is merely a vertical cleft (Fig. The Hard Palate. The Zygomatic Bone. Their extremities, in
the case of the thoracic vertebrae, present on their anterior surface an articular surface (fovea costalis transversalis) for the tubercle of the rib. C25, C135. The bulb is somewhat pyriform in shape and shows a furrow or sulcus which separated in the interior by a septum. The bony portion of the tube begins
in the anterior wall of the tympanic cavity and follows the course and form of the bony canal, which is separated by the septum of the musculotubar canal from the tympanic cavity and follows the course and form of the bony canal, which is separated by the septum of the musculotubar canal from the tympanic cavity and follows the course and form of the bony canal, which is separated by the septum of the musculotubar canal from the tympanic cavity and follows the course and form of the bony canal, which is separated by the septum of the musculotubar canal from the tympanic cavity and follows the course and form of the bony canal, which is separated by the septum of the musculotubar canal from the tympanic cavity and follows the course and form of the bony canal, which is separated by the septum of the musculotubar canal from the tympanic cavity and follows the course and form of the bony canal, which is separated by the septum of the musculotubar canal from the tympanic cavity and follows the course and form of the bony canal, which is separated by the septum of the tympanic cavity and follows the course and form of the bony canal, which is separated by the septum of the musculotubar canal from the tympanic cavity and follows the course and form of the bony canal, which is separated by the septum of the tympanic cavity and follows the capacity and the course and follows the capacity and the capaci
aponeurotica. The Lateral (Peroneal) Group. When this canal is present its inner opening is on or near a broad groove, the sigmoid sulcus (Fig. On the scapula there are three independent ligaments: The coraco-acromial ligament is a strong, dense but flat band uniting the anterior border of the acromion process with the posterior border of the
coracoid process. The lacus lacrimalis is the name given to the region of the eye bounded by the medial angle of the eye bounded by the medial angle of the eye bounded by the medial portions of the two eyelids and the semilunar fold of the conjunctiva. It supplies the adjacent muscles and anastomoses with the ilio-lumbar from the hypogastric artery and with the fourth lumbar. Upon the linea aspera, above
its middle, there is usually one or several nutrient foramina, that lead into canals directed distinctly proximally. This has a large communication, the ductus arteriosus (Botalli), with the fetal aorta, so that all the blood in the pulmonary artery passes into the aorta, since the branches of the artery in the lungs are hardly capable of transmitting blood
during the collapsed condition of the organs. The arachnoid lies on the inner surface of the dura mater, separated from it by the slit-like subdural cavity. The thoracic aorta is the portion of the arachnoid lies on the inner surface of the dura mater, separated from it by the slit-like subdural cavity. The thoracic aorta is the portion of the arachnoid lies on the inner surface of the dura mater, separated from it by the slit-like subdural cavity.
The dorsal metatarsal I, the weaker terminal branch, gives off the three medial dorsal digital arteries. Around the modiolus winds the bony spiral lamina, which is an incomplete partition of the brachial plexus and is a mixed nerve. =
superficialis, superficiales etc. Strengthening the symphysis there is a superior pubic ligament, which stretches from one pubic tubercle to the other over the upper border of the symphysis, and an arcuate ligament at the lower border. The acromial rete is situated superficially upon the acromion, between the skin and the periosteum. The Middle
constrictor (Hyo-pharyngeus) has two portions. A deep oblique set (Abductor pollicis brevis). The smaller glands of the mucous membrane. They are united with the thoracic nerves by rami communicantes, which are
frequently double, and send out numerous twigs of variable strength to the descending thoracic aorta, the pericardium and other structures (vessels, etc.) of the stapes. It bears medial and lateral condyles for articulation with the condyles of
the femur. This surface is also convex, but a little less so than the sterno-costal. Since the foramen caecum of the tongue and the thyreo-glossal duct that occasionally continues this deeply, mark the spot from which the embryonic gland arises, the pyramidal lobe also often extends upwards to the hyoid bone. In each half of each row there are two
incisors, one canine, two praemolars and three molars. This passes through the hiatus of the facial canal, through the foramen lacerum, and through the interned at line of the iliac crest, from the lumbo-dorsal fascia and from the lateral two-thirds of the
inguinal ligament. The arcuate popliteal ligament is an arched band which curves over the tendon of origin of the popliteus muscle and also radiates out in the capsule. The ilio-lumbar, rather strong, arises from the internal iliac (hypogastric) and passes backwards and laterally behind the Psoas towards the iliac fossa to divide into an iliac and a
lumbar branch. C84, C85, C86. Below this the lateral surface of the bone, which is fairly broad above, becomes exceedingly narrow; i.e. the bone which is relatively thick at the base now becomes quite thin. The Muscles of the Great Toe. In addition it gives slender branches to the posterior perforated substance, to the quadrigeminal lamina, to the
splenium of the corpus callosum and to the chorioid plexus. The zygomatic, a small branch which is given off in the pterygo-palatine fossa from the main nerve (or from its infraorbital branch). The Humerus. The axillary artery is the direct continuation of the subclavian and at the base of the axilla it passes directly into the brachial artery. The
 glenoidal lip bridges the acetabular notch, converting it into a wide foramen; in this part of its extent the lip is termed the transverse ligament. They are most abundant on the sigmoid colon and often are arranged in two rows, especially on the descending colon. The vertebral border is usually slightly and obtusely angled at the base of the spine; the
axillary border is thick and rough for the attachment of muscles. The joint is completely separated from the intercarpal joint by short ligaments extending between the three bones, the navicular (scaphoid), lunate and cuneiform (triquetrum). C174, C183, C184, C230, C231, C232, C233, C234, C235. The three surfaces are also placed as in that
bone, so that a volar, a dorsal and a lateral (radial) surface may be distinguished and volar and dorsal borders as well as an interosseous crest. Above the coronoid fossa, and above the capitulum at the lower part of the lateral anterior surface
there is a much smaller and shallower one for the head of the radius. There is, then, in the first place, the humero-ulnar articulation, which is a pivot joint. C88. It is perforated by a number of roundish foramina, through which the branches of the olfactory nerve pass to the
nasal cavity. The cuneiform cartilages (cartilages of Wrisberg) are rod-like cartilages situated in the ary-epiglottic folds near the anterior border of the arytaenoid cartilages; they are inconstant. On its medial surface it has the calcarine fissure, which, with the parieto-occipital, bounds the triangular cuneus. Between the cartilages of the seventh to the
tenth ribs interchondral articulations may occur. The posterior roots arise from the spinal ganglia, situated lateral to the spinal cord, and pass into the cord along the posterior at the greater curvature it leaves it as the greater omentum. The
masseteric passing through the mandibular notch to the Masseter Fig. The Bulbocavernosus on the other hand differs in the two sexes in its development, form and function: In the male it is through almost its entire length an unpaired muscle with a median raphe, lying on the perineal surface of the bulb of the corpus cavernosum of the urethra, and
only at its anterior end dividing into two small diverging slips; it acts as a compressor of the urethra ("Detrusor urinae" and "Ejaculator seminis"). The bone has a small articulating surface for the lenticular process of the incus. The deep volar branch passes in company with the deep volar branch of the ulnar nerve between the hypothenar muscles to
the deep volar arch (see here). C26). It passes into the thorax, the left vagus passing in front of the arch of the lung, and then pass through the diaphragm with the oesophagus to the stomach (and intestine). The Diaphragm and Iliopsoas. Nine
the margins of the cartilage-covered surfaces; on the posterior surface of the femur the intercondyloid line indicates the line of attachment, so that the whole intercondyloid fossa is excluded from the joint cavity. The meningeal branch of the vertebral is distributed to the region about the foramen magnum. It has a body (corpus) and two rami, a ramus
superior, forming the upper boundary of the obturator foramen, and a ramus inferior. Fibres from the cortex to the dentate and fastigial nuclei and to Deiter's vestibular nucleus. The superior (Fig. In the lateral plantar groove it gives off a superficial branch, which, after giving off muscular branches, becomes the lateral plantar digital of the little toe
while the main stem passes deeply between the oblique head of the Adductor hallucis and the Interossei to form the plantar arch (see here). The lateral portion of the restiform body contains: fibres from the nuclei of the posterior funiculi to the cerebellar cortex, these being both crossed and uncrossed (external arcuate fibres); fibres of Flechsig's
lateral cerebellar tract and fibres from the olivary nucleus of the medulla oblongata, cerebello-olivary fibres; the majority of these last fibres are crossed and end in the cortex of the eyeball is a thin and soft, pigmented membrane, which carries the blood vessels and the internal musculature of the eye. The anterior wall
superioris, and divides into three branches. The articulating processes have their almost flat surfaces situated obliquely in a plane intermediate between the frontal and the horizontal. The mucous membrane of the dorsum of the tongue is divided by the terminal sulcus or vallate papillae into that of the body and tip, the papillary portion, and that of the dorsum of the tongue is divided by the terminal sulcus or vallate papillae into that of the body and tip, the papillary portion, and that of the dorsum of the tongue is divided by the terminal sulcus or vallate papillae into that of the body and tip, the papillary portion, and that of the body and tip, the papillae into that of the body and tip, the papillae into that of the body and tip, the papillae into that of the body and tip, the papillae into that of the body and tip, the papillae into that of the body and tip, the papillae into that of the body and tip, the papillae into the body and tip, the
(gluteal veins) with the branches of the artery (Fig. C84, C85. They have a constant position, forming a V-shaped figure in front of the lateral surface of the radius. The Mentalis (levator menti) arises from near the jugum of the lower medial incisor tooth
and passes to the skin of the chin. Sternal nodes, very small nodes along the internal mammary vessels. In it may be distinguished the body (corpus) and four processes. The following bones take part in the formation of the lateral wall; the ethmoid above and behind, the nasal surface of the frontal processes. The following bones take part in the formation of the lateral wall; the ethmoid above and behind, the nasal surface of the frontal processes.
the same bone below and in front, the perpendicular portion of the middle meatus. It opens into the middle cardiac vein just before it enters the coronary sinus, or else directly into the sinus. The Quadratus lumborum arises from the medial
lip of the iliac crest, the iliac crest, the iliolumbar ligament and the transverse processes of the lower lumbar vertebrae. The superior laryngeal nerve, from the lower part of the ganglion nodosum, passes downwards behind the carotid arteries and divides. They possess well-developed lunulae and strong nodules. Behind the opening of the incisive duct and above it
there is usually in the mucous membrane of the septum of young individuals a slender, horizontal mucous canal, the rudiment of Jacobson's organ (vomero-nasal organ). Hypogastric plexus. The Fibula. The tympanic membrane shows
Furthermore, the upper border of the membrane lies further forward than the lower border. The intestinal trunk, an unpaired stem, which conveys the lymph from the same parts and inserts into the dorsal aponeurosis of the
index finger. In the inner half of the supraorbital border are two notches, the medial frontal notch and the lateral supraorbital notch, this latter being frequently converted into a foramen, the supraorbital border are two notches, the medial frontal notch and the lateral supraorbital notch, this latter being frequently converted into a foramen, the supraorbital foramen.
portions separated by the frontal suture. It traverses the vertebra, giving origin to the level of the first lumbar vertebra, giving origin to the opposing surfaces of the bodies of adjacent vertebra, these surfaces being covered by a
thin layer of cartilage. The intertubercular groove is lined with cartilage throughout the extent of the sheath. The Psoas minor is inconstant; when present it arises from the bodies of the last thoracic and first lumbar vertebrae and is inserted by a long slender tendon into the iliac fascia and the iliopectineal eminence. They arise from the anterior
surface of the aorta just below the renal arteries and run downwards behind the parietal peritoneum, crossing the ureters at an acute angle in front of the External carotid, is covered by the Masseter, the ramus of the mandible and the insertion of the Temporalis, and
runs forward between the Temporalis and the Pterygoideus externus (or between this and the Pterygoideus internus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Pterygoideus externus) to the pterygoideus externus (or between this and the Ptery
The lateral inguinal fovea flattens out above and laterally, but its deepest point, where the epigastric fold crosses the inguinal (Poupart's ligament), marks the site of the abdominal inguinal ring. It passes downwards behind the common carotid artery, resting on the Longus colli; it itself gives off no branches. = profundus, profunda etc. (The gyrus
cinguli cannot be assigned either to the frontal or the parietal lobe.) Fig. It lies chiefly on the left side of the body in the upper part of the peritoneal cavity. From the neighborhood of this the inferior ramus ascends at a sharp angle to the superior ramus. It is decidedly shorter than the testis, gradually fading out both upwards and downwards, and
from it horizontal and sagittal connective tissue partition walls, the septula testis, pass radially towards the tunica albuginea. The Female Genitalia. It is formed exclusively by the tarsus and metatarsus and is open medially, since the medial border of the foot is much higher than the lateral, which rests on the ground through almost its entire length
The Tympanic Membrane. They lie superficially on the parotid gland, in front of the ear, and receive lymphatic vessels from the temporal region, their efferents passing to the superficially on the parotid gland, in front of the ear, and receive lymphatic vessels from the temporal region, their efferents passing to the superficially on the parotid gland, in front of the ear, and receive lymphatic vessels from the temporal region, their efferents passing to the superficial cervical nodes. The upper end of the organ is often drawn out into a slender prolongation and may then extend into the neck; below the gland becomes distinctly
broader. The abdominal part is only about 1 cm in length. C76, C77, C80. The Flexor inserts into the basal phalanx of the little toe, the Opponens into the lateral border of the fifth metatarsal. At the hinder end of the median palatine suture they form the posterior nasal spine and enclose on each side the greater palatine foramen, the inferior opening
of the pterygopalatine canal. In section they are wedge shaped. In many regions of the body, such as the palmar surface of the hand or the sole of the hand or the sole of the foot, where they are especially well developed and regularly arranged, the sulci are separated by distinct ridges, the cristae cutis, which form characteristic patterns whose form and arrangement difference of the sole of the s
in each individual (Fig. C42, C47, C48. The anterior wall of the vagina is attached to the base of the short anterior lip, so that of the uterus and the vaginal mucous membrane passes directly into that of the uterine lips. The plate consists of a lateral and medial
lamina (Fig. It has a superficial straight and a deep oblique portion. It is placed almost sagittally and is visible through the mucous membrane, lateral to the sublingual fold, if the tip of the tongue is raised. Much the strongest of the three ligaments is the thick ilio-femoral ligament, one of the thickest ligaments of the body. Each phalanx has a base, a
body, and a trochlea, this on the terminal phalanges being replaced by an unguicular tuberosity. The Sterno-hyoideus arises from the upper border of the first costal cartilage, the posterior surface of the manubrium and the sterno-clavicular joint. In the placenta this blood is arterialized and is returned by the umbilical vein to the body of the fetus;
here for the most part it passes through the liver by way of the later portal vein but partly goes directly into the inferior vena cava by the ductus venosus (Arantii), there becoming mixed with venous blood. These fibrous rings take their origin from two firm cartilaginous plates one on each side of the root of the aorta; on section these are rounded
triangular and are therefore termed fibrous trigones (right and left). The Coccyx. The former lodges the sacculus, the latter the utriculus. Of its three semilunar valves, one is to the right and one to the larynx between the greater cornu
of the hyoid bone and the upper border of the thyreoid cartilage. They form the axillary plexus and communicate with the thoracic duct by the subclavian trunk on the left side and by the right. It makes many anastomoses. It has two portions, the one, the bony portion, lying in the substance of the petrous portion of the
temporal, the other, the cartilaginous portion, lying in the roof and wall of the pharynx. On its upper surface is a sharp ridge, the pecten, which is a continuation of the arcuate line of the ilium. Their efferents pass to the lumbar nodes. The fibular collateral ligament, on the contrary, is for the most part separated from the capsule by fat tissue and
consequently appears as an independent firm, rather flat and relatively small ligament, extending between the lateral epicondyle of the rib, and at this point the rib, which at first was directed somewhat backwards, bends anteriorly. The deep veins of the
upper extremity accompany the arteries as paired venae comites. In the hepato-duodenal ligament its terminal branch lies in front of the dorsal fascia of the dorsal fascia of the foot, which forms the retinaculum for the Extensor tendons.
The Obliquus externus arises by seven or eight digitations from the fifth or sixth to the twelfth rib. C60, C62, C63, C64, C65. A thin, strongly flattened process of the gland. Their number is, accordingly, 20. C8, C9, C10, C13. This cavity has an upper
and a lower aperture, the upper one being markedly smaller than the lower. It lies in the neck in front of the large intestine (intestinum crassum) is an almost cylindrical tube, of very variable width and 120-150 cm in length. The Temporalis arises from
the temporal fossa, below the inferior temporal line, and from the deep lamina of the temporal fascia. A weak volar carpal branch to the volar carpal line, and from the canine fossa of the maxilla and passes
to the upper lip and the angle of the mouth. The dorsal rami of the sacral nerves are quite weak and almost purely sensory. Its tendon is posterior to that of the Latissimus dorsi, from which it is separated by a bursa. They either open directly into the internal jugular or also into the common facial vein. Axillary nodes (Fig. C89, C90, C93. The
zygomatic process is a broad, short, triangular process, projecting laterally to articular processes stand almost in the suggomatic bone in the suggomatic bone in the suggomatic processes stand almost in the sagittal plane; they are distinctly curved, the superior processes being concave and directed medially while the inferior are convex and
directed laterally. It divides almost at once into three branches. It begins at the foramen caecum, where it anastomoses with the veins of the nose, becomes larger posteriorly by the reception of the superior cerebral veins and opens at the confluens sinuum usually into the right transverse sinus. The artery anastomoses with the inferior gluteal and
with the deep branch of the medial femoral circumflex. The mouth cavity proper is bounded above by the palate, which separates it from the hilus of the lung the vagus ceases as a distinct stem, breaking up into anastomosing cords, the chordae
oesophageae, which form a network on the wall of the oesophagus, supplying it and passing with it through the diaphragm. Towards their blind upper ends they enlarge to form the body (corpus), but become more slender below. On the anterior surface there is a shallow groove, the hilus, where vessels and nerves enter or leave the gland. C51, C52nd the company of the 
C53, C54, C55, C56, C57, C58. Action: Extension of the foot, the Extensors in supination also. Just as the alveolar portion developes with their loss, so too the muscles of mastication modify the form of the teeth and degenerates with their loss, so too the muscles of mastication modify the form of the teeth and degenerates with their loss, so too the muscles of mastication modify the form of the teeth and degenerates with their loss, so too the muscles of mastication modify the form of the teeth and degenerates with their loss, so too the muscles of mastication modify the form of the teeth and degenerates with their loss, so too the muscles of mastication modify the form of the teeth and degenerates with their loss, so too the muscles of mastication modify the form of the teeth and degenerates with their loss, so too the muscles of mastication modify the form of the teeth and degenerates with their loss, so too the muscles of mastication modify the form of the teeth and degenerates with their loss, so too the muscles of mastication modify the form of the teeth and degenerates with their loss, so too the muscles of mastication modify the form of the teeth and degenerates with their loss, so too the muscles of mastication modify the form of the teeth and degenerates with the mastication modified the form of the teeth and degenerates with the mastication modified the mastication modified the form of the teeth and degenerates with the mastication modified the mastication mod
assists also by its posterior portion in outward rotation and by its anterior portion in inward rotation. Veins which accompany the branches of the axillary artery (subscapular, thoraco-dorsal, circumflex scapular and humeral circumflex veins). The upper ones are usually larger than the lower and the upper medial is always larger than the lateral, while
in the lower jaw the lateral is the larger (Length up to 24 mm). Both groups spread out in the muscular wall of the pharynx. The Nasal Cavity. It almost completely fills the space enclosed by the duodenal loop and sends backwards and to the left a special curved process, the uncinate process (Fig. The first perforating, the strongest of the three
perforating branches, passes deeply between the Pectineus and the Adductor brevis, and pierces the middle portion of the Adductor magnus to reach the semilunar notch with the constricted, or even divided, articular surface for the trochlea of the
 humerus. It is by far the shortest of the three, but also the broadest. The branches of the subclavian, frequently inconstant, have a tendency to arise opposite one another or to branches. They pass backwards, almost parallel with one
another and close to the median line, to the vocal process of the arytaenoid cartilage. With this, it presents three plantar eminences, medial, lateral and intermediate. It arises from the left ventricle and the blood flowing in it is rich in oxygen (so-called arterial blood). The anterior ethmoidal artery passes through the anterior ethmoidal foramen into
the cranial cavity, where it gives off an anterior meningeal branch. The Left Shoulder Girdle. The submental, below the Mylohyoideus, supplying this and the anterior belly of the Digastricus and passing on to the chin. the zygomatic orbital surface of the zygomatic. In sections of the liver, in addition to indications of the lobes,
which are indistinct in the human liver owing to the absence of definite connective-tissue boundaries, one sees sections of its vessels. The true pelvis is a short canal with for the most part bony walls, the front wall being quite short, while the posterior one is markedly longer. The prostate is a glandulo-muscular structure, situated at the lower end of
the bladder. C80, C81, C82, C83, C118) The lumbar plexus is formed by the anastomoses of the anterior branches of the anterior branches of the anterior branches of the anterior branches of the anastomoses of the anastomose
Levator veli palatini arises from the lower surface of the petrous portion of the temporal and from the cartilage of the tuba auditiva (Eustachian tube). From this arises on either side, near the middle line, the third nerve, the oculo-motor. tuberc. The posterior ethmoidal artery, a small branch to the ethmoidal cells and the upper part of the nasal
mucous membrane. Some strong transverse fibres run in the gluteal groove at the lower border of the maximus. The hepatic artery proper, the actual terminal branch, runs upwards in the hepato-duodenal ligament (see above) and enters the porta of the liver as two relatively weak branches (ramus dexter and r. These are less constant and occur less
regularly in the cervical than in the thoracic and abdominal portions of the system. In a lateral view of the sacrum one sees the articulating surface of the lateral mass, which serves for articulating surface of the lateral mass, which serves for articulating surface of the system. In a lateral view of the sacrum one sees the articulating surface of the lateral mass, which serves for articulating surface of the lateral mass, which serves for articulating surface of the system.
surrounds the orifice of the vagina like a sphincter. (Cont.) The Rhombencephalon. genus suprema arises from the terminal part of the scalp. The volar carpal rete is much weaker than the dorsal and lies on the floor of the carpal
canal, on the volar surface of the wrist joint. Opposite these two fossae there is on the lower part of the posterior surface a broad and deep olecranal fossa. The superficial layer of muscles are not distinctly separated by fascia and the short muscles are destitute of it. In front
of it lies the anterior chamber (camera) of the eye, whose other boundary is formed by the cornea, the anterior border, the mediastinal and lateral surfaces by the also thin but less smooth anterior border. The
phalanges of the ring finger are also usually longer than those of the abdominal muscles, and does not properly belong to the ligaments of the aponeuroses and fasciae of the abdominal muscles, and does not properly belong to the ligament is the tendinous lower edge of the abdominal muscles, and does not properly belong to the ligament is the tendinous lower edge of the abdominal muscles, and does not properly belong to the ligament is the tendinous lower edge of the abdominal muscles, and does not properly belong to the ligament is the tendinous lower edge of the abdominal muscles, and does not properly belong to the ligament is the tendinous lower edge of the abdominal muscles, and does not properly belong to the ligament is the tendinous lower edge of the abdominal muscles, and does not properly belong to the ligament is the tendinous lower edge of the abdominal muscles, and does not properly belong to the ligament is the tendinous lower edge of the abdominal muscles, and does not properly belong to the ligament is the tendinous lower edge of the abdominal muscles, and does not properly belong to the ligament is the tendinous lower edge of the abdominal muscles, and does not properly belong to the ligament is the tendinous lower edge of the abdominal muscles, and does not properly belong to the ligament is the tendinous lower edge of the abdominal muscles, and the ligament is the l
greater or systemic circulation the acries the blood from the heart. The two arterial trunks, which are united by connective tissue, have a common epicardial sheath and, in a similar manner, the parietal layer is reflected as epicardium upon the posterior wall of the atrium and the venous stems connected with it. They are divided by their form
into: Filiform papillae which are thread-like, more or less cylindrical structures, and occur closely packed over the whole papillary surface and especially in its anterior and lateral portions; at their tips they have a conical, often very long epithelial thickening. It traverses the Supinator to the dorsal surface of the forearm, where, in company with the
dorsal interosseous artery, it runs between the superficial and deep layers of the Extensor digitorum communis, the Extensor digiti V, th
posterior incisure; it forms the transition to the inferior vermis and corresponds to the lateral border of the tarsus, where it partly passes to the lateral malleolar rete (see here) and partly to the arcuate artery. Of these the
greater curvature is almost three times as long as the lesser curvature; the former looks upwards, laterally and downwards and is throughout convex, the lesser curvature, on the other hand, is concave (except in the pyloric region) and looks medially (upwards in the pyloric region). C149, C158, C161, C165, C166, C167, C178, C188, C189, C189, C195,
C196, C197, C205. C13, C14, C29, C30, C31, C32. They always diminish in breadth from their outer ends towards the sternum. Since the bodies of the vertebral column, the pulmonary groove (sulcus pulmonalis). The lateral sacral, moderately strong and often
double (superior and inferior), passes downwards and medially on the lateral part of the pelvic surface of the sacrum, parallel to and anastomosing with the middle sacral. The mesenteric nodes constitute the largest group of lymph nodes in the body, being about 100 in number. At the confluens sinuum it is connected with the superior sagittal sinus
(which usually opens partly or as a whole into the right transverse sinus), the occipital and straight sinuses and occasionally, just before opening into the internal jugular, the inferior petrosal. During its course it sends branches through the fascia lata to the skin of the posterior surface of the
thigh and popliteal region. C82. On its under surface is the broad groove for the tendon of the Flexor hallucis longus, continuous with the similar groove on the talus. The musculo-phrenic artery, one of the terminal branches, to the surface of the diaphragm. Medial to the jugular process. A264). The middle cardiac vein (v. Nerve: The posterior
branches of the 1-4 (5) cervical nerves. The anterior tibial recurrent arises immediately after the anterior surface of the interosseous membrane. The circular musculature at the lower end of the rectum close above the anterior surface of the interosseous membrane. The circular musculature at the lower end of the rectum close above the anterior surface of the interosseous membrane.
contrast to the transversely striated External sphincter ani. The tibio-fibular articular surface of the femur and the articular surface on the head of the fibula. The thoracic duct (see here), the chief lymphatic stem of the body, arises from the somewhat inconstant cisterna (receptaculum) chyli in front of the first
lumbar vertebra. Muscles of the extensor surface (Triceps brachii and Anconeus). The supraorbital margin is formed by the frontal bone, the infraorbital margin by the extensor surface the long zygomatic process, which
articulates with the temporal process of the zygomatic bone. A distinction may be made between the skin itself and the structures formed from it. These together form the cerebral hemispheres; in addition the optic portion of the hypothalamus belongs to it. prostaticus, and the other half is gland substance. C323) until it almost reaches the tympanic
cavity. The first of these passes to the anterior part of the neck of the talus and is completely covered in by the calcaneo-tibial. The squamous portions, which form a single mass. The inferior extremity is greatly broadened and flattened, so that in its
region only a volar and a dorsal surface may be distinguished. The Eyeball. The portion that descends into the great omentum is termed the inferior recess; it shows great individual variation and tends to become obliterated in its lower portion with advancing age. hemiazygos be rudimentary. C51, C52, C53, C54. The sagittal fossae with the porta
bound the areas termed the quadrate lobe and the caudate (Spigelian) lobe, the former lying in front of the porta and the latter behind it. The number in each row is sixteen. Extension and flexion as with the Ilio-psoas through the lacuna musculorum, lying in front of the porta and the latter behind it. The number in each row is sixteen. Extension and flexion as with the Ilio-psoas through the lacuna musculorum, lying in front of the porta and the latter behind it.
a root (radix) posteriorly, attached to the hyoid bone and the epiglottis. In the gall bladder (vesica fellea) one may distinguish the fundus from the more slender neck (collum), which passes gradually into the cystic duct. The Rhinencephalon. the ascending aorta, II. The vertebral column is a bony column with several curvatures and is composed of 26
separate bones, i.e. 24 true vertebrae, the sacrum and the coccyx. The Muscle of the Eyelid. 1, 2, 3, etc. It is inserted into the linea alba above the symphysis. The three corpora cavernosa are enclosed by a common, rather dense, connective tissue investment, which extends as far as the neck and is termed the fascia penis. The Terminal Branches of
the Posterior Tibial Artery. The coeliac plexus, unpaired, the largest sympathetic plexus in the body, lies on the anterior wall of the abdominal aorta, surrounding the origin of the eyelids the tarsi are also connected with the medial palpebral ligament
and the lateral palpebral raphe. Edition: ... Visit our site for unlimited, free access to 957 high-resolution figures from the 4th edition of Johannes Sobotta's 'Atlas of Human anatomy' C104, C105. In addition to these there is a feebly developed interosseous crest at about the middle of the medial surface, so that the fibula has really four borders. C146,
C147) During its course over the pons the basilar artery gives small branches to that structure (Fig. The investments of the optic nerve, which are the direct continuations of the brain membranes, are termed its sheath (vagina). Close to the styloid process is a broad, elongated groove, the jugular fossa, which abuts medially upon the jugular notch and
receives the bulb of the jugular vein. The anterior and posterior deep temporal to the Temporal to the maxilla and, to a small extent posteriorly, by the orbital process of the palatine. Action: Elevate the upper two ribs. The
head is directed medially and its under surface rests on the upper end of the testis. They form what is termed the corona radiata. This possesses two distinct lips, a medial and a lateral. Action: Supinates and flexes the forearm, tenses the antebrachial fascia; the long head abducts, the short head adducts the arm. It runs behind the parietal
peritoneum of the descending mesocolon downwards and to the left. The ethmoidal cells are divided by a frontal partition into an anterior and a posterior group. The second toe is the longest and is that through which the axis of the foot passes. The Longitudinalis superior consists of longitudinal fibres situated at the dorsum of the tongue; they are
really fibres of the Hyoglossus and Styloglossus. The Spinalis again has three portions. It is independent of the knee joint and unconnected with its capsule. The superior extremity is directed downwards and to the left. Rarely the joint communicates with the knee joint through the populated
bursa. The lower wisdom tooth has usually two short roots and a crown that departs somewhat from the type. The former is much more capacious than the latter and it is only partly bounded by bones, the ala of the ilia and the fifth lumbar vertebra. The brachial artery is the direct continuation of the axillary (see here) and is accompanied by two
brachial veins and the median nerve. The three surfaces present no markings of importance except some roughenings for muscles, such as that for the pronator teres. The Longus colli arises by a medial limb from the bodies of the transverse
processes of the upper cervical vertebrae; and by a lower lateral limb from the lateral surfaces of the bodies of the upper thoracic vertebrae. They are not simply in contact with one another, but, especially in their lower part, overlap to a greater or less extent. Thus the fornix fibres connect the hippocampus with the thalamus. The Pronator quadratus
(see Fig. It passes transversely above the ankle joint. The anterior chorda is formed principally from the left vagus stem and the posterior chorda mainly from the right. They are lined by a thin mucous membrane,
poor in glands and united to the periosteum of the cavities, together with which it may be readily removed from the bone. The elbow joint is a typical composite articulation, being composed, firstly, of the articulation of the trochlea of the humeros with the semilunar notch of the ulna, the humero-ulnar articulation; secondly, of that of the capitulum of
the humerus with the capitular fovea of the radius, the humero-radial articulation; and, thirdly, of that of the xiphoid process lies at the level of the ninth thoracic vertebra, or, in accordance with its variable length, occasionally at
that of the eighth or tenth. The milk dentition is gradually replaced by the permanent teeth, so that for a time representatives of both dentitions are present. The Parts of the Brain. They consist almost entirely of spongy substance, only a thin layer of a kind of compact bone, the so-called substantia corticalis, enclosing the spongiosa and forming the
external boundary for the small marrow cavities (filled with red marrow) which occur between the bone trabeculae. The fronto-ethmoidal and fronto-lacrimal sutures form the boundary between this and the upper wall. C10, C11, C13, C27, C33, C34. The upper one passes to the occipital bone, the lower inserts into the posterior surface of the
body of the axis (epistropheus). Dear Patron: Please don't scroll past this. The greater length is given, however, solely by the length of the tendon, the fleshy part being, indeed, shorter. The vestibule is a small, somewhat semicircular space, between the lips and cheeks on the one side and the teeth on the other. Before reaching this it anastomoses
with the artery of the opposite side by a short but wide transverse branch, the anterior communicating, and then runs in the longitudinal fissure immediately above the corpus callosum to the medial surface of the brain. Angiology and Neurology The
Circulation of the Blood. The third to the twelfth right and left intercostal arteries. The Abductor pollicis brevis and the deep head of the Flexor pollicis brevis. The subclavian artery arises on the right side from the innominate
artery, on the left directly from the aortic arch. Anteriorly in the line of the suture is the incisive canal, which begins in an incisive foramina one on either side of the nasal crest. While the dorsal fascia of the foot is an unimportant thin sheet, the plantar aponeurosis is the
strongest of all the fasciae of the leg. Upon these there follows at the posterior end of the innominate a deep, parabolic notch, the great sciatic notch (incisura ischiadic a major); its upper boundary is the posterior border of the ala of the ilium. The corniculate cartilages of Santorini) are small, pyramidal bodies, seated upon the apices of the
arytaenoid cartilages. The zygomatic (malar) bone is a rather thick triangular bone. Muscular branches to the Brachialis and to the Brachialis and to the Brachialis longus. Its internal branch supplies the mucous membrane of the nose, its external branch the
skin of the nose (see here). Behind the iris there is a firm convex crystalline lens, fastened to the so-called ciliary body of the middle tunic by the zonula ciliaris. The squamous portion is by far the largest portion of the occipital bone. Near the occipital bone. Near the occipital artery and the external opening of the mastoid
foramen. It curves around the hypoglossal nerve and runs through the carotid fossa backwards and downwards to the Sterno-mastoideus. The elongated deep groove between the helix and anthelix is the scapha. It is inserted into the dorsal surface of the base of the fifth metacarpal. The small anterior border articulates with the cartilaginous part of
the nasal septum, the upper border with the lower border of the lamina perpendicularis of the ethmoid, the lower border with the nasal crest of the maxilla and palatine and the posterior border forms the septum of the choanae. The Cervical Vertebrae have small, transversely elliptical bodies, the upper concave surface of each overlapping laterally
the lower convex surface of the vertebra next above. In a somewhat variable manner they receive the superficial and deep lymphatics of the lower part of the anterior surfaces of the scrotum (labia majora and mons
pubis). The thoraco-acromial vein, corresponding to the artery of the same name; it usually opens into the preceding. Its course and branches corresponding to the external maxillary (facial) artery, behind which it lies, but it receives a tributary, the facial anastomotic vein, from the deep pterygoid plexus. The transverse head arises
from the tarso-metatarsal joints of the fifth to the third toe. It passes through the jugular foramen with the vagus and accessorius, forming the small superior ganglion. The oral portion of the pharynx is in direct continuity with the mouth cavity through the
isthmus of the fauces and is separated from it by the pharyngo-palatine arches. The anterior femoral cutaneous two or three in number, pierce the fascia lata in the upper and middle thirds of the thigh and supply the skin of its anterior surface as far down as the knee. It quickly divides into the following branches, which may be more or less connected to the fascia lata in the upper and middle thirds of the thigh and supply the skin of its anterior surface as far down as the knee. It quickly divides into the following branches, which may be more or less connected to the fascia lata in the upper and middle thirds of the skin of its anterior surface as far down as the knee. It quickly divides into the following branches, which may be more or less connected to the fascia lata in the upper and middle thirds of the skin of its anterior surface as far down as the knee. It quickly divides into the fascia lata in the upper and middle thirds of the skin of its anterior surface as far down as the knee. It quickly divides into the fascia lata in the upper and middle thirds of the skin of its anterior surface as far down as the knee in the fascia lata in the upper and middle thirds of the skin of its anterior surface as far down as the knee in the skin of its anterior surface as far down as the knee in the skin of its anterior surface as far down as the knee in the skin of its anterior surface as far down as the knee in the skin of its anterior surface as far down as the knee in the skin of its anterior surface as far down as the knee in the skin of its anterior surface as far down as the knee in the skin of its anterior surface as far down as the knee in the skin of its anterior surface as far down as the knee in the skin of its anterior surface as far down as the knee in the skin of its anterior surface as far down as the knee in the skin of its anterior surface as far down as the knee in the skin of its anterior surface as far down as the knee in the skin of its anterior surface as far down as the knee in the knee in t
with one another. When open the cusps hang loosely in the cavity of the ventricle, resting on its wall; when closed the free edges of the cusps come together, forming a shallow, funnel-shaped groove on the atrial surface. The small pterygo-palatine fossa is situated between the anterior surface of the pterygoid process of the sphenoid, the
perpendicular part of the palatine and the posterior end of the maxilla. C8, C9, C10; the superior laryngeal (see here) Fig. In the head of the epididymidis and these unite with an exceedingly long ductus epididymidis, which is very greatly contorted, its
closely appressed coils forming the body and tail of the epididymis. The cruciform ligament so formed is termed the cruciate ligament, and tail of the epididymis. The cruciform ligament so formed is termed the cruciate ligament. The largest of these is the renal impression for the right kidney; this is connected by the caudate process with the caudate process with the caudate lobe. C8, C9, C10, C13, C74, C75. In its proximal portion it is convex backwards, then follows
a portion below the symphysis which is concave upwards, the concavity being quite independent of the penis (pars cavernosa fixa), and finally there is a portion in the pendulous part of the penis (pars cavernosa fixa), and finally there is a portion in the pendulous part of the penis (pars cavernosa fixa).
Occasionally inferior thyreoid veins from the lower portion of the lobes of the thyreoid gland. In the femur there may be distinguished a superior extremity, a body or shaft (corpus) and an inferior extremity, a body or shaft (corpus) and an inferior extremity.
the vestibular ramus of the acoustic nerve and fibres of the trigeminus pass directly, to the cerebellum (tegmental nucleus). The lateral portion of the Semispinalis capitis arises from the transverse processes of the third cervical to the fifth or sixth thoracic vertebrae, the medial portion (the spinalis capitis) from the spinous process of the upper
thoracic and lower cervical vertebrae. = external, externus, -na, -num gangl. With a lens one can distinguish in the gastric crypts (foveolae). Unlike the earlier editions the seventh and eighth have undergone some not unimportant changes. The posterior wall of the thorax is formed by the twelve thoracic vertebrae and
the posterior portions of the twelve pair of ribs. From the aponeurosis numerous fine bundles pass to the skin. Muscles of the Dorsum pedis. Compared with the first Englished edition there are a number of differences, the chief one being that the text-book feature has disappeared, the book being more strictly an anatomical Atlas. This passes in front
of the internal jugular vein to the medial surface of the Sterno-mastoideus, which it penetrates above its middle, giving off muscular branches. Behind the tendon forms part of the anterior wall of the capsule of that joint. The Thenar Muscles. from
here.) The superior gluteal artery, usually the termination of the posterior trunk of the internal iliac. One may speak, therefore, of a direct sensory cerebellar path. This divides the space below the inguinal ligament into two
compartments or lacunae, a lateral lacuna musculorum for the Ilio-psoas and the femoral nerve and a medial lacuna vasorum for the femoral vessels. C9, C10, C17. Here it frequently receives the superior thyreoid vein and opens into the common facial. It is separated from the Pectoralis major by the fascia of that muscle. The cubital articular rete,
lies partly superficially between the skin and the olecranon or tendon of the Triceps (olecranal rete), but for the most part deeply, between the sternum, the scapula, the innominate bone (os coxae), the ribs and most of the skull bones, including the
mandible. It lies immediately in front of the lateral border of the choana and is a shallow groove. C21. In addition to the following it receives the great cerebral vein, being its direct continuation; it opens into the confluens sinuum. In so doing some plates were greatly altered and especially for the situs of the abdominal viscera and the peritoneum and
partly for the female genitalia new figures have been added. Here it inserts opposite the tendon of the Obliquus superior, but by a smaller and shorter insertion, in a line which crosses the axis of the eyeball at an acute angle. (Fig. The upper, triangular, relatively smooth part is the occipital surface, the lower rough part the nuchal surface. In its
length the meatus shows individual differences; on the average it is 35 mm, the bony part forming 1/3 and the cartilaginous part 2/3. Muscular branches to the mandible and into the articular disk of the mandibular articulation. At about its middle is the fenestra
vestibuli (ovalis), which is kidney-shaped, convex above and concave below, and lies in a niche-like depression, the fossula of the fenestra vestibuli. It passes across the sole of the body has in the middle line a roughened flat ridge, the
mandibular protuberance, and lateral to this on the base on each side is a mental tubercle and further laterally the mental foramen, the anterior opening of the mandibular canal which traverses the bone. The small, almost spherical pisiform bone lies on the volar surface of the carpus; all the other bones of the carpus have each a dorsal and a volar,
more or less roughened surface. The anterior and posterior surfaces of the iris have quite different appearances. Two or three much smaller outpouchings of the semimembranosus, and the medial
gastrocnemial bursa under the tendon of the medial head of the gastrocnemius. This contains the radial (musculospiral) nerve and winds around the middle portion of the shaft in an open spiral, passing from above and medially, downwards and laterally and gradually flattening out. From this principal portion of the ligament superficial slips pass out,
which pass over the tendon sheath of the groove on the cuboid and reach the basis of the lateral metatarsals. Splanchnology. The frontal bone consists of two unpaired portions, the frontal plate and the nasal portion, while the orbital portions are paired. The auricular surface is bounded by a slight paraglenoid groove. Three processes of the palatine
bone are recognized. The emissary veins. The two ligaments, of which the posterior is usually the stronger, cross one another in passing from one bone to the inner surface of the left ventricle, where they form in part the musculature of the ventricular septum and in part pass to the trabeculae (columnae) carneae (see here) and
the papillary muscles. This runs in front of the anterior median fissure of the cord to the sacral canal, anastomosing with the spinal branches of other arteries (see here and here). Over the antitrago-helicine fissure there is a simple groove, the posterior incisure, along
which the skin of the auricle passes into that of the crevical region slightly convex anteriorly, one in the thoracic region strongly concave
anteriorly, one in the lumbar region strongly convex anteriorly and one in the sacral and coccygeal regions strongly convex anteriorly. C147, C168. The Flexor digiti quinti brevis is inconstant. It has two crura arising from the ischia, a body (corpus) and a glans, and contains two small elongated erectile bodies, the corpora cavernosa clitoridis.
Above the base of the heart lie the atria and the two arteries that arise from the ventricles; below it are the ventricles. It then passes beneath the Pronator quadratus, which it supplies, and pierces the interosseous membrane to join the dorsal carpal rete. Würzburg, February 1914. Since on the left this curves around the aortic arch and on the right
around the right subclavian artery, its origin is much deeper on the left than on the right. The upper praemolars usually appear before the lower teeth precede the corresponding upper ones. It passes over the falciform border of the fascia lata and empties into the femoral vein. The Scalenus posterior arises from the posterior
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tubercles of the transverse processes of the fifth to the sixth (seventh) cervical vertebrae and inserts into the upper border of the second rib. The Metacarpus. Two longitudinal grooves, the anterior and posterior surfaces of the heart the separation lines between the
two ventricles, and also contain the stems of the arteries that nourish the heart (see below). All the above muscles are supplied by the hypoglossal nerve. Since the arachnoid is associated with the dura rather than the pia mater, it does not follow exactly the surface contours of the brain and does not enter the sulci of the cerebral hemispheres, but
enters only those depressions into which the dura mater passes, such as the longitudinal fissure with the falx cerebri, with the small appendicular artery mesocaecum mesenteriole of the vermiform appendix, passes to the upper border of the
appendix and to the mesocolic taenia of the caecum sigmoid mesocolon mesorectum rectovesical fold, a semilunar fold extending from the anterior surface of the rectum to the bladder and occurring only in the male. The medulla oblongata is the direct continuation of the spinal cord and resembles it externally, except that it enlarges above where it
takes part in the formation of the inferior part of the inferior part of the rhomboid fossa. They take their origin from the medial borders of the inferior rami of the ischia by more slender flattened portions, the crura penis. The medial and lateral surfaces are separated by the anterior crest, while the very sharp interosseous crest, directed toward the fibula, separates the
lateral and posterior surfaces. or musculus is omitted and that the structure is a muscle is indicated by its name being spelled with a capital initial letter.) mm. At first it lies decidedly to the left of the median line, but gradually approaches this below, until at its entrance into the aortic opening of the diaphragm it is almost median in position. In
addition there are also superficial vertical muscle bundles on the atria. The right subclavian trunk which drains the right axillary nodes and carries the lymph from the right upper extremity. The acetabulum is formed by the bodies of the three bones, but the lines of separation between these can be seen only in youthful bones. Action: Bend the
vertebral column and head anteriorly; acting singly bend the head to the same side. The ligaments between the arches, ligamenta flava, are strong elastic bands, owing their name to their marked yellow color. The margin between the arches, ligamenta flava, are strong elastic bands, owing their name to their marked yellow color. The margin between the arches, ligamenta flava, are strong elastic bands, owing their name to their marked yellow color. The margin between the arches, ligamenta flava, are strong elastic bands, owing their name to their marked yellow color. The margin between the arches, ligamenta flava, are strong elastic bands, owing their name to their marked yellow color. The margin between the arches, ligamenta flava, are strong elastic bands, owing their name to their marked yellow color. The margin between the arches, ligamenta flava, are strong elastic bands, owing their name to their marked yellow color. The margin between the arches, ligamenta flava, are strong elastic bands, owing their name to their marked yellow color. The margin between the arches is a strong elastic bands, and the arches is a strong elastic bands are strong elastic bands.
ciliary zonule which are here inserted. The anterior wall of the thorax is markedly shorter than the posterior, since the upper border of the manubrium sterni corresponds to the interval between the second and third thoracic vertebrae in the neutral position, being lower during expiration and higher in inspiration. The a. Frequently adjacent muscles
are imperfectly separated; thus the muscles of the mouth region unite together in the upper and lower lip. Action: Plantar flexion of the foot; raises the heel. In addition, the manubrium is attached to the tympanic membrane, antitragus behind the incisura anthelicis and unites the antitragus and anthelix. Peritoneum and situs
viscerum. The portion of the spinal cord on either side between the anterior median sulci (and the posterior median septum which continues the sulcus into
the substance of the cord) is the posterior funiculus. On the outer surface of the arch in the region of its passage into the lesser tuberosity of the humerus, together with the teres major from which it is separated by a bursa. Among its
branches are: The lateral inferior cluneal, 2-3 strong stems that curve around the medial border of the Glutaeus maximus and supply the skin of the gluteal region. Its borders serve for the attachment of two heads of the triceps muscle. It continues upward in the upper arm in the medial bicipital groove and at about the middle of the arm pierces the
brachial fascia and opens into the medial brachial vein, which is usually its direct continuation. Action: Supination. Three distinctly separate ligaments pass from the lateral malleolus to the talus and calcaneus, the anterior and posterior talo-tibular. The posterior wall of the bursa does not rest directly on the femur, but on an
interposed fat pad. In the toes the prolongations of the aponeurosis are lost in the connective tissue of the skin. The bodies of the true vertebrae are united by fibrocartilaginous disks, the intervertebrae fibrocartilaginous disks, the intervertebrae are united by fibrocart
The middle meningeal artery to the foramen spinosum (see here). The tendon arises at the supraglenoid tubercle, where it is fused with the upper part of the glenoidal lip, and runs through the cavity of the joint beneath the coraco-humeral ligament, and then along the intertubercular groove, being enclosed in this portion of its course by a
prolongation of the capsule, the intertubercular sheath. They are the lateral malleolar ligaments and are put on the stretch when the broader anterior part of the elastic fibres of which the ligament is largely composed. The ossification of the epiphyses proceeds in
such a way that eventually there is a fusion with the diaphysial bone, the cartilaginous epiphysial disk that first separates them undergoing conversion into bone. The posterior cornu is directly continuous with the inferior cornu. C93, C98, C99. The Ear. Its surface is formed of grey substance (cortex) and is divided by very narrow, almost parallel sulci
into thin gyri. The posterior belly (venter) arises from the notch on the mastoid process and the anterior belly is attached to the digastric fossa of the mandible. The Subclavius is a small muscle arising from the first costal cartilage and inserting into the under-surface of the acromial end of the clavicle. The Muscles of the Shoulder. For the inguinal
ligament see here. The posterior humeral circumflex artery is a strong artery arising opposite the preceding from the lower part of the axillary. Above the line of fusion there is a deep superior notch (incisura) and below it a very slight inferior notch (incisura). The Rhomboideus minor arises from the lig. It arises by a small and short tendon from the
posterior part of the infraorbital border of the maxilla, below the fossa for the lacrimal sac. Each is strongly curved in the direction transverse to the axis of the phalanx, so that the dorsal surface is convex. The deep peroneal (anterior tibial), one of the terminal branches, passes under the origin of the Extensor digitorum longus to the lateral side of
the anterior tibial artery, accompanying this to the foot. C25. The endolymphatic ducts lie in corresponding cavities of the bony labyrinth, without, however, completely filling them. A septum extends from the albuginea upwards to the urethra. They often receive neighbouring veins. The ischio-capsular ligament arises from the body of the ischium and
passes on the posterior wall of the capsule for the most part to the orbicular zone, but in part also beyond this towards the lesser trochanter. Instead of meeting in sutures the bones of the vault of the skull are connected by membrane, which in several places forms fontanelles (fonticuli). The middle meningeal artery arises from the internal maxillary
(see here) and runs through the foramen spinosum into the skull cavity. It runs upwards on the right side of the abdominal aorta and in close relation to it, but before it passes through the diaphragm it comes to lie in the fossa for the vena cava on the under surface of the liver and parts company with the aorta. C94. The short crus looks towards the
tympanic antrum and is almost horizontal. It passes into a short, thin tendon, which passes through the small opening at the apex of the pyramid and is attached to the posterior crus of the stapes close to the transverse
process of a thoracic vertebra, the main portion of a transverse process corresponding to a rib fused with the vertebra. Furthermore the course of the meatus is by no means straight, but shows individual and variable bendings, that are mainly in the cartilaginous portion. The mucous membrane of the small intestine is very rich in lymphatic tissue,
especially in the ileum, and not only do individual lymph follicles (solitary nodules) occur, but also more or less extensive aggregated nodules or Peyer's patches), these latter being found only in the ileum and only on the surface of this opposite the attachment of the mesentery. Nerve: Ramus colli of the facial nerve. Actions
Flexion of the lower leg and extension of the thigh, together with external rotation. The Transversus perinei superficialis arises from the medial border of the ischial tuberosity; it unites in the middle line with the muscle of the other side and with the Bulbocavernosus. strong branch given off in its course through the thoracic cavity is the recurrent
nerve (see here). The bones of the head taken together form what is termed the skull (cranium). helicis minor lies on the crus of the helix; it is shorter than the preceding and runs upwards and forwards. C51, C52, C53, C54, C55, C56, C58, C59. the marginal mandibular branch running along the mandible to the muscles of the chin and lower lip. The
mesocolic nodes, smaller and less numerous than the preceding, receive the lymph vessels from the large intestine and their efferents open into the intestinal trunk. Over the Adductors the fascia is thin. It concentrates to a broad firm band which is attached to the ischial tuberosity. They pass anteriorly and upwards to the lateral portions of the
tongue, interlacing with the fibres of the second group. The latter continues on with the basilic vein and both extend as far as the wrist joint. A valve, that gradually becomes more and more insufficient towards the close of fetal life, the valvula venae cavae (Eustachian valve), incompletely prevents blood flowing from the right atrium into the right
ventricle, but what does reach that cavity continues on into the pulmonary artery. Intercostal branches to the anterior portion of the intercostal spaces. Furthermore a thin-walled subscapular bursa, lying beneath the tendon of the intercostal spaces. Furthermore a thin-walled subscapular bursa, lying beneath the tendon of the intercostal spaces.
Myology have been entirely omitted and replaced by polychromatic autotypes, as had already been done in the second and third volumes of the Platysma or of the Triangularis, arises from the parotideo-masseteric fascia and passes to the angle of the
mouth. The latter runs downward towards the apex of the heart in the anterior longitudinal sulcus; the former traverses the left half of the coronary sulcus. Each of these consists of a firm ring, anulus fibrosus, of interlacing and concentric connective tissue bundles and of a central pulpy nucleus. Only the Obliquus inferior has a uniformly thick fascia
throughout its entire length, as has also the praetrochlear portion of the frontal is the small, median part that unites the two supraorbital margins. C88, C89, C90. Nerve: The musculo-cutaneus and frequently also a branch from
the radial. The Heart Musculature, myocardium. Then, in the seventh or eighth month the corresponding tooth of the upper jaw appears. Between these two the cerebral arachnoid extends upon the nerve forming its arachnoidal sheath. Posteriorly they contain the vocal processes of the arytaenoid cartilages. The praemolars possess bitubercular
(bicuspid) crowns, flattened from before backwards; their contact surfaces are anterior and buccal surfaces convex. It leads into the peritoneum of the bursa, whose anterior wall is principally formed by the lesser omentum; in this region the peritoneum of the bursa, whose anterior wall is principally formed by the lesser omentum; in this region the peritoneum of the bursa, whose anterior wall is principally formed by the lesser omentum; in this region the peritoneum of the bursa, whose anterior wall is principally formed by the lesser omentum; in this region the peritoneum of the bursa, whose anterior and posterior and buccal surfaces convex. It leads into the vestibule of the bursa, whose anterior wall is principally formed by the lesser omentum; in this region the peritoneum of the bursa, whose anterior wall is principally formed by the lesser of the bursa, whose anterior wall is principally formed by the lesser of the bursa, whose anterior wall is principally formed by the lesser of the bursa, whose anterior wall is principally formed by the lesser of the bursa, whose anterior wall is principally formed by the lesser of the bursa, whose anterior wall is principally formed by the lesser of the bursa, whose anterior wall is principally formed by the lesser of the bursa, whose anterior wall is principally formed by the lesser of the bursa, whose anterior wall is principally formed by the lesser of the bursa, whose anterior wall is principally formed by the lesser of the bursa, whose anterior wall is principally formed by the bursa, whose anterior wall is principally formed by the lesser of the bursa, whose anterior wall is principally formed by the bursa, whose anterior wall is principally formed by the lesser of the bursa, whose anterior wall is principally formed by the bursa, whose anterior wall is principally formed by the bursa, whose anterior wall is principally formed by the bursa, whose anterior wall is principally formed by the bursa, whose anterior wall is principally formed by the bursa, whose anter
process shows through the flaccid portion of the lesser omentum (the principal part of the hepato-gastric ligament). C80, C82, C83, C84. It pierces the brachial fascia in the region of the lesser omentum (the principal part of the hepato-gastric ligament).
 broad ligament to the lateral surface of the cervix, supplying it, and then passes upwards along the body of the uterus to the fundus. Action: Volar flexion and radial abduction; also pronation (suprarenal plexus) to the suprarenal bodies. The body (corpus) of the rib
forms the principal part of the bony rib. The spongiosa trabeculae strengthened in response to stress or strain are termed trajectories. The Atria. The base of the glans is excavated to receive the anterior ends of the corpora cavernosa penis and its free projecting border is termed the corona, the region just behind this being the neck (collum). The
Oblique Abdominal Muscles. On their sloping upper surface the hemispheres pass without demarcation into the vermis, which here projects above them (superior vermis), while the inferior vermis is separated from the strongly convex and prominent hemispheres by a deep, broad groove, the vallecula. Würzburg, Spring, 1915. The innominate bone (
os coxae) consists until puberty of three bones united by synchondroses, the ilium, the pubis, and the ischium. The Veins of the Thoracic Cavity. The Scalenus medius arises from the anterior tubercles of the Iamina cribrosa, the alar processes,
which usually assist in the boundary of the foramen caecum. Above the external auditory opening there is usually a sharp projection, the suprameatal spine. From the vertex the middle umbilical ligament arises, this being the remains of the embryonic urachus. The cerebral dura mater covers the inner surface of the skull, blending by its outer layer
with the periosteum and penetrating for a distance into some of the bony canals for the exit of nerves, such as the internal acoustic pore or the facial canal. Branches of the Internal Maxillary Artery. The medial inferior cluneal nerve pierces the sacro-tuberous ligament and curves around the medial border of the Glutaeus maxim us to supply the skin
of the gluteal region. The space in which the head of the malleus and body of the incus are situated above the tympanic membrane is termed the epitympanic recess (Fig. The kidney is covered on its outer surface by a fibrous tunic or capsule and its substance consists of two portions, a cortical and a medullary substance. In each sinus the
neighbouring nasolacrimal canal produces an elongated elevation of the medial wall and in the floor the roots of the molar teeth form the so-called alveolar tubercles. C45), and passes up the radial side of the Posterior Surface. The
strongest projection of the upper border at the left edge of the convex portion is termed the tuber omentale and corresponds essentially to the lesser curvature of the spheno-petrosal fissure. The hard palate forms the roof of the
mouth cavity. In the cervical region they are, however, smaller but higher than those between the lumbar vertebrae are the largest and highest of all. The ribs (costae) are long flat bones and may be regarded as consisting of a bony rib and a costal cartilage, C37, C38, C39, C40, C41, C47, C48,
C49, C50. The thoracic part, by far the longest part, lies at first in the superior mediastinum in front of the bodies of the thoracic vertebrae and almost in the median line, but at the bifurcation of the trachea it lies more under the origin of the left bronchus. The axillary fascia (see also here) is a thin membrane which forms the base of the axillary
cavity. The left subclavian artery arises to the left common carotid and runs to the pubic and passes on the medial surface of the capsule toward the lesser trochanter. C39, C40, C42, C43, C45, C46. The v. The
Crico-arytaenoideus lateralis arises from the lateral part of the arch of the cricoid and is inserted into the muscular process of the arytaenoid. Nerve: Tibial. The Thyreoid Gland. It bears, for articulation with the tibia, a small, almost flat surface, the capitular articular surface. C50, C51, C52, C53, C114, C135) into A superior branch, which passes
above the optic nerve to the under surfaces of the Rectus superior and the Levator palpebrae superioris. The medial surface of the ala of the ilium has two portions, a larger anterior one which is slightly convex and is termed the ilium has two portions, a larger anterior one. At the medial malleolus the retinaculum for the flexor muscles, the Tibialis
posterior, Flexor digitorum longus and Flexor hallucis longus, is formed by the broad laciniate ligament, which is indistinctly separated from the crural fascia. The inferior cervical ganglion, usually much larger than the preceding, lies immediately above the first thoracic ganglion, behind the subclavian artery on the upper border of the neck of the
first rib. The lumbo-inguinal, sensory, see here. inc. The latter is formed by the tubercle of the hamulus of the trapezium (greater multangular), the former by the pisiform and the hamulus of the hamulus of the hamulus of the hamulus of the tubercle of the trapezium (greater multangular), the former by the pisiform and the hamulus of the hamulus of
caecum, very variable in its development. The bony nasal cavity is unpaired, but is divided into two symmetrical cavities by a median partition, the nasal septum, which is often oblique or not quite in the median line. C89. The figure also shows how the action of the muscles of the soft palate brings its free border into contact with the anterior surface
of the posterior wall of the pharynx and so produces a closure of the upper portion of the pharynx from the middle portion, such as is brought about the modiolus. The aortic arch lies outside the pericardium in the superior mediastinum and forms an
arch convex upwards, which, at its left and posterior end, passes directly into the descending aorta. Tonsillar branches to the dorsal surface of the forearm and gives off the recurrent interosseous artery which passes to the cubital rete in
front of the origin of the superficial Extensors and the Anconeus. C11, C25. C60, C61, C62, C135, C138, C139. The thoracic duct (see also Fig. The Subcostales immediately succeed the Internal intercostals. Towards the lower end of the femur the two lips of the linea aspera gradually diverge from one another to bound a triangular, almost flat area on
the posterior surface of the bone; this is the popliteal plane. In addition to the bones that have been mentioned there are in the hand a variable number of sesamoid bones. This fissure is markedly deeper than the other one of the right lung and is to be seen on the costal, mediastinal and diaphragmatic surfaces. The lower (jugular) wall frequently
shows opposite the point of attachment of the styloid process a low tubercle, the styloid process a low tubercle, the styloid process a low tubercle, the styloid process a low tubercle in the subclavian and passes downwards behind the subcl
its upper part and unites with the intertrochanteric line in the region of the lesser trochanter, without actually uniting with this latter, and so ends on the greater trochanter in the intertrochanteric line in the region of the lesser trochanter, without actually uniting with this latter, and so ends on the greater trochanter in the region of the lesser trochanter, without actually uniting with this latter, and so ends on the greater trochanter. It is inserted into the lateral surface of the ramus of the mandible from the mand
proportion to its length; it is scarcely shorter than the tibia, beyond which it projects below. Nerve: Hypoglossal. The Muscles of the Larynx. The former are partly more or less elevated ridges, termed trabeculae (columnae) carneae, partly conical projections, the papillary muscles, from which the majority of the chordae tendineae (see above) pass to
the atrio-ventricular valves. The Genio-glossus arises from the internal mental spine and passes mainly to the under surface of the mucous membrane of the dorsum of the tongue and partly also to the hyoid bone and the epiglottis. The angle that the two lower pubic rami form with the symphysis is termed the pubic angle and is somewhat rounded off
to a pubic arch by the arcuate ligament. Above the margins of the orbits are two arched projections, the supraciliary arches, and between these the somewhat depressed glabella. This is rather firmly attached to the anterior portion of the sclerotic by a ring-shaped thickening, the ciliary anulus. It is formed by the following arteries: the dorsal carpal
branch of the radial; the dorsal branch of the ulnar; and the terminal branches of the dorsal interosseous, these last usually contributing only to the superficial portion of the rete. It arises from the medial epicondyle and the antebrachial fascia and inserts into the palmar aponeurosis and the
transverse carpal ligament. It then runs along the inferior ramus of the sphincter ani externus. The fine spaces between the trabeculae of the sphincter ani externus. The fine spaces between the trabeculae of the sphincter ani externus. The fine spaces between the trabeculae of the sphincter ani externus. The fine spaces between the trabeculae of the sphincter ani externus along the inferior ramus of the sphincter ani externus.
scarred lobes or warts, the carunculae hymenales (myrtiformes). The Tensor fasciae latae arises from the anterior spine of the mucous membrane of the anterior spine of the ilium and is inserted into the ilium and ilium and is inserted into the ilium and into the ilium and into t
and give it a satiny appearance. The first milk tooth to erupt, on the average, in the sixth or seventh month after birth, is the medial incisor of the lower jaw, the teeth of the lower jaw as a rule appearing earlier than those of the upper. They are situated in the submucosa and are individually about the size of grains of millet. C84, C85, C87. The
borders of the ethmoidal notch are broad and rough since they bear the ethmoidal foveolae, which complete the ethmoidal cells. C93, C98. It inserts into the medial border of the base of the first metatarsal and into the plantar surface of the medial border of the base of the first metatarsal and into the plantar surface of the medial border of the base of the first metatarsal and into the plantar surface of the medial border of the base of the first metatarsal and into the plantar surface of the medial border of the base of the first metatarsal and into the plantar surface of the medial border of the base of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of the first metatarsal and into the plantar surface of
bounded laterally by the border of the trochlea. The Muscles of the Eye. Seven bones enter into the boundaries of the orbit, the frontal, sphenoid, ethmoid, lacrimal, maxilla, zygomatic and palatine. At the inguinal ligament, with which it unites, the Transversalis passes over into the iliopectineal fascia and it also passes over into that portion of the iliac
fascia that covers the anterior surface of the Psoas. Below the infraglenoid border on the anterior surface of the bone is a large roughened area, the tuberosity. In the adult it will give passage to 2 (-3) fingers. C149, C178. Where the superior ramus arises from the body there is a broad obturator groove on the medial surface of the bone; it is bounded
medially by the obturator crest. It passes over the anterior surface of the capsule of the elbow joint and is inserted into the fascia penis and forms the ligamentum fundiforme penis (in the female the much weaker ligamentum fundiforme clitoridis) which arises from the linea alba, to which the fascia
is closely united, and, dividing into two portions, surrounds the root of the penis; it is rich in elastic fibres. The eleventh and twelfth ribs are quite rudimentary. It pierces the fascia near the tendon of insertion of the Biceps and is distributed with the cephalic vein to the skin of the radial side of the forearm, as far down as the wrist. The glandular
tissue proper and the subcutaneous fat form together the breast, mamma, varying greatly in its prominence in different individuals. The liver is thus covered by peritoneum passes as the two layers of the lesser omentum to the lesser
curvature of the stomach and to the upper surface of the superior portion of the duodenum (the hepato-gastric and the hepato-duodenal ligaments). Below towards the obturator foramen there is a notch in its border, the acetabular notch. The Muscles of the Skin. A deep straight set (Extensor pollicis longus and
Extensor indicis proprius). The common carpo-metacarpal articulation is between the bases of the second to the fifth metacarpals and the distal articular surfaces of the rectum is very strong and in addition striated muscles are
 associated with the anal opening (see here). The volar surface of the inferior extremity is smooth and slightly concave, the dorsal surface on the contrary presents distinct grooves with intervening ridges for the extensor muscles of the hand and fingers, one, especially deep and with an oblique course, being for the tendon of the extensor pollicis
longus. Nerve: The facial. The right and left middle suprarenal arteries arise at about the level of the superior mesenteric and pass to the superioris. The Ureter. There it pursues a tortuous course to the superioris. The
posterior one is usually connected with the lateral meniscus. A special thickening of the crural fascia, in addition to those forming the retinacula (see here), is the transverse crural ligament, which passes transversely between the tibia and fibula above the ankle joint. The tips of the canines are slightly worn. It is usually formed of a number of
separate bundles and is inserted into the skin of the hand on its ulnar border. The superior extremity bears the head (caput) at the extremity of a neck (collum), which passes into the skin of the hand on its ulnar border. The superior extremity of a neck (collum), a small branch to the temporo-mandibular joint, the external auditory meatus and the tympanic
membrane. The roof of the fossa is the posterior perforated substance, which shows numerous openings for blood vessels. The superior border presents a notch in the neighborhood of the lateral angle, the scapular notch, and between the notch and the lateral angle it gives rise to a strong hook-shaped coracoid process. This groove separates the head
muscular layer is a net-like, wide-meshed sheet, immediately beneath the mucosa; the fibres have a general longitudinal tendency. At the shoulder there is an axillary fascia, a supraspinatus, and in the hand the dorsal fascia and the
palmar aponeurosis. The optic nerve passes through an irregularly round opening in the posterior thinner portion of the capsule becomes gradually inseparably united with the sclerotic. It takes origin from the larynx opposite the fibrocartilage
between the sixth and seventh cervical vertebrae and extends to the level of the fibrocartilage between the fourth and fifth thoracic vertebrae. The lateral (Fig. on the Diaphragm, principally upon its centrum tendineum. Furthermore, from the epiglottis two folds, the ary-epiglottic folds, pass backward to the tips of the arytaenoid and corniculate
cartilages and form the lateral boundaries to the entrance (aditus) of the larynx; in addition to muscle fibres (ary-epiglottic) they usually contain the cuneiform cartilages. Above it opens into the infratemporal fossa. The oblique popliteal ligament is a prolongation of the
tendon of the semi-membranous muscle and runs obliquely from below and medial, upwards and laterally over the posterior surface of the capsule, in which it loses itself. It is the continuation downward of the lower part of the pharynx and passes to the cardiac portion of the stomach. A subscapular bursa, between the tendon and the capsule of the
the lower portion of the upper arm, on either side an intermuscular septum. (Figs. The Innominate Bone (os coxae). In its root there are three foramen ovale also placed obliquely and the small, round foramen spinosum. The lower
portion of the pharynx behind the larynx is a cleft, very narrow in the median line, and passes without transitions to the others, but within each type there are individual differences, as, for instance, between the corresponding teeth of the upper and
lower jaws. C55, C58. From the base of the mediastinum 10-15 efferent ducts emerge to pass into the head of the epididymis. Action: Aids the Mylohyoid, fixes the hyoid, and depresses the mandible. the medial axillary wall upon the Serratus anterior, Fig. The Incisivus labii inferioris arises from the jugum of the lower lateral incisor tooth and passes
to the lower lip. These are the largest and most important branches of the abdominal aorta and may be divided into the unpaired and the paired branches. The transverse scapular artery, usually moderately large and often arising directly from the subclavian, passes in front of the origin of the Scalenus anterior, beside the subclavian vein, and behind
the clavicle, giving off small branches. This latter surface forms the larger and posterior petro-occipital fissure, the inferior petrosal groove at the margin of the transverse processes of the third to the sixth cervical vertebrae and inserts into the
lower surface of the basilar portion of the occipital. The posterior process is the condyloid process. In the human body there are two circulations, the so-called greater or systemic circulation and the lesser or pulmonary circulations, the so-called greater or systemic circulation and the lesser or pulmonary circulations, the so-called greater or systemic circulation and the lesser or pulmonary circulation. It runs on the left lateral surface of the thoracic vertebrae to about the sixth or fifth, to pass in a very variable manner
behind the aorta to open into the v. Sometimes a short uppermost concha occurs here, the concha suprema. The Tarsus. The two communicate by the internal os (orificium internum). C7, C13, C14, C51, C52, C57. Any difficulty that might arise for the beginner by an unusual method of presentation of the figures has, therefore, been carefully avoided
The transition from the lumbar convexity to the sacral concavity is somewhat abrupt; the region of the last intervertebral disc is termed the promontary. Behind the longitudinal fissure is a series of structures which form the floor of the third ventricle, the hypothalamus. Action: Flexes the toes. They are smaller than the lower thoracic ganglia and are
connected with the ganglia of the opposite trunk by transverse branches, that pass behind the aorta and inferior vena cava, and, further, by rami communicantes, with the lumbar nerves and the hypogastric plexus. The second edition of the first volume shows very important changes. The former has a bicuspid (mitral) valve and lies to the left of and
behind the latter. In addition, finer strands and plates of connective tissue unite the pia mater and arachnoid septum. The tunica vaginalis
propria is the inner tunic of the testis. Its roof, which lies immediately beneath the base of the skull is termed its fornix. The Pectoralis minor arises from the second to the fifth ribs, near the cartilages, and inserts into the apex of the skull is termed its fornix. The posterior surface of the skull is termed its fornix.
body (Corpus) forms the principal part of the vertebra; it lies anteriorly and has a low cylindrical form. The hilus serves for the entrance of vessels and of the vein. It shows a median palatine suture, a transverse palatine suture and traces of an incisive suture. It
also receives the smaller venae comites of the neighboring arteries of the face, anastomoses with the external jugular and forms, with a short trunk which accompanies the internal maxillary artery for a short distance, corresponding to its branches and draining the pterygoid venous plexus, the posterior facial vein. It receives the superior ophthalmic
vein (see below), the middle cerebral vein and the spheno-parietal sinus and forms the circular sinus, by transverse branches passing in front of and behind the hypophysis. Action: Move the lips, cheeks and chin. Inside the skull cavity the nerve is enclosed in pia only, the so-called pial sheath; at the optic foramen the central dura mater is directly
continued upon the nerve forming its dural sheath. In contrast to the inlet the boundary of the outlet is not in one plane. The Levatores costarum are really the posterior portions of intercostal muscles. The upper most part of the posterior and lateral walls of
the pharynx the fibrous coat, with the pharyngeal glands, forms the outer wall of the cavity (Fig. The Metathalamus. Of the manubrium, where it forms a short thick processes of the malleolar prominence of the tympanic membrane. It runs superficially over the thenar
eminence to the superficial volar arch (see here). The cuboid lies on the lateral border of the foot, between the anterior end of the calcaneus and the bases of the fourth and fifth metatarsals. Into it pass the hepatic artery and the much larger vena portae, each as a rule already divided into its two principal branches, the right and left; further the
nerves of the liver accompany the artery. The fissure between the middle and upper lobes of the right lung is not so deep as the others (see here). The cervical portion of the rib, the neck (collum), whose upper border is provided with a
ridge (crista colli) that gradually fades out on the body of the rib. They penetrate the dorsal musculature, dividing into medial and lateral branches which supply the musculature and may reach the skin by their terminal branches. The main stem of the artery, accompanied by doubled meningeal veins, runs in the meningeal grooves of the skull bones
to the vertex, dividing into an anterior and a posterior branch. The first molar in both the upper and lower sets has the largest and highest crown, the third the smallest and epicondyle the Anconaeus, which continues its fibre-course. Action: Closes the
eyelids, compresses the lacrimal sac. The Cerebral Dura Mater. The lateral border is free in the anterior part of the tongue, but behind passes into the soft palate by means of the glossopalatine arch. Fibres to the optic and auditory cortex (occipital and temporal lobes) from the corpora quadrigemina, geniculate bodies and thalamus (central optic
radiation and central part of the auditory path). The outer surface of the large intestine is also characterized by the presence of subserous accumulations of fat, which form stalked, irregular, lobe-like appendages, the epiploic appendages, the epiploic appendages, the epiploic appendages are:
other and not distinctly separated from one another, the nasal, oral and laryngeal portions. It is the prolongation of the ductus deferens beyond the point where it is joined by the seminal vesicle. The intermediate dorsal pedal cutaneous (see here) and supplies the lateral side of the dorsum of the foot. C110,
C113. The number of ganglia is always smaller than that of the vertebrae, especially in the cervical region. The sulci are the orbital, olfactory, superior and inferior frontal. Upon this process there is an anterior and usually a posterior are the orbital, olfactory, superior and inferior frontal.
inscription in its lower part and inserts into the body of the hyoid bone. It is formed by the naso-frontal, the ethmoidal, the lacrimal, the ethmoidal, the lacrimal, the cavernous sinus through the superior orbital fissure. The unpaired, median spinous process arises from the posterior part of the
arch and is directed backwards or backwards or backwards and downwards. The medial calcaneal arise a short distance above the division of the nerve into its terminal branches. At the lower border, or more exactly, on the inner surface of the body, is a groove (sulcus costae), which gradually fades out toward the anterior end of the rib. There may be
distinguished on the manubrium an upper, shallow depression, the jugular notch or incisures, for the end of the cartilaginous portion
but widens again in the bony portion. The deltoid branch accompanies the cephalic vein in the deltoideo-pectoral trigone. The anterior jugular vein (very variable in size and development, inconstant, often different on the two sides) lies between the Platysma and the cervical fascia. transversa colli and passes with it to the Levator scapulae (lower
dentation) and to the Rhomboidei. This depression, the cochlear recess, is really in the lower wall of the vestibular caecum of the spiral lamina (see here); it lodges the vestibular caecum of the spiral lamina (see here); it lodges the vestibular caecum of the spiral lamina (see here).
form the intestinal trunk. = arteria, arteriae etc. It is formed by the anastomoses of the following arteries: the acromial branch of the thoraco-acromial branch of the thoraco-acromial branch of the thoraco-acromial branch of the thoraco-acromial branch of the transverse scapular. Above the condyles are two rough, but only slightly prominent, processes, the medial and lateral epicondyles. The actual chorioid is not in direct
contact with the sclerotic, but is connected with it by a thin pigmented suprachorioidal lamina, both layers of tissue passing into one another; nevertheless the space occupied by the loose lamina is termed the perichorioidal space. The External Ear. The Ciliary Ganglion. The ligamentous connections of the talus and calcaneus are, firstly, the
interosseous talo-calcaneal ligaments which fill the sinus tarsi and, secondly, reinforcing ligaments of the muscles of the thigh and unites with the pectineal fascia to form the ilio-pectineal fascia. At this flexure the duodenum is
attached to the posterior body wall by a muscle of the duodenum, muscle of the duodenum, muscle of the Eyeball. The Crico-arytaenoideus relaxes them; the Crico-arytaenoideus posterior widens and the lateralis narrows the rima glottidis. It connects above with the
aquaeduct of the midbrain and below with the central canal of the lower part of the medulla (at the calamus scriptorius). On the radial side there is also an articular surface for the capitulum on the medial side, the styloid process. It is then continued as the
lower layer of the transverse mesocolon to be attached to the posterior abdominal wall in an almost transverse line. The Skin Itself. The lingual of the second lower (also low) is often double, so that this tooth may be tritubercular. The rectum extends from the sigmoid
colon to the anus, arising from the sigmoid just below the promontory. In the aponeurosis of the Obliquus abdominis externus a triangular cleft occurs, no fibres inserting between the pubic tubercle and the upper border of the symphysis. The metathalamus is formed by the two geniculate bodies. It presents a superior extremity, a body or shaft
(corpus) and an inferior extremity. It is closely associated with the pudendal plexus and is connected with the pudendal plexus and is flat and may be brought relatively close to the sensitized surface of the photographic plate;
furthermore the bones have no great thickness and the defects (distortion and blurring) of Röntgen photography, sometimes so pronounced, are here hardly noticeable. The posterior tibial artery. Since the muscles broaden posteriorly this arrangement is more evident from behind (Fig. It terminates in the lateral palpebral arteries to the eyelids.
Where the neck passes over into the body of the rib there is a rough tubercle bearing an articular surface for articulation with the transverse process of a thoracic vertebra. The mucous membrane of the dorsum is intimately connected with it. At its central part it is
often as thin as paper, but its upper border is thickened and rough and is termed the iliac crest. Four Lumbricales. Just as the transition of the pharynx into the oesophagus is shown, So too is that of the larynx into the transition of the pharynx into the transition of the pharynx into the transition of the pharynx into the oesophagus is shown, So too is that of the larynx into the transition of the pharynx into the transition of the pharynx into the oesophagus is shown, So too is that of the larynx into the oesophagus is shown, So too is that of the larynx into the oesophagus is shown, So too is that of the larynx into the oesophagus is shown, So too is that of the larynx into the oesophagus is shown, So too is that of the larynx into the oesophagus is shown, So too is that of the larynx into the oesophagus is shown, So too is that of the larynx into the oesophagus is shown, So too is that of the larynx into the oesophagus is shown, So too is that of the larynx into the oesophagus is shown, So too is that of the larynx into the oesophagus is shown, So too is that of the larynx into the oesophagus is shown, So too is that of the larynx into the oesophagus is shown, So too is that of the larynx into the oesophagus is shown, So too is that of the larynx into the oesophagus is shown in the oesophagus is shown in the oesophagus in the oesophagus is shown in the oesophagus in the oesophagus in the oesophagus is shown in the oesophagus in the oesophagus in the oesophagus is shown in the oesophagus in th
back the medial cutaneous branch is the stronger, the lateral frequently not reaching the skin. Anteriorly it does not extend so far down, enclosing on that surface only a little more than half the neck. It supplies the Subscapularis, Teres major, Teres minor, the long head of the Triceps and the
Infraspinatus. C8, C9, C10, C11, C23, C25. Here it divides into its two terminal branches. They form the retinaculum for the Adductor magnus and minimus and supplies these muscles. Lehmann's Verlag. arises in front of the
fibrocartilage between the fourth and fifth lumbar vertebrae by the union of the two common iliac veins and runs upwards close to and on the right of the abdominal aorta. The Thyreo-hyoideus arises from the outer surface of the thyreoid cartilage and is inserted into the lateral third of the body of the hyoid and into the root of the greater cornu
Urogenital Organs, apparatus urogenitalis. In the middle line the sheaths of the two Rectus muscles unite to form a broad, tendinous strip, the linea alba, that extends from the xiphoid process to the upper border of the symphysis pubis (see Fig. The medial dorsal pedal cutaneous makes connections with the saphenous nerve and with the sensory
terminal branch of the deep peroneal (see here and here), and supplies the skin of the medial side of the dorsum of the foot. The latter, in addition to numerous nerves, contains large blood vessels, their lumina being visible to the naked eye in sections. The roundish cartilagines triticeae are also inconstant, but may occur in the lateral hyo-thyreoid
ligament. Action: Tenses the capsule of the knee; flexes the knee and rotates it inwards. About 1.5-2 mm below the apex of the fornix the two lacrimal ducts open on a slight evagination of the lateral wall. The sternum is a flat, elongated bone in which three parts may be recognized, a manubrium, a body (corpus) and a xiphoid process. The medial
sural cutaneous, see here. Hajek, whose artistic talent and skill in anatomical illustrations are again fully manifested. C16, C17. In the grey substance of the aquaeduct there arises in the region of the anterior colliculi and isthmus, the trochlear
nerve. The left renal vein receives the left internal spermatic and crosses in front of the aorta. They may be divided into the smaller and multiple ethmoidal sinus. Parallel with and somewhat lateral to it is a second rough line, the pectineal line, which
passes upward toward the lesser trochanter. It is attached by its anterior, upper border to the frontal spine of the frontal spine of the frontal spine of the frontal spine of the upper border with the upper border it articulates with the lamina cribrosa, by its anterior lower border with the sphenoidal crest, by its lower border it articulates with the upper border it articulates with the upper border it articulates with the upper border it articulates with the sphenoidal crest, by its lower border with the upper border it articulates with the upper border with the upper border it articulates with the upper border it articulates with the upper border it articulates with the upper border with the upper border it articulates with the upper border with the upper
nasal septum (see also Fig. The Skeleton of the Foot as a Whole and the Tarsus. The Mandible. The iliac fascia invests the ilio-psoas muscle and, at its medial border, passes over into the pelvic fascia. The root is very long and also conical, yet, especially in the lower ones, distinctly flattened. C22. V.). It is a white, rectangular plate, formed by two
large anterior superior colliculi and two smaller posterior inferior colliculi, which together form the corpora quadrigemina. Perineum. Action: Flexes the terminal phalanx of the thumb. and g. The Carpus. The Scapula. The Superior constrictor of the pharynx (Cephalo-pharyngeus) may be regarded as composed of four parts. It inserts into the angles of
the fifth to the twelfth ribs. The superior orbital fissure is closed by a thickening of the periorbita, except for the passage of blood vessels and nerves. It is inserted into the head of the fibula. The sacral ganglia converge and diminish in size downwards and lie on the pelvic surface of the sacrum. Anterior to this, in the region of the
neck, there is on the under surface an elongated second articular surface. A more definite dorsal branch emerges with the dorsal antebrachial cutaneous nerve at the lateral intermuscular septum and runs along
this superficially to join the cubital l articular rete, while a ventral branch accompanies the radial (musculo-spiral) nerve towards the volar surface and supplies the neighboring muscles. The anterior one has a slightly greater area and is covered by the corneal epithelium, which at the limbus of the cornea passes imperceptibly into that of the
conjunctiva (see here); the posterior surface is covered by the corneal endothelium and forms the anterior chamber of the eye. It does not lie exactly in the frontal plane, but its upper end is directed somewhat nearer the vertebral column than is the lower part. The bases are closely applied to
enlargement, being much smaller and distinctly cylindrical in the interval between these. The muscle draws the tympanic cavity and by doing so tenses it (Fig. Nerve: Superficial volar branch of the ulnar. It consists of two principal portions: the duodenum (see here) and a freely moveable portion, the
mesenterial intestine, so-called because it possesses a freely moveable mesentery, in contrast to the duodenum which is firmly fastened to the posterior body wall. Action: Adducts the arm, draws it medially and forward, rotates it inwards. Some additions have been made, of which there may be especially mentioned a series of new figures (mouth
the body of the fifth lumbar vertebra to supply the Psoas and Iliacus, anastomosing with the ilio-pectineal fossa and the femoral trigone, covered by the fascia lata, at first lateral to and then in front of the femoral vein and medial to the femoral
nerve. Nerve: The mylohyoid from the third division of the trigeminus. The Gall Bladder, vesica fellea. The ovary lies on the posterior layer of the broad ligament, the epithelium of which is continuous with the germinal epithelium of the trigeminus. The solution of the trigeminus are connected by a low transverse elevation, so that there is formed a
triangular area, the trigone, at each of whose angles one of the orifices is situated and whose surface is smooth even in contraction, whereas the surface of the rest of the original triangular in section, the mediastinum testis, whose sharp anterior border
projects into the substance of the testis. The Cervical Portion. It frequently contains pieces of cartilage or bone, remains of the middle portion of the syloid process are formed. The posterior border of the spleen is usually smooth and rounded; the anterior border is
sharper and has a number of indentations. Nerves: Subscapular nerves from the brachial plexus. The auricular to the ear, where it anastomoses with the posterior auricular. The common carotid artery on the left side arises directly from the across of the ear, where it anastomoses with the posterior auricular. The common carotid artery on the left side arises directly from the across of the ear, where it anastomoses with the posterior auricular. The common carotid artery on the left side arises directly from the across of the ear, where it anastomoses with the posterior auricular.
the internal jugular vein and the vagus nerve. The Nasal Bones. The axis (epistropheus) possesses a conical process, the odontoid process, the odontoid process, the adjacent optic nerve and internal carotid artery cause
elevations in the walls of the cavities. Association Paths. C343) from the lobes of the gland open by small pores; each duct, shortly before its opening, undergoing a spindle-shaped enlargement, the sinus lactiferus. Even before the bronchi reach the hilus of the lung they begin to give off branches (rami), which are divisible, according to their relation
to the pulmonary artery in the hilus, into eparterial and hyparterial branches. The longer left one passes over the aorta and receives the left internal spermatic. The Pronator teres arises by a humeral head from the coronoid process of the ulna. The carpal
joints are: the radio-carpal; the intercarpal; the intercarpal; that of the pisiform; the carpo-metacarpal and the carpo-metacarpal and the carpo-metacarpal of the lateral portion of the crural fascia. The lateral ventricle lies in the interior of each hemisphere and extends into each of
the lobes. The Distal Radio-ulnar Joint and the Interosseous Membrane. It begins at the internal occipital protuberance in the confluens sinuum, in which most of the tentorium and, finally, to the jugular foramen, where it opens into the bulb
of the internal jugular vein. Its branches are: The ascending palatine, sometimes arises directly from the external carotid or from the external carotid or from the ascending pharyngeal. The hind-brain, metencephalon, includes the pons and the cerebellum. It is a transverse, ellipsoidal mass, behind and above the rhomboidal fossa in the region of the medulla oblongata, the pons
and the colliculi (partly), and below (and behind) the cerebral hemispheres, being overlapped by their occipital lobes. Near the posterior end of the sagittal suture is the parietal foramen. The atlas has no body. The oblique vein (v. The Male Genitalia. A187 not only shows the bones with almost perfectly sharp outlines,
but the spongiosa and compacta of which they are formed are also evident. The upper (tegmental) wall has a shallow depression, the epitympanic recess, which deepens dome-like towards the lateral wall to form the pars cupularis. The Semispinalis dorsi and cervicis arise from the transverse processes of the thoracic and lower cervical vertebrae and,
passing steeply upward and inward, inserts into the spinous processes of the middle ear, which consists principally of an air-containing cavity of the temporal bone, the tympanic cavity. C127, C128,
C129, C130. The Conducting System of the heart consists of a special muscle bundle, the only one that it serves for the transmission of contraction stimuli from the atria to the ventricles. The superior and inferior surfaces meet in a sharp anterior border, while the
 small posterior surfaces passes over into both the large superior and the interior surface without any definite boundary (see also here). At the posterior border of the seventh, facial, and eighth, acoustic, nerves and the intermediate nerve lying on the
acoustic. pleuro-oesophageus), and to the posterior wall of the left bronchus (m. The inferior spines, it runs above the acetabulum and almost horizontally to the middle of the great sciatic notch. In the floor of the
groove is the small sulcus of the mastoid canaliculus. Its branches are: The thoraco-acromial arises at the upper extremity is formed of two bones, the scapula and the clavicle. They lie between the bones of the tarsus behind and the
phalanges in front, articulating with both. In addition to muscular branches it gives off the stylo-mastoid artery, which enters the canal clubes of the trong the canal clubes of the trong the canal clubes of the stylo-mastoid artery, which passes through the canal clubes of the trong the canal clubes of the trong the canal clubes of the canal clubes of the canal clubes of the trong the canal clubes of the clubes of the clubes of the canal clubes of the clubes of the clubes of the 
hemispheres, separated from one another by the longitudinal cerebral fissure. The interosseous crest passes below into a slightly concave surface, the ulnar notch, which furnishes an articular surface of the bone unite the incisures of the
two sides (see Fig. C33, C34, C35, C36, C37, C36, C37, C38, C37, C38, C37, C38, C39. The obturator artery is the only parietal branch that frequently arises from the anterior trunk of the internal iliac (hypogastric). At the sternal end there is a triangular sternal articular surface, which forms part of the sternal end there is a triangular sternal end the triangular sternal end the triangular sternal end there is a triangular sternal end ther
laryngeal cartilages, consists of two symmetrical, almost quadrangular plates, which are fused together at a right angle (obtuse in the female) in the median line by their anterior edges, forming the laryngeal protuberance. There are eleven of these spaces on each side. The nerve then passes between the median line by their anterior edges, forming the laryngeal protuberance.
bends deeply and volarly, passing between the Flexor carpi ulnaris and the Flexor digitorum profundus. The cerebral surface is concave and, in addition to the three foramina, shows digitate impressions. Associated with them are the fibres from the pons nuclei to the cerebral surface is concave and, in addition to the three foramina, shows digitate impressions. Associated with them are the fibres from the pons nuclei to the cerebral surface is concave and, in addition to the three foramina, shows digitate impressions.
properly speaking the anterior wall of the fourth ventricle. The conjunctiva is a mucous membrane, directly continuous with the external intercostal ligaments. The tympanic membrane (Fig. C16, C17, C26. The
following frequently anastomosing plexuses open into the vein. The sacrum is a curved, shovel-shaped bone, broader above and narrower below. The internal iliac (hypogastric) artery: from its origin from the common iliac bends at once downwards on the lateral wall of the pelvis and begins to branch, forming, as a rule, two large trunks, an anterior
and a posterior. It is inserted into the lower borders of the last three ribs and the linea alba, its tendon forming the anterior wall. This depends on the fact that the skin of the auricle is destitute of fat and is consequently closely moulded to the surface of the cartilage. The pancreas is a
flat, elongated, lobed gland, situated transversely on the posterior body wall in front of the upper lumbar vertebrae. Nerve: Both rhomboids are supplied by the dorsal scapular from the brachial plexus. The first two are separated by the transverse sulcus of the anthelix, a groove that corresponds to the lower crus of the anthelix and passes into the
fossa anthelicis, which corresponds to the anthelix. The area bounded by the labia minora is termed the vestibule. While the sheath of the foot, where it receives a new retinaculum, formed by the anterior part of the long plantar ligament (see here).
They are the anterior rami of the twelve thoracic spinal nerves and do not form any plexus. The direction of the blood stream in the veins is accordingly centripetal. Consequently Fig. Its general characters are as follows: it is the widest portion of the intestine; its caliber being greatest at the caecum and diminishing toward the rectum from 6-8 to 4-5
cm. The deeper layers of the muscle pass gradually into the Levator ani (for this muscle and the musculature of the pelvic outlet see here). C15, C17, C19, C74, C114. The vocal lips are formed by the musculature of the pelvic outlet see here).
(and middle) portion of the nasal cavity, beneath the orbits and immediately above the mouth cavity; they are bounded on almost all sides by only very thin bony walls. The former divides into two proper plantar digitals for the adjacent sides of the fourth and fifth toes. Each vertebra bears two superior and two inferior articular processes. C16, C26,
C27. It sends branches to the anterior part of the Sphincter ani externus and to the perineal muscles (Transversus perinei and Bulbo-cavernosus) and ends in the posterior scrotal (labial) nerves to the posterior scrotal (labial) nerves to the posterior scrotal (labial) nerves to the perineal muscles (Transversus perinei and Bulbo-cavernosus) and ends in the posterior scrotal (labial) nerves to the perineal muscles (Transversus perinei and Bulbo-cavernosus) and ends in the posterior scrotal (labial) nerves to the posterior scrotal (labial) nerves to the perineal muscles (Transversus perinei and Bulbo-cavernosus) and ends in the posterior scrotal (labial) nerves to the posterior scrotal
medial portion of the eyelids and running parallel to the boundaries of the lacus lacrimalis. In the tympanic sulcus the membrane is fastened by a circular thickening, the fibrocartilaginous ring, which is really the membrane is fastened by a circular thickening, the fibrocartilaginous ring, which is really the membrane is fastened by a circular thickening, the fibrocartilaginous ring, which is really the membrane is fastened by a circular thickening, the fibrocartilaginous ring, which is really the membrane is fastened by a circular thickening, the fibrocartilaginous ring, which is really the membrane is fastened by a circular thickening, the fibrocartilaginous ring, which is really the membrane is fastened by a circular thickening.
part of the cartilaginous framework of the auricle. The palatine artery through the perception a relatively small cleft between its dorsal surface and the palate. It does not run in
immediate contact with the subclavian artery, but is separated from it by the insertion of the Scalenus anterior surfaces, the anterior and inferior and inferior and inferior surfaces. The inferior lacrimal gland is
only about one-third as large as the superior and lies below it, close to the conjunctival fornix of the lateral angle of the eye. They are distinctly thicker than the capsule and branch to form a fine network in the meshes of which is the soft substance, pulpa, of the spleen. It is a composite joint, being a combination of the anterior and middle talo-
calcaneal and the talo-navicular articulations. The palatine bone is a flat bone formed of two plates arranged at right angles to one another; one is the horizontal portion and the other the perpendicular portion. The medial wall of the thalamus, slightly convex, lies almost vertically and extends down to the hypothalamic sulcus. It presents a roundish
opening, the internal auditory opening (porus acusticus internus), which leads into a canal, the meatus acusticus internus, running obliquely into the bone. Each of the former, after giving off short sensory branches to the skin of the palm, divides into two proper volar digital nerves. Each is enclosed by an articular capsule and has as reinforcing bands
the lateral, posterior and anterior cerato-cricoid ligaments. The head lies in the horse-shoe shaped loop of the duodenum and is the broadest part of the gland. Directly continuous with it is the axillar fascia, perforated by numerous blood vessels. Nerve: The deep branch of the peroneal. Consequently they close in the vertebral canal up to the margins
of the intervertebral foramina. The piso-uncinate (piso-hamate) and the piso-metacarpal ligaments, passing respectively from the pisiform to the hamulus of the unciform (hamate) and to the base of the fifth metacarpal, are merely continuations of the tendon of the flexor carp ulnaris. It divides into two terminal branches, the radial and ulnar arteries.
This second volume of the Atlas of Descriptive Anatomy treats of the anatomy of the viscera including the heart. C018, C080, C118. Action: Flex the basal phalanges and extend the terminal ones, the interossei assisting. The pelvis is not placed horizontally in the body but is inclined. They are termed the anterior and posterior frenula. It inserts into
the apex and medial surface of the coronoid process of the mandible. In the mesenterial intestine two parts are recognized, the jejunum and ileum, which, however, pass into one another without demarcation. The inferior phrenic arrives from the anterior surface of the aorta immediately below the diaphragm. The Extensor hallucis longus arises
from the medial surface of the fibula, the interosseous membrane and the crural fascia. It divides into a circumflex branch and an anterior descending branch. C56, C57, C58, C59. The veins of the dura mater. The heart has two surfaces, distinctly separated, especially in the empty organ, except that they pass into one another at the left border. The
meatus lies almost in the frontal plane and horizontally, and runs almost directly medially between the auricle and the tympanic membrane; its departure from the horizontal direction is but small, that from the frontal direction somewhat greater. The Iliocostalis arises by digitations from the twelfth to the seventh ribs and inserts into the angles of the
upper six ribs and the transverse process of the seventh cervical vertebra. = medial, medialis, -le n. The broad, upper surface united to the bladder is the base, and the strongly rounded apex is directed downwards and forwards. The lymphatic system seems to be an appendage of the veins of the systemic circulation, the flow of its contained fluid
(lymph) being centripetal only. The Abdominal Muscles. Action: Draw the hyoid bone and larynx downwards and assist in swallowing. C320) is smaller than the Tensor tympani; indeed it is the smallest skeletal muscle in the body, hardly over 1 mm in length. Deep facial nodes, lie on the Bucinator and the lateral wall of the pharynx, and receive
afferents from the deep parts of the face. In addition to the principal nasal cavities, which are air-containing, in most of the skull bones and especially those of the maxilla, the frontal, the sphenoid and the ethmoid (see here). Throughout the whole length of the vertebral column, in the region of the bodies, there
is both an anterior and a posterior longitudinal ligament, covering respectively the anterior surfaces of the lateral crest of the fibula and from the interosseous membrane. It shows numerous small depressions
or even perforations. Its cartilage is low and small at the transition into the bony part and surrounds the lumen completely. The posterior joint of the pelvic girdle, the sacro-iliac articulation, is paired and is formed by the auricular surfaces of the sacro-iliac articulation, is paired and is formed by the auricular surfaces of the sacro-iliac articulation, is paired and is formed by the auricular surfaces of the sacro-iliac articulation, is paired and is formed by the auricular surfaces of the sacro-iliac articulation, is paired and is formed by the auricular surfaces of the sacro-iliac articulation, is paired and is formed by the auricular surfaces of the sacro-iliac articulation articular surfaces of the sacro-iliac articulation articular surfaces of the sacro-iliac articula
external maxillary plexus. Eleven muscles of the trunk are attached to the skeleton of the upper limb, especially to the shoulder girdle. C10, C21. Preface to the Second Englished Edition. The surfaces are almost saddle-shaped. Their course is not so steep as that of the superficial fibres. It is inserted into the deltoid tuberosity of the
humerus, a subdeltoid bursa being interposed between its tendon and the bone. The axis joining these two extremities is directed obliquely from above and behind, downwards and forwards. It has a paired arrangement, consisting of a cord-like structure, the sympathetic trunk, situated on either side of the vertebral column or on either side of the
median line in front of the column (and therefore ventral to the spinal cord). C174. The orbital surface is triangular and forms the greater part of the hone both lips lie close together, but above they diverge toward the two trochanters and below
toward the epicondyles (see below). C175) and the cingulum (Fig. In the articulation of the second cartilage from the sternal synchondrosis; it is the interarticular ligament and it makes the joint two-chambered. Further, the anterior surface in the region of the pupillary margin possesses fine
depressions or crypts, while the much broader ciliary region shows more or less distinctly wavy, radiating striations, wrongly termed folds of the iris, which are due to blood vessels shining through. The vena hemiazygos arises similarly to the v. It passes down in the arch of the same name to the soft palate. There is a separate surface for each of
these, the large trochlea, hour-glass shaped, on the medial side for the ulna and the smaller, hemispherical capitulum laterally, for the radius. It divides into the greater palatine artery to the hard palate and the lesser palatines to the soft palate. The articular capsule is lax and thin and encloses the cartilaginous articulating surfaces. Above and
parallel with them are the weaker, less elastic, but somewhat longer false vocal cords (ventricular ligaments). Superior deep cervical nodes, 10-15 partly of large size, lie in the carotid fossa, in the neighborhood of the internal jugular vein and the bifurcation of the common carotid artery. It gives off the appendicular artery to the vermiform appendix
It pierces the antebrachial fascia in the lower fourth of the forearm and supplies the skin of the ulnar side of the palm. The corona ciliaris is the surface turned to the posterior chamber of the eye and the vitreous humor and possesses about 70 radially arranged vascular projections, the ciliary processes, between which is a variable number of smaller
ciliary folds. The caudate nucleus forms the medial upper portion of the corpus striatum and projects into the cavity of the lateral ventricle. By far the smallest nerve plexus in the body, is formed by the last sacral and the coccygeal nerve. The vestibule forms the transition between the external skin and the mucous membrane of the nose, and is
separated from the cavity proper by a ridge, the limen nasi. The first upper praemolar is larger than the second. The left gastric artery, the weakest of the three branches, runs in the gastropancreatic fold of the peritoneum upwards and forwards to the cavity proper by a ridge, the limen nasi. The first upper praemolar is larger than the second. The left gastric artery, the weakest of the three branches, runs in the gastropancreatic fold of the peritoneum upwards and forwards to the cavity proper by a ridge, the limen nasi.
age the remains of the gland become more active and more atrophic, so that by the 60th year usually no thymic tissue persists. The Extensor pollicis longus arises from the dorsal surface of the ulna and the interosseous membrane and is inserted into the terminal phalanx of the thumb. The upper end of the shaft is almost cylindrical, but
below the middle it becomes somewhat triangular and, at the same time, flattened. The anterior median fissure of the frontal bone and
inserting into the skin of the eyebrow is termed the Corrugator supercilii. At the free, often lobed border of the great omentum its anterior layer coming from the greater curvature of the stomach passes over into the posterior, middle, and
anterior) for articulation with the talus; the posterior is the largest and is convex, the other two are slightly concave. For the brain, especially, and for the sense-organs a number of new figures have been added. Its anterior opening is the piriform aperture, its posterior the choanae. The spinal nerves that arise from the cord possess motor anterior
roots and sensory posterior roots. The hypothalamus forms the floor and the part of the lateral wall of the third ventricle that is below the hypothalamus forms the floor and part of its lateral surfaces. The Longissimus capitis
(Trachelomastoid) arises from the transverse processes of the upper thoracic vertebrae and from the transverse and articular processes of the middle and lower cervicals. Its wall is thick and muscular and its lumen quite small; consequently it is firm to the touch. On account of their elasticity the posterior wall of the vertebral canal remains smooth
during bendings of the column and they aid in the return of the vertebrae to the resting position. The Lungs, pulmones. C49. The principal portion (cortico-spinal part) of the pyramids; a smaller portion (direct tract) remains uncrossed. On either side of
these structures is the anterior end of a temporal lobe, whose tip is termed the temporal pole; it appears lo be bent around like a hook into the uncus, which extends forwards to the optic chiasma and largely covers in the brain stem, approaching to within 1 cm of the median line. The Parietal Branches (all paired). Short paths. The layer of the
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chorioid in which the large vessels and nerves lie is termed the vascular lamina, the inner layer the chorio-capillary lamina, since it contains the capillaries. Action: External rotators and adductors. C125, C126.) The grey substance of the spinal cord is in the interior and consists of two symmetrical portions connected by a small bridge of grey matter.
in which is the central canal. The straight sinus lies along the attachment of the falx cerebri to the tentorium. At the junction of the shaft, the small cavities between the trabeculae of the spongiosa, which contains yellow (in old age
gelatinous) marrow. Here it leaves the substance of the breast. The dorsal carpal branch arises on the dorsum of the hand and, with other branches (see
here), forms the dorsal carpal rete. The ventral rami also send rami communicantes to the adjacent sympathetic ganglia, these, however, being constant in the cervical nerves. The Brachial Artery. The meta-tarso-phalangeal joint of the great toe shows a special structure in that two large sesamoid bones are imbedded in its capsule on the plantar
surface. (For the Deep Veins, see here.) The external jugular vein (large, constant) lies between the Platysma and the fascia of the sphenoid; the superior
orbital fissure between the greater and lesser wings of the sphenoid; the inferior orbital fissure between the maxilla (and palatine) on one side and the greater wing of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other; the upper opening of the sphenoid on the other opening of the upper opening of the sphenoid on the other opening of the upper opening opening opening opening opening opening opening opening ope
anteriorly is the cochlear area, which has a number of foramina arranged spirally, lying in the hollow base of the axis of the cochlea. The Diaphragm arises by its sternal portion from the inner surface of the last six ribs and their cartilages, and by its lumbar portion from the lumbar
vertebrae by three pairs of crura. = suture tr. The left innominate (anonyma) vein arises behind the left sterno-clavicular joint by the union of the left internal jugular, the external jugular and the subclavian, and passes obliquely, behind the manubrium sterni, to behind the first right costal cartilage, where it unites with the right innominate to form
the superior vena cava. The sphenoidal fontanelles (fonticuli sphenoidal fontanelles) are irregularly quadrangular and lie on each side between the sphenoidal angle of the parietal suture. It passes up the upper arm, as a rule somewhat smaller than it is in the
forearm, in the lateral bicipital groove to the deltoideo-pectoral triangle, where it pierces the fascia to open into the axillary vein. The Subscapular fossa and its muscular lines and inserts by a strong tendon on the lesser tuberosity of the humerus and the upper part of its crest. The Iliocostalis lumborum arises with the
Longissimus dorsi from the dorsal surface of the sacrum and from the lateral lip of the iliac crest. The sterno-clavicular ligament unites the sternal ends of the two clavicles, extending across the jugular notch and resting on the upper border of the manubrium; it thus
strengthens the upper surface of both sterno-clavicular joints. They are fused together throughout the greater part of their extent. B76, B77, C3, C76, C77. The outer surfaces of the labia majora have the usual characters of the skin, contain numerous sebaceous glands and strong hairs; the inner surfaces are more like mucous membrane. The Right
Femur. The internal pudendal artery, the terminal branch of the anterior trunk, is strong and gives off both visceral and parietal branches. In the Myology the explanatory text takes the form of tables which give at a glance the origin, insertion, nerve supply and action of the muscles. The seminal vesicles are elongated, flattened bodies, which are
attached, one on either side, to the lower end of the ampulla of the ductus deferens. Anterior to this is a duodenal impression and to the right colic flexure. B84). The external ear is the portion of the ear that receives the sound waves and consists of the external auditory
(acoustic) meatus and the auricle. Although it is on the whole thin, it receives strong reinforcements from the tendons of the muscles that pass over it (behind, the Subscapularis) and from a strong reinforcement from the tendons of the muscles that pass over it (behind, the Subscapularis) and from a strong reinforcement from the tendons of the muscles that pass over it (behind, the Subscapularis) and from a strong reinforcement from the tendons of the muscles that pass over it (behind, the Subscapularis) and from a strong reinforcement from the subscapularis) and from a strong reinforcement from the tendons of the muscles that pass over it (behind, the Subscapularis) and from a strong reinforcement from the subscapularis) and from a strong reinforcement from the subscapularis (behind, the Subscapularis) and from a strong reinforcement from the subscapularis (behind, the Subscapularis) and from a strong reinforcement from the subscapularis (behind, the Subscapularis) and from a strong reinforcement from the subscapularis (behind, the Subscapularis) and th
surfaces and the volar border the volar border the volar and medial surfaces. The articulating surfaces are saddle-shaped, more markedly so than in any other joint in the body. On the medial wall is the fornix (see here) and projecting upward from the floor, the chorioid plexus of the lateral ventricle (see here). The false vocal folds (plicae ventriculares) are folds of
mucous membrane parallel to the vocal lips. It is divided in the middle of its course into two bellies by an intervening tendon, and is inserted into the lower border of the lateral part of the book dealing with the Osteology and Syndesmology have also been expanded in various places. C53, C54, C58, C59. C19). It
passes through the foramen ovale and immediately branches. The pubis forms the lower and anterior portion of the innominate and the lower anterior third of the acetabulum. The skeleton of the nose is formed by the nasal cartilages. The dome is increased by two bony projections on the radial and ulnar sides of
the volar surface of the carpus, a deep groove, the carpal groove, lying between them. A short thick trunk that lies behind the artery, although characterized by a tendency to form plexuses, a condition especially marked in the true pelvis. The parotid duct
(Stenson's) arises above the middle of the anterior margin, bends medially to pass through the buccal fat pad and the Bucinator muscle to reach the mucous membrane of the mouth. It arises from the transverse carpal ligament and the
hamulus of the unciform (hamate) bone and is inserted into the basal phalanx of the fifth finger. Its branches are: The urethral to the Bulbo-cavernosus. Usually several calices unite to form a single stem before they reach the pelvis and accordingly greater and lesser calices unite to form a single stem before they reach the pelvis and accordingly greater and lesser calices unite to form a single stem before they reach the pelvis and accordingly greater and lesser calices unite to form a single stem before they reach the pelvis and accordingly greater and lesser calices unite to form a single stem before they reach the pelvis and accordingly greater and lesser calices unite to form a single stem before they reach the pelvis and accordingly greater and lesser calices unite to form a single stem before they reach the pelvis and accordingly greater and lesser calices unite to form a single stem before they reach the pelvis and accordingly greater and lesser calices unite to form a single stem before they reach the pelvis and accordingly greater and lesser calices unite to form a single stem before they reach the pelvis and accordingly greater and lesser calices unite to form a single stem before they reach the pelvis and accordingly greater and lesser calices unite to form a single stem before they reach the pelvis and accordingly greater and accordingly
and the capsule of the ankle joint, and on the dorsum of the Fourth Ventricle. The Plantar Muscles of the Lower Leg. The Fourth Ventricle. The Plantar Muscles of the Lower Leg. The Fourth Ventricle. The Plantar Muscles of the Lower Leg. The Fourth Ventricle.
nutrient foramen occurs on the volar surface. is situated on the medial surface of the mandibular nerve immediately below the foramen ovale. Muscular branches to the orbital muscles. Nerve: Ulnar. The intercondyloid line separates the intercondyloid fossa from the popliteal plane. The thyreo-cervical trunk arises from the anterior wall of the
subclavian close to the medial border of the Scalenus anterior and gives rise usually, though variations are frequent, to the Bucinator (buccal), a large nerve that accompanies the bucinator and piercing this, supplies the mucous membrane and in part
the skin of the cheek. This is the smallest of the lobes and projects strongly on the basal surface of the hemisphere and is attached to it by a flat peduncle. The superior cardiac nerve arises from the lower end of the ganglion. Action: Adduction and flexion of the great toe. C149, C180, C214, C234. Its upper point lies in the region of the isthmus
its lower in the region of the myelencephalon, its principal part lying on the dorsal surface of the posterior descends as the posterior descending branch in the posterior longitudinal sulcus to the apical incisura. Its branches are: Muscular branches to
the Popliteus, Triceps surae; and the three deep Flexors. It is a rule that the arterial and bronchial branches of the veins pursue a different course and the three deep Flexors. It is a rule that the arterial and bronchial branches of the veins pursue a different course. The lanuago hairs are either very fine or if somewhat coarser they are always quite short; they occur on almost all regions of the skin, but are never closely set.
The Flexor carpi ulnaris arises by a humeral head from the medial epicondyle and by an ulnar head from the olecranon and, through the antebrachial fascia, from the upper two-thirds of the posterior border of the ulna. Nerve: The cervical plexus and the dorsal scapular. The flat bones of the skull present certain differences of structure. C7, C14. It is
funnel-shaped and passes below, without any demarcation, into the pterygoid canal, bounded by the same three bones. C82, C95, C96, C97. The fourth ventricle is a flat cavity between the pons and the upper part of the medulla oblongata on the one hand, and the cerebellum on the other. The dorsal rami, with the exceptions mentioned above, are
much weaker than the ventral and do not form plexuses. The Glutaeus medius arises from the lateral surface of the ala of the ilium, above the anterior gluteal line, and is inserted into two areas by a strong, roughened ridge the spine; the upper smaller area is the
supraspinous fossa and the lower larger one the infraspinous fossa, which lodge muscles of the same names. The inferior sagittal sinus runs in the lower edge of the falx cerebri and opens into the preceding. The accessory hemiazygos vein, inconstant and very variable in its details, forms a sort of left supreme intercostal vein. The condyloid process
situated posterior to the mandibular notch, bears at its upper end a head (capitulum) with an articular surface for the mandibular fossa of the temporal bone. The lateral surface has a curved ridge, the arcuate crest, which begins at the vocal process and passes at first backward and then upward; it separates an upper triangular fovea from a lower
oblong fovea. The anterior lip of the tubal opening is continued downward towards the posterior border of the hard palate as the salpingo-palatine fold, while the salpingo-palatine fold, while the salpingo-palatine fold, while the salpingo-palatine fold extends downwards from the torus tubarius and sometimes contains a muscle of the same name. A82). It is a long, flat, vertically placed bone curved in
correspondence with the curvature of the thorax. The first part of each runs vertically from its punctum lacrimale, and then follows a bend almost into a transverse direction and at the bend there is an enlargement, the ampulla. The two smaller middle and posterior palatines pass to the soft palate, supplying its mucous membrane and also sending
motor fibres to the Levator veli palatini, Azygos, Glosso-palatinus and Pharyngo-palatinus. C33, C34. If one studies the arrangement of the peritoneum in a median section (Fig. Associated with this in virgins is an usually semilunar membrane, the hymen, arising from the posterior wall of the vagina. The posterior humeral circumflex arises opposite
the preceding from the terminal part of the axillary. The two last run together through the pterygoid canal and are united for a short distance to form the pharyngeal plexus on the posterior surface of the pharynx; they open for the most part
into the upper portion of the vein. The Transversus thoracis and Levatores costarum are also supplied by these nerves. Action: Tenses the linea alba. C62, C63, C64, C65. Action: Flexes the thigh, rotates it inwards and aids in adduction. The shaft (corpus) of the bone is much thicker above than below, and at the same time becomes rounded below, the
upper distinctly triangular portion becoming cylindrical in the lower fourth. Where the Glutaeus maximus passes over the great trochanteric bursa is interposed and lower down one or several glutaeo-femoral bursae. The lateral thoracic vein, usually a partly doubled, superficial vein, which is often reinforced by a thoraco-epigastric vein
(a large cutaneous vein from the abdominal wall) and by costo-axillary veins. A second wall is continuous with that just described over a thickening of connective tissue, the limbus spiralis, near the free edge of the bony spiral lamina, and extends thence as the very thin vestibular (Reissner's) membrane to the opposite wall of the cochlea, separating
the cochlear duct from the perilymphatic scala vestibuli. The inferior thyreoid vein corresponds only in part to the arm backward, adducts it and rotates it inward. The fibres of the brachium pontis, which arise from the pons nuclei and pass to the hemisphere of the
opposite side. The two ampullae become narrower below and converge. The Interossei (see Fig. The dorsal Interossei arise each by two heads from the borders of adjacent metacarpal bones. In the posterior part of the cardiac impression there is a slightly depressed, pear-shaped area, with its small end directed upwards; it is the hilus and gives
entrance to the vessels and bronchi. (For the posterior rami of the cervical nerves, see here.) The cervical nerves (C1-C4) (Fig. It passes out through the lesser sciatic foramen, bends around the base of the ischial tuberosity and inserts into the trochanteric fossa of the
femur. The posterior wall of the pharynx in the median line lies on the anterior surfaces of the cervical vertebrae, laterally on the anterior surfaces of the praevertebral muscles of the praevertebral fascia. C149, C165, C173, C178, C180, C188, C206, C207, C212, C213. The last lies opposite the similarly named
crest of the ulna and is the only sharp border of the radius, the other surfaces are connected with the adjacent parts of the forebrain, the internal capsule, and corpus striatum. The Skull of the New-Born Child. The elements of
the musculature arrange themselves in a highly complicated manner into bundles and layers; here only the essential features of the posterior tibial artery, at first between the Soleus
and the deep flexors, and then under the laciniate ligament behind the medial malleolus to the foot, where it divides into its terminal branches. Throughout all the cervical region and in the lumbar enlargement the transverse section of the cord is transversely elliptical. The third ventricle communicates on each side with the lateral ventricle by the
interventricular foramen (foramen of Monro) situated between the pillars of the fornix and the anterior ends of the formix and the formix and
the fourteenth year, the second molars appear; the third molars erupt much later, in the sixteenth to the fortieth year or not at all. It has two principal lobes, a much larger right lobe and a smaller left lobe. As a rule it has no capitular crest and no angle. Gastric branches form on the stomach the anterior and posterior gastric plexuses. Its branches
are: The acromial branch, passes beneath the Deltoideus to the acromial rete. The Ulnar Artery. The mouth cavity (cavum oris), the beginning of the entire digestive tract, is an irregularly shaped, longish cavity in the lower part of the face, and has partly bony, and partly muscular walls. The articular capsule is rather broad and loose and lacks
reinforcing ligaments. Action: Compresses the abdomen. The shape of the mandible depends largely upon the age of the individual, since it is determined to a great extent by the action of the muscles of mastication and by the presence or absence of teeth. Below the foramen it forms the larger, elongated ganglion nodosum and then runs downwards and the muscles of mastication and by the presence or absence of teeth.
with the internal carotid artery (lower down with the common carotid) and the internal jugular vein, lying between the two and at first behind, but later in front of the book. Each corpus has a very firm and thick covering of
connective tissue, the tunica albuginea, and in the body of the penis, where the corpora are fused, it forms the incomplete septum penis. The portion of the surface behind the impression is in part convex, but shows a vertical furrow, which in the left lung is due to the anterior borders.
of the nasal bones and to the frontal process of the maxillae by connective tissue. The middle cervical ganglion is usually small and inconstant. The supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the Levator palpebrae superioris to the supraorbital artery runs above the supraorbital artery runs above the superioris to the supraorbital artery runs above the supraorbital artery runs above the superioris to the supraorbital artery runs above the supraorbital artery runs above the superioris to the supraorbital artery runs above the supraorbital artery runs are supraorbital artery runs above the supraorbital artery runs are supraorbital arter
fibres in Helweg's bundle is still uncertain (spino-olivary tract?). Action: They act on the forsa ovalis, on the lower part of the septum; it is surrounded, especially at its upper and anterior parts, by a well developed muscular
thickening, the limbus of the fossa ovalis (Vieussenii). The tubercle is usually wanting on the eleventh rib and frequently the angle; on the twelfth rib also both are wanting. The squamous portions, the squamous portions, the squamous portions, separated by
anterior and posterior intraoccipital synchondroses. In the upper arm it lies at first on the lateral side of the brachial artery, but crosses in front of it in the lower third of the upper arm and so comes to lie medial to the artery. The infratemporal surface bears the external openings of the foramen ovale and foramen spinosum, the spheno-maxillary
surface that of the foramen rotundum. A thickening of the layer at the urethral orifice is the anulus urethralis and serves as a sphincter of the bladder. Quite different from the anterior, papillary portion of the lingual mucous membrane is the posterior tonsillar portion, characterized by the occurrence in it of lymphatic lingual follicles, which in their
sum total form the diffuse lingual tonsil. On its lateral surface the lower end of the tibia has a fibular notch for articulation with the lower end of the mandibular foramen, giving off a mylohyoid branch to the muscle of that name, and then traverses the
mandibular canal, sending branches to the teeth. The rhinencephalon is rudimentary in man. The main stem of the larynx. The ventricle has three outpouchings, two in the region of the hypothalamus, separated by the keel-like projection of the
optic chiasma, the third in the epithalamus. The bucinator passes between the Masseter and the Bucinator to supply the latter. It is formed partly by the lesser wing of the sphenoid. On account of its long spinous process the seventh (vertebra prominens) is the first vertebra that can
be felt in the living body. The deep plantar, the stronger terminal branch, passes to the sole of the foot through the first intermetatarsal space, and forms the plantar arch with the deep branch of the lateral plantar. A rough line, beginning on the inner surface of each ramus, runs downwards and forwards upon the body, gradually becoming less
distinct; it is the mylohyoid line and below it is a groove which extends downwards and forwards from the mandibular foramen, the mylohyoid groove. The first, lower, permanent molars erupt at the eighth year and soon after the corresponding teeth of the upper jaw appear. Between the thalamus (see here) and the caudate nucleus is the
terminal stria, a tract of fibres, which, in its anterior portion contains the terminal vein (see here), while posteriorly it contains; if it contains little or none, the bluish pigment of its posterior (retinal) layer shows through and it has a bluish
color, but if it itself contains pigment, usually in flecks, it has a brownish color. The spine of the scapula is flat at the vertebral border, but becomes higher as it passes transversely across the dorsal surface, and at the neck of the bone it is prolonged into a flattened process, projecting over the lateral angle and termed the acromion. The orbital and
sphenoidal processes arise from the upper border of the perpendicular portion and are separated by the spheno-palatine notch. The surface is smooth, except. C55, C56, C58, C59, C68, the other terminal branch, lies at first beside the preceding between the two pterygoid muscles. The bony part then carries the direction somewhat forward again
They are paired and lie in the fat tissue of the skin of the anterior thoracic wall. C149, C163, C164, C165, C166, C167, C173, C188, C189, C205. Technically a right and a left lobe, separated completely by connective tissue, by fat tissue in the adult, are recognized. The medial sural cutaneous nerve, from the tibial nerve (see here), accompanies at
first the small saphenous vein, lying beneath the crural fascia in the groove between the two heads of the Gastrocnemius. Its tributaries are either parietal or visceral. With the sacro-tuberous ligament it converts the lesser sacro-sciatic foramen. The supreme intercostal artery runs backwards and downwards in front
of the neck of the first rib and divides into the intercostal arteries that supply the first and second intercostal spaces. It lies on the lateral side of the lower leg and has a superior extremity, a shaft (corpus) and an inferior extremity, a shaft (corpus) and an inferior extremity.
both surfaces. C180, C206. Between this bean-shaped surface and the superior articular process is a superior vertebral incisure, which, with the inferior incisure of the last lumbar vertebral foramen. The two anterior surfaces are separated by a low elevation, but at the lateral angles there are sharp borders, medial and
lateral. Bonn, November 1929 and February 1932. The skeleton of the trunk consists of the vertebral column together with the ribs and sternum. The epicranial muscles are attached to a common tendinous sheet, the galea aponeurotica, which covers the whole vault of the skull. C146) and also the following: The anterior inferior cerebellar runs over
the posterior part of the pons, in relation to the exits of the acoustic and facial nerves, to supply the anterior portions of the temporal bone. The posterior artery of the septum (naso-palatine) reaches the incisive canal. The
lateral angle of the cleft is rounded off by superficial, arched intercrural fibres, and the medial Surface. The second (posterior) are larger than the first; the upper ones have usually
three roots like the permanent molars, two buccal and one lingual, while the lower have two roots. These lie principally in the posterior funiculus, some smaller bundles also in the lateral. The joints and Ligaments of the Earynx. The muscles of the external genitalia are the Ischiocavernosus and the Bulbocavernosus, for whose origin and insertion see
here. They insert into the radial side of the dorsal aponeuroses of the second to the fifth fingers. In the region of the bony portion it is thicker and, in addition to fine hairs and the sebaceous glands associated with these, has ceruminous glands,
secreting a waxy substance. C80, C91, C93, (C101). Covered by the fimbria and between it and the hippocampal gyrus is a grey, frequently notched strip, the dentate fascia, which, like the greater part of the fimbria, is really outside the limits of the inferior cornu. In addition a considerable number of schemata have been added, which have in many
cases been adapted from the admirable figures by Villiger. In this region there is an anterior medial, an anterior surface. The four borders are the frontal bone in the coronal suture; the sagittal suture; the sagittal suture; the sagittal suture; the occipital, which articulates with
the occipital bone in the lambdoid suture and the squamous suture. C55, C56, C57, C58, C59. The phalanges are long bones with a proximal extremity or trochlea. They are separated by rounded borders, of which the free border (margo liber) is
more convex and broader and looks backward and medially. The largest is the flat dentate nucleus, formed by a thin, folded layer of grey substance and also enclosed by the medullary substance and also enclosed by the medullary substance and looks backward and medially. The largest is the flat dentate nucleus, formed by a thin, folded layer of grey substance and looks backward and medially. The largest is the flat dentate nucleus, formed by a thin, folded layer of grey substance and looks backward and medially.
mucous membrane behind the last molar tooth. C293). Just as the corium passes into the mucous membrane at the body openings, so too the epidermis passes into the epidermis passes into the epidermis passes into the mucous membrane at the body openings, so too the epidermis passes into the mucous membrane at the body openings, so too the epidermis passes into the epidermis passes into the mucous membrane at the body openings, so too the epidermis passes into the epidermis passes into the mucous membrane at the body openings, so too the epidermis passes into the epidermis passes into the mucous membrane at the body openings, so too the epidermis passes into the epidermis passes into the mucous membrane at the body openings, so too the epidermis passes into the epidermis passes into the epidermis passes into the mucous membrane at the body openings, so too the epidermis passes into the epiderm
upwards, in which lies the dome of the pleura. The teeth of both jaws may be divided according to their form into four groups, the incisors, canines praemolars and molars. Between the bases of the renal papillae portions of the cortical substance, the renal columns (Bertini), descend to the sinus and between them and the pyramids the stronger
branches of the blood vessels enter or leave the kidney substance. The part of the conchae, between their medial edges and the septum, is termed the common meatus, the part behind the posterior ends of the conchae, between their medial edges and the septum, is termed the common meatus, the part of the cavity medial to the conchae, between their medial edges and the septum, is termed the common meatus, the part of the cavity medial to the conchae, between their medial edges and the septum, is termed the common meatus, the part of the cavity medial to the conchae, between their medial edges and the septum, is termed the common meatus, the part of the cavity medial to the conchae, between their medial edges and the septum, is termed the common meatus, the part of the cavity medial edges and the septum, is termed the conchae, between their medial edges and the septum, is termed the common meatus, the part of the cavity medial edges and the septum, is termed the conchae, between their medial edges and the septum, is termed the conchae, between their medial edges and the septum, is termed the conchae, between their medial edges and the septum, is termed the conchae, between their medial edges and the septum, is termed the conchae, between their medial edges and the septum the conchae, between the
name. At the root of the cochleariform process it becomes converted into a round tendon, which, running through the spoon-like concavity of the process, bends almost at a right angle and passes almost transversely through the tympanic cavity to be inserted on the manubrium of the manubrium of the malleus, opposite the lateral process.
The first. The ligament contains three compartments for the Extensor digitorum longus and the Extensor digitorum longus plus the Peronaeus tertius. Occasionally the joint cavity communicates with that of the ankle joint. The Extensor digitorum longus arises from the lower end of the lateral intermuscular septum
and the lateral epicondyle of the humerus and inserts into the dorsal surface of the base of the second metacarpal. The Vulva. An incomplete horizontal septum divides it into an upper canal for the Posterior Surface (Flexors).
Can You Chip In? Parotid nodes, small nodes in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland. The vesical plexus in the substance of the parotid gland gland. The vesical plexus in the substance of the parotid gland gland. The vesical plexus in the substance of the parotid gland gland gland. The vesical plexus in the substance of the parotid gland gland gland gland gland. The vesical plexus in the vesical ple
in the upper arm; its branchings begin in the cubital fossa and are: Muscular branches in the pronator teres, Flexor digitorum sublimis, the radial part of the Flexor digitorum profundus, Flexor digitorum sublimis, the radial part of the Flexor digitorum sublimis and the Flexor dig
 small spheno-maxillary surface. Lateral calcaneal branches, also terminal branches, to the calcaneal rete. The ankle joint (talo-crural articulation) is between the talus and the two bones of the lower leg. The inferior gluteal nerve accompanies the inferior gluteal artery through the sciatic foramen below the Piriformis, and supplies the Glutaeus
maximus. A longer portion of the superior vena cava is included, namely, all of it that lies below the opening of the thalamus by the habenulae, which are the direct prolongations of the medullary striae of the thalamus and unite in front of the
root the pineal body to form a triangular white plate, the habenular trigone. The prostate is distinctly flattened from before backwards. The suboccipital nerve is the posterior, stronger branch of the first cervical nerve and is purely motor. The middle portion consists of a horizontal plate, the lamina cribrosa, and a vertical plate, the lamina
perpendicularis. An especially long medial nasal branch, the naso-palatine, passes over the lower part of the nasol septum to the incisive canal. The bucco-pharyngeal fascia rests in its anterior part is stronger and covers the inner surface of the Internal
pterygoid muscle. The Unpaired Branches. Typical examples of these are the sacrum and the coccyx, both formed by the fusion of several short bones, and various skull bones, such as the temporal, the occipital and the sphenoid, which may be regarded as formed by the fusion of short and flat bones to a single skeletal structure. The angular head
arises from the frontal process of the maxilla and passes partly to the ala of the nose and partly to the ala of the edge of the tarsus is close to the free edge of the eyelid, but the other edge does not extend to
the base of the lid but is some distance from it and sharply marked off from the neighboring tissue. A deep layer, including the Flexor digitorum profundus, Flexor pollicis longus, and Pronator quadratus. The fibrocartilages are larger than the surfaces of the vertebrae between which they lie; their greatest height is at the middle, where they are in
relation to the slightly concave surfaces of the vertebrae. The ileo-colic moderately strong, arises from the concavity of the arterial arch below its middle, runs towards the ileo-caecal angle and divides into an ascending branch that anastomoses with the right colic and a descending branch which anastomoses with the terminal branches of the arterial arch below its middle, runs towards the ileo-caecal angle and divides into an ascending branch that anastomoses with the right colic and a descending branch which anastomoses with the arterial arch below its middle, runs towards the ileo-caecal angle and divides into an ascending branch that anastomoses with the right colic and a descending branch which anastomoses with the arterial arch below its middle, runs towards the ileo-caecal angle and divides into an ascending branch that anastomoses with the arterial arch below its middle, runs towards the ileo-caecal angle and divides into an ascending branch that anastomoses with the right colic and a descending branch that anastomoses with the arterial arch below its middle, runs towards the ileo-caecal angle and divides into an ascending branch that anastomoses with the arterial arch below its middle, runs towards the ileo-caecal angle and divides into an ascending branch that are also as a second and a descending branch that are also as a second and a descending branch that are also as a second and a descending branch that are also as a second and a descending branch that are also as a second and a descending branch that are also as a second and a descending branch that are also as a second and a descending branch that are also as a second and a descending branch that are also as a second and a descending branch that are also as a second and a descending branch that are also as a second and a descending branch that are also as a second and a descending branch that are also as a second and a descending branch that are also as a second and a descending branch that are also as a second and a descending branch that are 
colliculus. They are connected by numerous anastomoses (venae intercapitulares, etc.) with the superficial veins (see here, Fig. At the distal ends of the proximal and middle phalanges there are foveae for the attachment of ligaments, similar to those on the metacarpal capitula. The Splenial Muscles. In the text brief references are given to pages on
which further statements as to the structures under consideration are to be found, and a special page reference was therefore unnecessary. The quite distinct praevertebral fascia covers the anterior surface of the praevertebral muscles and the bodies of the cervical vertebrae, where these are uncovered by muscles; it is strong and partly tendinous.
of the lacrimal sac. The soft palate is a soft plate separating the mouth cavity from the nasal portion of the eyeball. At its upper edge it is connected
with the galea aponeurotica. B109, B110, C76, C77, C79, C80, C82, C83. The Psoas major arises from the upper and lower borders of the bodies of the twelfth thoracic to the fourth lumbar vertebra, and from the splenius capitis near its
insertion and then, piercing the Trapezius, becomes superficial on the occipital region. C84, C88. The Lacrimal Bone. It is the bearer of the principal blood vessels of the surface of the brain. The inferior (deep) epigastric first runs for a short distance medially towards the lacunar ligament, is crossed by the ductus deferens and then runs obliquely
upwards between the transversalis fascia and the parietal peritoneum, forming the epigastric fold (see Fig. The deep femoral, the largest branch, arises from the lower border of the scapula, from the infraspinous fossa and the
infraspinatus fascia. The anterior cerebral passes above and in front of the optic chiasma towards the longitudinal cerebral fissure. The medial wall of the ethmoidal labyrinth forms the greater part of the lateral wall of the nasal cavity. C318) is a very thin, but dense and tense membrane, almost circular or elliptical, which closes the tympanic cavity.
laterally and consequently forms the boundary between the middle and external ear. The following receive special names (see here). The Rectus capitis anterior has its origin from the root of the transverse process of the atlas and is inserted close to the preceding muscle. The Gastrocnemius arises by its medial head from the medial condyle of the
femur and by its lateral head from the lateral condyle. The calcaneo-cuboid articulation is between the cuboid surface of the humerus and from the lateral epicondyle of the humerus and from the antebrachial fascia and is inserted into the dorsal aponeurosis of the fifth
finger. Between the two layers there is a cleft-like, complicated cavity, of extraordinarily small capacity and filled with a minimal amount of serous fluid. The angular, the terminal branch of the ophthalmic artery. This is slightly hollowed out for the reception of the costal
cartilage. The dorsal tarso-metatarsal ligaments unite the bases of the metatarsals with the tarsal bones and the four dorsal basal ligaments unite to one another the bases of the metatarsals. C272. Loose connective tissue binds the two portions into an apparently single mass. The two brachia converge towards the posterior colliculi and bound a
triangular area covered by a thin layer of white substance, the anterior medullary velum. It passes outward through the great trochanter and the Masseter there is a strong development of fat tissue, the buccal fat pad (corpus adiposum buccae) which extends
in the new-born child over the whole region of the cheek. C64, C65, C66, C67. More complicated is the reflexion upon the six venous trunks; to begin with the superior vena cava, which lies to the right of the transverse sinus, to the superior left
pulmonary vein; there follows then an acute angled pocket, open to the left, at whose lower boundary the reflexion upon the inferior vena cava and the inferior left pulmonary vein (see above), passes back parallel to the lower boundary of the
transverse sinus to where the superior vena cava pierces the pericardium; it then runs almost vertically downwards, in this part of its course surrounding first both right pulmonary veins and then the inferior vena cava. The Oculomotor Nerve. There it bends at a right angle and runs in the medial wall of the tympanic cavity, again almost horizontally,
but in the line of the axis of the pyramid, until it reaches the pyramidal eminence of the tympanic antrum (see here). The trochlea extends also upon the lateral malleolar surface; it extends also upon the medial surface forming the medial malleolar
surface, but this is smaller in extent than the lateral one, a part of the medial surface being rough. Above the superior nuchal lines there are usually two arched supreme nuchal lines there are usually two arched supreme nuchal lines. At the convex borders of the hemispheres the boundaries of the two parts are indicated by flat notches, the anterior and posterior incisures. The numerous remaining
surfaces are smooth, articular surfaces for articular surfaces for articulation with the radius, the metacarpal bones or adjacent carpal bones or adjacent carpal bones. The Spinal Nerves. However the boundary of the pericardium passes obliquely over the superior vena cava, so that more of the anterior surface of the vein is covered by epicardium. On its outer surface one sees
the larger vessels and nerve stems, running for the most part meridionally, and especially the radially arranged venous roots of the vorticose veins. This ends anteriorly in a small elevation, the tubercle, not far from the symphyseal surface. The external auditory (acoustic) meatus consists of two portions, a medial bony portion and a lateral
cartilaginous portion, which pass the one into the other, without interruption. tragicus is broadly rectangular; it arises from the lamina of the tragus and runs thence upwards. The obtuse angle, open radially, formed by the upper and lower arm bones when the limb is extended, is termed the arm angle. Behind, the quadrigeminal plate passes over into
the brachia conjunctiva of the isthmus, laterally into the upper dorsal portion of the proximal portion of the superficial layer of the flexors and extensors of the forearm. Its
principal part is termed the body (corpus), the posterior thickened end of which is termed the tuberosity (tuber calcanei) and projects backwards behind the other bones of the foot. The ligamenta teretia of the uterus end in their fatty tissue. C78, C80, C84, C85. The inferior mesenteric artery arises below the origin of the renal arteries, some distance.
below the origin of the superior mesenteric. The left limb also lies in the ventricular septum, more superficially than the right limb, lying so close under the muscles of the radial group, especially the Brachioradialis and the Extensor carpi
radialis, neither of which arise from it. At the upper end of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence, produced by the lateral process of the malleolar prominence process of the malleolar prominence process of the malleolar proc
the lower part of the coeliac plexus along the superior mesenteric artery. The portion of the arch between the spinous and transverse process on each side is termed the lamina. The thyreoid gland is enclosed within a connective tissue capsule, which takes origin from the cervical fascia; it sends septa into the substance of the gland, dividing it into
various lobes. The body is irregularly cubical and encloses a large air-containing cavity, the maxillary antrum or sinus, which communicates by a wide opening with the nasal cavity. Beneath the tongue are the muscles of the floor of the mouth, the Mylohyoid and the Geniohyoid, extending from the mandible to the hyoid bone. The molars all possess
large, low crowns with several tubercles and have two or three roots, these, as well as the positions of the tubercles differing in the upper and lower teeth. Its roof is formed by the occipital radiation. The Thyreo-arytaenoideus arises from the
inner surface of the thyreoid cartilage and inserts into the muscular process and lateral surface of the arytaenoid cartilage. The body (corpus) is the narrower, principal part of the gland and the tail (cauda) is its left end, usually extending to the spleen and being somewhat pointed. In the orbit it makes a flat S-shaped curve in the horizontal plane, in
that it bends first laterally and then returns to the axis of the muscle cone, to make a second very short bend laterally just before entering the eyeball. The caecal portion consists of the ciliary part, covering the inner surface of the ciliary body, and the iridic part, covering the posterior surface of the iris; this portion is pigmented (see here). The
Gracilis arises from the pubis close to the symphysis and is inserted into the medial border of the tibia. At the beginning of the basal coil there appears on the lateral wall opposite the spiral lamina a secondary spiral lamina, which does not, however, extend beyond the basal coil. Nerves and Vessels of the Upper Extremity. The lateral wall opposite the spiral lamina a secondary spiral lamina as exceeding the spiral lamina as ex
sural cutaneous nerve, from the common peroneal (see here), pierces the fascia in the popliteal region and passes, often divided into several branches, to the skin of the calf as far down as the lateral malleolus. The Muscles of the Lips and Cheeks. The internal pudendal vein corresponds in its course to the internal pudendal artery. To the right of the
median plane and forming an acute angle with it a sickle-shaped duplicature, the falciform ligament, passes from the anterior abdominal wall (as far down as the umbilicus) and from the under surface of the diaphragm to the superior surface of the liver; in the lower free border of this duplicature the ligamentum teres, the obliterated umbilical vein,
runs from the umbilicus to the under surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface (facies dorsalis) is convex and relatively smooth, the broader upper surface
processes of the upper and middle lumbar vertebrae. C163, C164, C166, C167, C189, C190, C191. It curves posteriorly around the surgical neck of the humerus, passing with the axillary foramen to supply the Deltoideus and neighboring muscles. The lumbo-inguinal nerve from the genito-femoral, pierces the fascia
lata near the fossa ovalis and supplies the skin in that region. Each hemisphere may be divided into four lobes, frontal, parietal, temporal and occipital. It extends from the inguinal canal to the upper end and posterior margin of the testis and contains as its chief constituents the ductus deferens behind and the testicular vessels in front, the veins that
it contains forming a wide-meshed network, the pampiniform plexus. Pectoral branches to the Pectoral muscles (an occasional branch arising directly from the axillary artery is termed the supreme thoracic artery). While the plexus in the central portion of the ventricle is connected with the lateral edges of the tela chorioidea of the third ventricle (see
here), in the inferior horn it bulges into the ventricle along a thin strip of the wall beside the hippocampus, carrying with it the greatly contorted chorioid artery (see here), while the corresponding chorioid vein unites with the terminal vein at the interventricular foramen and opens into the interval cerebral vein (see here). A fourth sometimes occurs the interventricular foramen and opens into the interval cerebral vein (see here).
below the umbilicus and usually only in the lateral part of the muscle. Its lateral part is formed by the zygomatic process which unites with the fronto-sphenoidal process of the zygomatic bone in the zygomatic process which unites with the fronto-sphenoidal process of the zygomatic process which unites with the fronto-sphenoidal process of the zygomatic process which unites with the fronto-sphenoidal process of the zygomatic process which unites with the fronto-sphenoidal process of the zygomatic process which unites with the fronto-sphenoidal process of the zygomatic process which unites with the fronto-sphenoidal process of the zygomatic process of the zygomatic process which unites with the fronto-sphenoidal process of the zygomatic process which unites with the zygomatic process of the zygomatic process which unites with the zygomatic process of the zygomatic process which unites with the zygomatic process which unites with zygomatic process which unites zygomatic process zygomatic zygomati
the ulna and the tendon of the Flexor carpi ulnaris. On its way it receives numerous branches, those of the thigh being the larger, and just before its termination it receives the superficial epigastric and superficial circumflex iliac veins and usually also the external pudendals. The reinforcing ligaments of the capsule are firmly united with it and may
be either longitudinal or circular. It contains numerous, air-containing, imperfectly separated spaces, the ethmoidal cells, which in part are completely in the ethmoid and palatine. = lateral, lateralis, -le lig. C176), the uncinate fasciculus (Fig. The
Rhomboid Fossa. The duodenum is an almost horseshoe-shaped portion of the intestine, so placed that its convexity looks to the right and its concavity to the left. C146, C147. The Colon. Posteriorly is the inferior vestibular area, also with small foramina which lead to the middle macula cribrosa of the vestibule the saccular branch of the acoustic
nerve. The inferior extremity forms the lateral malleolus. Lymph Nodes and Plexuses of the Abdomen. Würzburg, May 1906. It runs from the anterior end of the maxilla, while its nasal surface forms a part of the lateral wall of the nasal cavity.
Their fibres are directed from above downwards and inwards, like those of the External oblique. It runs in the groove between the Psoas and Iliacus, supplying both muscles, to the inguinal (Poupart's) ligament, beneath which it passes through the lacuna musculorum with the Iliopsoas. The medial antebrachial cutaneous nerve also from the medial
cord of the brachial plexus. It then bends almost at right angles into the greatly narrowed isthmus, which passes almost horizontally to the uterus. Nevertheless the socket of the joint is decidedly smaller than the articulating head, and free movement, accordingly, is not hindered by the socket, the joint being the most freely moveable joint in the body
The spinal cord is enclosed within the same membranes as the brain (see here), but the spinal dura mater differs from the cerebral in that it is not fused with the periosteum, but is separated from it by fat tissue and venous plexuses; it also encloses the cauda equina in the sacral canal. C105, C106, C110. Thus these vascular bundles are readily
separable from the liver tissue on account of their connective tissue of their connective tissue on account of their connective tissue of t
termed the anococcygeal ligament. At the point of entrance of the optic nerve it is perforated. The Suboccipital Muscles. Anteriorly it becomes directly continuous with the pectoral fascia, posteriorly with the dorsal fascia. On account of its form and the multiplicity of its parts the knee joint is one of the most complicated joints of the body. The spinous
processes of successive vertebrae are united by interspinous ligaments, which are most strongly developed in the lumbar region. It arises from the posterior cord of the brachial plexus and lies at first behind the brachial artery. It passes upwards, covered at first by the parotid gland to which it sends branches, but later being superficial in front of the
 ear. From the trochlea the tendon, gradually broadening and becoming thinner, runs backwards and laterally, passes under the Rectus superior, and, much broadened, inserts into the eyeball behind its equator. It is well developed only over the fundus and body and its fibres run obliquely from the left side of the cardia, at first almost parallel with the
lesser curvature and then in an oblique direction, partly crossing with the fibres of the circular layer (see Fig. C161, C168, C169, C170, C171, C172, C190. Like this it divides, after it has passed through the obturator canal, into an anterior and a posterior branch, which supply the Adductors. The antibrachial fascia is continuous with the brachial in
the region of the cubital fossa. It contains a cavity filled with air, the sphenoidal sinus, which is divided into two parts by a septum and communicates by two apertures with the posterior part of the nasal cavity. The most important commissural paths are The callosal radiation may be divided into two parts by a septum and communicates by two apertures with the posterior part of the nasal cavity. The most important commissural paths are The callosal radiation may be divided into two parts by a septum and communicates by two apertures with the posterior part of the nasal cavity.
and temporal portions from the trunk and the occipital portion passing backwards. It consists of three portions, separated by sheets of medullated fibres, a lateral, dark grey part, the putamen and two smaller paler masses, the globus pallidus. The plantar arch is formed by the anastomosis of the lateral plantar (see here) with the deep plantar branch
of the dorsal pedal. C105. From each superior colliculus a white band, the superior brachium, passes to the lateral geniculate body and a similar inferior brachium passes from each inferior colliculus towards the medial geniculate. C7, C8, C14, C15. The superficial layer of the abdominal muscles is covered by the general fascia, but this, in the region
of the inguinal ring in the lower region of the abdomen, acquires a very considerable strength and is continued as the cremasteric fascia (Cooper's) upon the spermatic cord. The Popliteus arises from the lateral condyle of the femur and from the accurate popliteal ligament and is inserted into the posterior surface of the tibia above the popliteal line.
C163, C164, C166, C167, C173, C180, C184, C188, C189, C195, C196, C197, C205. Its branches are: Small twigs to the thymus, the trachea and bronchi. B165, B166, B227, B228, B229, C4, C5, C15, C21. The spleen is not a gland (not even endocrine), but is a lymphadenoid organ interposed in the blood path and not in the lymph stream, as are the
lymph nodes. In the intervals between successive nerve roots it sends, in the frontal direction, prolongations to the inner surface of the arachnoid, the denticulate ligament; this is wanting between the closely associated nerve roots of the arachnoid, the denticulate ligament; this is wanting between the closely associated nerve roots of the arachnoid, the denticulate ligament; this is wanting between the closely associated nerve roots of the arachnoid, the denticulate ligament; this is wanting between the closely associated nerve roots of the arachnoid, the denticulate ligament; this is wanting between the closely associated nerve roots of the arachnoid, the denticulate ligament; this is wanting between the closely associated nerve roots of the arachnoid, the denticulate ligament; this is wanting between the closely associated nerve roots of the arachnoid, the denticulate ligament; this is wanting between the closely associated nerve roots of the arachnoid, the denticulate ligament is a supplied to the arachnoid of the arachn
articulation is between the posterior articular surface of the calcaneus and the posterior calcaneal facet of the talus. The cerebral peduncles are two white bands, which begin at the anterior border of the calcaneus and the posterior calcaneal facet of the talus. The cerebral peduncles are two white bands, which begin at the anterior border of the calcaneus and the posterior calcaneus and upwards, above the optic tracts, diverging as they go, to enter the cerebral hemispheres. C124, C126. The peripheral
plexuses of the system take origin from the sympathetic trunk. The cells of the posterior group, smaller and more numerous (3-4) than those of the anterior group, open into the superior meatus usually by several separate openings. It is a typical cervical vertebra, presenting, however, characters transitional to those of the thoracic series. It lies
 almost in the axis of the gland. The umbilical arteries are identical with those of the same name in the adult but are so large that they appear to be almost direct continuations of the fetal aorta; they contain blood relatively poor in oxygen, since the fetal arteries do not contain any really "arterial" blood, but an almost mixed blood. The Patella. C4, C5
C15, C18. They occupy the ulnar side of the volar surface of the forearm and in their upper portions are firmly attached to the antebrachial fascia. At this floor of the meatus the two nerve trunks, the facial and acoustic, which it contains, separate. There are two lungs, a right (pulmo dexter) and a left (pulmo sinister). The sphenoid bone has an
unpaired body (corpus), two great wings (alae magnae), two great wings (alae magnae), two lesser wings (alae parvae) and two pterygoid processes. Extension and adduction of the thigh. The cricoid cartilage has the form of a seal ring, whose broader part, the lamina, is behind and the narrower part, the arch (arcus), in front. It ends in a free border a little above the nostrils, so
anterior portion consists of the olfactory sulcus of the frontal lobe and enlarging at its anterior end to form the olfactory sulcus of the peroneal. The Transversus linguae is composed of transverse fibres that pass from the septum of the tongue to the lateral surfaces.
in front of the anterior end of the septum they pass from side to side, posteriorly they pass over into the Glosso-pharyngeus. The labels on the figures are the B. At its anterior end it is connected with the head of the caudate nucleus. In the inferior cornu the plexus is attached directly to the taenia fimbriae. The under surface of
the body bears a distinctly concave posterior calcaneal articular surface, in front of which is a broad depression, the sulcus tali. Only occasionally do the superficial cervical, transverse scapular and transverse scapula
coil, the position of the bony wall between the coils changes. An oblique, slightly arched groove, the nasolabial groove, passes from the ala of the nose toward the cheek. The twelfth rib is often very short and it varies greatly in length. The Membranous Labyrinth. It supplies the hypothenar muscles and in addition the Adductor pollicis, all the
 Interossei, the two ulnar Lumbricals and the deep head of the Flexor pollicis brevis. After forming the usually very broad sigmoid mesocolon the peritoneum descends into the true pelvis, where it covers the upper part of the margin of them argin of the margin of the m
pupil, while the outer border, the ciliary margin, passes into the ciliary body. The Vermiform Appendix. The Accessory Nerve. It does not extend over the posterior wall beyond the upper ends of the seminal vesicles in the male. The spinous process is especially strong and bifid and it, as we)l as the under surface of the bone, resembles the
corresponding part of typical cervical vertebrae. Vessels of the Abdominal Viscera. The greater distance of the lower part from the column is mainly due to the strong concavity of the thoracic portion of the column is mainly due to the strong concavity of the thoracic portion of the column.
there is a distinctly elevated rough area, the tuberosity, which gives attachment to the biceps muscle. C092, C94, C96, C97. It arises in the region of the opposite side by the venous jugular arch, and opens either into the lower part of the external jugular or beside this
into the subclavian vein. The optic nerve passes through the optic foramen above and medial to the optic foramen above above above above above abo
of the left fibrous ring, in the angle between the two rings, and from the posterior and right portions of the pulmonary artery by a ligamentum arteriosum (Botalli). In the course of the first year the tympanic
ring becomes the trough-like structure, which at first has in its floor a constant foramen, linguinal nodes, 3-5 lie under the skin along the inquinal (Poupart's) ligament, with their long axis parallel with it. The mammary region. The longer left one passes behind the
right common iliac artery and receives the middle sacral vein. The latter is concave, the former convex. These that occur most frequently are the duodeno-jejunal flexure, to the left of the vertebral column and the root of the mesentery and bounded above by the duodeno-jejunal flexure, to the left of the vertebral column and the root of the mesentery and bounded above by the duodeno-jejunal flexure, to the left of the vertebral column and the root of the mesentery and bounded above by the duodeno-jejunal flexure, to the left of the vertebral column and the root of the mesentery and bounded above by the duodeno-jejunal flexure, to the left of the vertebral column and the root of the mesentery and bounded above by the duodeno-jejunal flexure, to the left of the vertebral column and the root of the mesentery and bounded above by the duodeno-jejunal flexure, to the left of the vertebral column and the root of the mesentery and bounded above by the duodeno-jejunal flexure is concave, the former convex.
fold; it is frequently of considerable size and fairly constant, sometimes very large, the inferior ileocaecal recess, fairly constant and usually deep, opening downward and to the left and bounded above by the ileocaecal recess, the superior ileocaecal recess, the superior ileocaecal recess, fairly constant and usually deep, opening downward and to the left and bounded above by the ileocaecal recess, fairly constant and usually deep, opening downward and to the left and bounded above by the ileocaecal recess, fairly constant and usually deep, opening downward and to the left and bounded above by the ileocaecal recess, fairly constant and usually deep, opening downward and to the left and bounded above by the ileocaecal recess, fairly constant and usually deep, opening downward and to the left and bounded above by the ileocaecal recess, fairly constant and usually deep, opening downward and to the left and bounded above by the ileocaecal recess, fairly constant and usually deep, opening downward and to the left and bounded above by the ileocaecal recess, fairly constant and usually deep, opening downward and to the left and bounded above by the ileocaecal recess, fairly constant and usually deep, opening downward and to the left and bounded above by the ileocaecal recess, fairly constant and usually deep, opening downward and to the left and bounded above by the ileocaecal recess.
inconstant and shallow, at the upper border of the ileocaecal junction, bounded by the ileocaecal fosa, a pouch of the parietal peritoneum in which the caecum lies; it is bounded above and to the right by the caecal fold, the retrocaecal recesses, small inconstant pouches which arise
from the upper portion of the caecal fossa or occur along the right border of the ascending colon, the intersigmoid recesses, similar small inconstant, rarely very deep, funnel-shaped pouch in the root of the sigmoid
mesocolon, looks downward and to the left. In the region of the so-called pectinate ligament there is an intimate connection of the anterior part of the sclerotic with the margin of the iris. The superficial (volar) branch gives off the proper volar digital nerve for the fifth finger and, under cover of the palmar aponeurosis and making anastomoses with
the median nerve, passes to the interval between the fourth and fifth fingers, where it divides into the proper volar digital nerves for the adjacent sides of these two fingers. It lies on the proper volar digital nerves for the adjacent sides of these two fingers. It lies on the proper volar digital nerves for the adjacent sides of these two fingers.
and the bronchi most posteriorly and below; only in the right lung is there an eparterial bronchus (see here). The Brachial Plexus. The most anterior cells often comes into close relationship with the frontal sinus, being separated from it only by a thin plate of bone. C8, C10, C17. The two longitudinal sulci unite to the right near the
apex of the heart in a notch {incisura apicis}, which is not always distinct. Nerve: The femoral. Consequently, the Extensor extends only the basal phalanges, while the two distal ones are extended by the continued action of the Interossei and Lumbricales. Near the hilus of the dentate nucleus lies the much smaller, elongated emboliform nucleus and
beside this the variable nucleus globosus and, finally, in the roof of the fourth ventricle, the fastigial nucleus. In addition to the papillary process of the caudate lobe of the liver the tuber omentale of the pancreas usually shows through the lesser omentum. C177, C212, C213. From this an oblique line runs downward and medially to an inferior
tubercle on the lower border. It passes downwards beneath the brachial fascia in the medial bicipital groove to the cubital fossa, where it lies upon the tendon of insertion of the Brachialis, covered by the lacertus fibrosus. The lamina perpendicularis is a thin pentagonal plate which forms the upper anterior part of the nasal septum. The Tympanic
Cavity. The root of the tongue passes over into the anterior (oral) surface of the epiglottis in front of which is a fat body. In addition to these muscular branches it gives off a cutaneous branch, which bends around the posterior border of the Deltoideus and supplies the skin over the insertion of that muscle and that of the neighboring parts of the
upper arm. In addition to the posterior supraclavicular nerves (see here, Fig. The inter-brain, diencephalon) and the mamillary portion of the hypothalamus. The Sinuses of the Dura Mater. The facial muscles include the Epicranius with the
associated auricular muscles, the Orbicular muscles of the mouth and those of the mouth and
on its anterior surface to divide at a variable level into its terminal branches. The Axillary Vein. The other surface, since it rests. In addition to its two roots it receives the upper four pairs of lumbar veins, the right internal spermatic, the two renal veins and, shortly before it
passes through the diaphragm, the hepatic veins. The arches are of moderate height and the vertebral foramen relatively large, especially in its transverse diameter, and of a rounded triangular form. It is pierced by the deep radial nerve and so divided into a superficial and a deep layer. Muscles of the Back. The body and fundus (constituting about
5/6 of the entire organ) are on the left side of the body, or later. The anterior surface forms a portion of the middle fossa of the skull. At about the middle of the thigh or even higher it divides into its terminal branches, the tibial and the weaker common peroneal nerves. The muscles of the tongue consist of two groups: those which take origin from the
skeleton (skull and hyoid bone) and end in the tongue; those that are entirely confined to the pineal body and its stalk. C50. Myology. The anterior superior alveolar are given off in the infraorbital
canal and pass to the anterior teeth. Except in the 2-3 upper cervical nerves the anterior ramus is much larger than the posterior, and in the cervical, lumbar, and sacral plexuses. The thymus is about twice as long as it is broad and it is flat up to its
middle broadest portion. The Pubo-coccygeus arises from the pelvic surface of the pubis, close to the symphysis, and passes to the rectum in the vicinity of the anus and to the anterior sacro-coccygeal ligament. The Biceps femoris arises by its long head from the tuberosity of the anus and to the anterior sacro-coccygeal ligament.
linea aspera. Some descending collaterals pass to the medulla oblongata. The temporal bone has four parts: the squamous portion or pyramid and the tympanic portion, the petrous portion, the mastoid portion, the mastoid portion, the petrous portion or pyramid and the tympanic portion. It is the largest artery of the back and anastomoses with various arteries of the axilla. The first dorsal inserts into the
dorsal aponeurosis of the second toe on the tibial side, the other three into the fibular side of the aponeurosis of the second, third and fourth toes. The sublingual gland and the sublingual mucous membrane. Small canals, the carotico-
tympanic canaliculi, lead from it into the tympanic cavity. The suprarenal impression is close beside the fossa for the vena cava, C85, According to their outer form bones (ossa brevia) and flat bones (ossa brevia) and flat bones (ossa plana). The greatest height of the suprarenal impression is close beside the fossa for the widdle of the
breadth of the lid. In addition to small branches to the skin of the sole it gives off: Muscular branches to the pulmonary nodes in the substance of the lung tissue; the bronchial nodes in the narrower sense, 20-30 in
number, larger and situated in the hilus of the lung and along the bronchi as far as the bifurcation of the trachea, and the trachea nodes, which are small and scattered sparingly along the trachea nodes, which are small and scattered sparingly along the trachea. It is relatively broad, is covered by the anterior part of the corpus callosum, whose genu forms its anterior boundary. C51, C52, C53, C54, C55. The
superficial Inquinal Ring. The ascending pharyngeal artery, see here. As the branches diminish in caliber longitudinal folds of the mucous membrane, quite lacking in the larger branches, become more and more evident and more numerous; in the smallest branches these folds are exceptionally distinct. C69, C114. The male urethra, which is about 20
cm in length, consists of a prostatic portion, a membranous portion and a cavernous portion. The infraorbital head arises from the infraorbital border and the zygomatic bone; these two heads pass to the upper lip. Both columns and sinuses gradually fade out above. Only the slightly thickened, rounded,
anterior end of the clitoris, the glans clitoridis, projects sufficiently into the vestibule that the labia minora can unite in front of the glans to form a praeputium clitoridis, while behind the glans to form a low transverse fold, the frenulum clitoridis, while behind the glans to form a praeputium clitoridis, while behind the glans to form a low transverse fold, the frenulum clitoridis and laterally, and a tuberosity also
occurs on the base of the fifth which projects markedly upon the lateral border of the foot. B71, B72). It has the shape of an almost transversely directed cylinder. A thyreo-hyoideus. Over the upper surface of the posterior arch there runs a shallow groove (sulcus arteriae vertebralis) for the vertebral artery; occasionally it
becomes deeper or is even converted into a canal. It forms a flat arch and, behind the sterno-clavicular joint, unites with the internal jugular to form the "Atlas typischer Röntgenbilder vom normalen Menschen" by R. It is covered by a layer of
white substance, the stratum zonale. Consequently the axis of the posterior surface of the posterior surface of the posterior surface forms the lower part of the palatine bone.
Except for a small lower portion the squama is vertical in position and has an outer temporal and inner cerebral surface, the latter having ridges and depressions for the convolutions of the cerebral hemispheres and also grooves for the middle meningeal artery. With the preceding it forms the dorsal pedal rete and in addition to small muscular
branches gives off the dorsal metatarsals II-IV, which divide into the dorsal digital arteries. As a whole they form on the actual root of the tongue a closely packed, almost defined mass, while towards the epiglottis and the neighbouring palatine tonsils they are more scattered. The Ligaments of the Pelvic Girdle. Above the wrist it pierces the
antebrachial fascia and is distributed to the skin of the palm of the hand. The latter show the principal figures of the Atlas, the former, in addition to accessory and schematic figures and the explanations of the Atlas in the dissecting room, this being accompanied by references to other
illustrations in the volume where the structures under consideration are shown. Lateral to this is a distinct depression, the sublingual fovea for the submaxillary gland. The parietal lobe forms the middle portion of the cerebral
hemisphere and is separated from the temporal lobe by the parieto-occipital fissure, this last boundary being lacking on the upper surface of the hemisphere. C33, C34, C35. The same is true for the moderately long, rather
small tendon, which is inserted obliquely as is that of the superior, but in the inverse direction (the lateral border more posteriorly) and somewhat nearer the corneal margin. The superior arises by a common tendon from the medial epicondyle of the humerus. Like the hand, the foot consists of three
portions: the tarsus, the metatarsus, and the phalanges, but it differs from the hand not only in the number and form of its constituent bones, but also in certain special particulars. C149, C161, C162, C163, C167, C189, C167, C189, C161, C162, C163, C167, C163, C167, C162, C163, C167, C163, C167, C162, C163, C167, C162, C163, C167, C162, C163, C167, C162, C163, C163, C167, C162, C163, C
contains the deferential artery and vein, and the lymph vessels and nerves of the testis group themselves in the anterior and lateral parts. Nerves and Vessels of the Lower Extremity. C67, C68, C69, C70. Then, after traversing the true pelvis, it reaches the back of
the bladder, where it becomes enlarged to form the ampulla, and then unites with a seminal vesicle to form the ejaculatory duct, which opens into the Extensor digitorum longus and the Peronaeus tertius to the lateral malleolar rete. The vagina is a rather
wide, dilatable canal, which external genitals. The pelvis, and especially the true pelvis, more than any other part of the skeleton shows sexual differences. The Arterial Retia of the Lower Limb. The epithalamic
outpouching, which extends into the pineal body, is termed the pineal recess. C78. The Sacro-coccygeal Ligaments. In the empty condition it is strongly flattened from before backward, so that its lumen in transverse section has the form of the letter H turned sidewise. C16, C17, C26, C27. It then runs along the lesser curvature of the stomach
forming with the right gastric artery a vascular arch from which branches pass to both surfaces of the stomach. It is thick in its upper part, becomes gradually thinner lower down and then enlarges again below. Its convex dorsal surface is longer than the ventral one, which has a shallow groove. C89, C90, C98. Above it is a small depression, the
tympanic sinus, and near the anterior end of the free end of the free end of the superior vermis corresponds to the superior surface of the hemispheres and from
before backwards is divided into the lingula, a small, flat half-lobe lying close to the anterior medullary velum and passing laterally into two small strips of fibres, the vincula linguae are not assigned to the
hemispheres). The inferior extremity of the femur is much broadened. The heart furnishes the propulsive force for both circulations and consequently consists of two portions, the sacrococcygeal symphysis
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and also by a number of rather unimportant ligaments. The obturator membrane closes the obturator foramen, except for a small area at the upper part of the foramen where the obturator groove begins. Long projection paths. C147. It is inserted into the lateral sesamoid bone and basal phalanx of the great toe. They form the anterior and lateral walls of the trachea, while the posterior wall contains no cartilaginous skeleton but consists mainly of smooth muscle fibres which extend between the ends of the rings. Its three angles are termed medial, inferior and lateral and its three borders, the superior, vertebral or medial and axillary or lateral. The articular disk is attached on the one hand to the ulnar border of the lower part of the lower part of the radius, where it is continuous with the articular cartilage, and on the styloid process of the ulna. The Larynx. Its medial wall borders upon the internal auditory meatus and its lateral wall on the tympanic cavity, an opening on this wall, the fenestra vestibuli (ovalis), placing this cavity in communication with the vestibule (see also here). B075, B109, B110, C82. Nerve: The volar interosseous from the median. The Tensor is supplied by a branch from the median gland lies in the lacrimal groove of the frontal bone, close under the periorbita and with its long axis parallel to the margin of the orbit. The left atrium is irregularly cubical in form and on its anterior wall the left auricle (auricular appendix) forms a conical appendage. = musculi, muscles med. The crico-arytaenoid articulation, also paired, is between the base of an arytaenoid cartilage and the upper border of the lamina of the cricoid. The scapula is a typical flat bone of triangular shape. It is strongest anteriorly below the knee joint, where it fuses with the extensor and peroneal muscles and with the tendons of the pes anserinus. The loose and thin articular capsule is strengthened over its entire surface by strong reinforcing ligaments. Serratus anterior (medial angle, vertebral border and inferior angle of scapula). C314, C315, C316, C317, C318) is a short dense ligament fastening the short crus of the incus in the fossa incudis of the tympanic cavity. C89, C90. It has, accordingly, no direct connection with the organs of digestion, but stands in relation to them in that its venous blood passes to the portal vein, of which the splenic (lienal) vein is a main tributary. Its branches are: The posterior brachial cutaneous nerve, see here. C7. C100, C101. On either side are two other grooves, the anterior and posterior brachial cutaneous nerve, see here. C7. C100, C101. On either side are two other grooves, the anterior and posterior brachial cutaneous nerve, see here. C7. C100, C101. On either side are two other grooves, the anterior and posterior brachial cutaneous nerve, see here. C7. C100, C101. On either side are two other grooves, the anterior and posterior brachial cutaneous nerve, see here. C7. C100, C101. On either side are two other grooves, the anterior and posterior brachial cutaneous nerve, see here. C7. C100, C101. On either side are two other grooves, the anterior and posterior brachial cutaneous nerve, see here. C7. C100, C101. On either side are two other grooves, the anterior and posterior brachial cutaneous nerve, see here. C7. C100, C101. On either side are two other grooves, the anterior and posterior brachial cutaneous nerve, see here. C7. C100, C101. On either side are two other grooves, the anterior and posterior brachial cutaneous nerve, see here. C7. C100, C101. On either side are two other grooves, the anterior and posterior brachial cutaneous nerve, see here. C7. C100, C101. On either side are two other grooves, the anterior brachial cutaneous nerve are two other grooves. living by means of the Röntgen rays is a material aid to their study by the direct, anatomical method. Above the symphysis it fuses with a triangular, tendinous offset from the superior pubic ligament, the adminiculum lineae albae. The medial meniscus is smaller than the lateral and almost semicircular; it forms, however, an arc of a greater circle than does the lateral, which is almost circular and open only at its attachment to the intercondyloid eminence. The two hemispheres are separated by the sternum epiglottic fold. In addition, the dorsal radio-carpal ligament extends obliquely from the dorsal surface of the first row, but also to the carpus, and the corresponding volar radio-carpal ligament passes, not only to the bones of the first row, but also to the capitate (os magnum). They are interposed between the orbital and nasal cavities, forming what is termed the ethmoidal labyrinth. The line of the joint is S-shaped and its cavity usually communicates between the capitate (os magnum) and lesser multangular (trapezoid) with the carpo-metacarpal joint. The Inferior Concha. The part of the anterior surface of the pyramid that lies between the petro-squamous fissure and the arcuate eminence forms the roof of the tympanic cavity, the tegmen tympani. If a part is not named, as a rule it has already been named on the preceding figure. Action: Bends the vertebral column sidewise; acting on both sides, it extends. On the upper part of the posterior surface there is an oblique line, the posterior surface the po line, which runs from the articular surface for the fibula downwards and medially to the medial border. The number of the ducts of both glands is 10-15. They include the eyebrows, supercilia; the eyelashes, cilia; the hairs of the nostrils, vibrissae; the hairs of the auricle, tragi; somewhat longer are the hairs of the scalp, capilli; the beard, barba; the hairs of the pubic region, pubes; and the hairs of the axilla, hirci. It contains the three small auditory ossicles, which together with the auditory ossicles, which together with the auditory ossicles, which together with the walls of the cavity will be described in connection with the auditory ossicles, which together with directly into the tegmentum of the cerebral peduncles. Action: Similar to that of the external oblique. The Pectoralis major arises by a clavicular portion from the sternum and from the second to the sixth costal cartilages and by an abdominal portion from the abdominal aponeurosis (sheath of the Rectus). I have endeavored in this work to produce an Atlas that will serve the practical needs of students of medicine and practicing physicians. is formed by the anastomosis of the terminal branch of the ulnar artery with the superficial volar branch of the radial. It is attached by its base to the posterior border of the bony palate, its mucous membrane passing directly into that of the palate, and it hangs obliquely downwards and backwards and backwards and ends in a rounded conical process, the uvula. The deep radial (posterior interosseous) nerve, is the larger terminal branch and is almost entirely motor. The articular capsule of the shoulder joint is wide and loose, as is necessary in a joint with free movement. The principal sulcus is the central sulcus, the principal gyri the anterior and posterior central, bounded by the praecentral and interparietal sulcus, the principal gyri the anterior and posterior central, bounded by the praecentral and interparietal sulcus, the principal gyri the anterior and posterior central, bounded by the praecentral and interparietal sulcus. ventricle having a more vertical direction than those on the anterior surface; the posterior fibres run obliquely downwards and to the Popliteus and under the popliteal arch of the Soleus, and then divides into the anterior and posterior tibial artery. The individual coccygeal vertebrae are either united with one another by synchondroses or have a bony union (synostosis). = incisura inf. On the lateral surface of the angle of the mandible is the masseteric tuberosity and opposite it, on the medial surface, the pterygoid tuberosity for the attachment of similarly named muscles. The superficial temporal artery is the more superficial temporal artery the fold for the laryngeal nerve: Furthermore, the opening (aditus) of the larynx lies in the upper part of this portion of the pharynx. In addition to small cutaneous branches to the skin of the sole its branches are: Muscular branches to the pharynx. In addition to small cutaneous branches are: Muscular branches are: partly replace the preceding. C114. The short gastric arteries to the fundus of the stomach, arising in part from the following. It pierces the Adductor magnus immediately above the adductor magnus immediately above the adductor magnus immediately above the fundus of the stomach, arising in part from the following. It pierces the Adductor magnus immediately above the adductor magnus immediately above the adductor magnus immediately above the fundus of the stomach, arising in part from the following. It pierces the Adductor magnus immediately above the adductor magnus immediately above the adductor magnus immediately above the fundus of the stomach, arising in part from the following. It pierces the Adductor magnus immediately above the adductor magnus immediately above the adductor magnus immediately above the fundus of the stomach, arising in part from the following. lacrimal sac. Finally there is an isolated round foramen singulare towards the posterior wall, that leads to the inferior macula cribrosa and transmits the posterior ampullary branch of the acoustic nerve. The tympanic fissure to the tympanic fis (Fig. C33, C34, C37, C39. The common superficial layer is not present throughout all the extent of the heart, where they pass from the vicinity of one auricular appendix to that of the other and are consequently termed the horizontal interauricular fasciculus The fibrous coat in the uppermost part of the pharynge-basilar fascia, which is attached above to the skull. The anterior cruciate ligament passes between the medial surface of the lateral condyle of the femur and the anterior intercondyloid tubercle and fossa of the tibia, and the posterior cruciate ligament arises from the lateral surface of the medial condyle of the femur and passes to the posterior intercondyloid tubercle and fossa of the tibia. a) The Infrahyoid Muscles. The Multifidus is a series of small muscles that arise from the dorsal surface of the sacrum and the transverse processes of all the vertebrae up to the lower cervical and pass upwards and inwards to the second or third spinous process next above. Nerve: The long head by the tibial, the short head by the peroneal. Their efferent vessels pass to the iliac nodes. The vallate papillae extend outward and forward from the foramen caecum, forming an angle open anteriorly and with its apex at the foramen (V-shaped). Occipital nodes, inconstant, on the attachment of the Trapezius. Frequently, immediately behind and parallel to the vallate papillae there is a groove, the terminal sulcus, which, when present, marks the boundary between the body and the root. The vestibule is the middle portion of the bony labyrinth, situated between the semicircular canals and the cochlea. Bonn, November 1930. Anteriorly, where the central portion passes into the anterior horn, it comes into relation with the pars libera of the pillar of the fornix and communicates with the third ventricle by the interventricular foramen (foramen of Monro). This is an especially strong portion of the elastic lining of the larynx; it lies immediately beneath the mucous membrane and has the form of a short conical tube. It consists of two layers between which is a cleft-like cavity, (the so-called fifth ventricle). The Obliquus superior arises with the recti from the optic foramen (medial circumference) and from the dural sheath of the optic nerve, and runs forward as a moderately flat muscle in the upper half of the nasal side of the orbit. It passes through the great sciatic foramen below the Piriformis and lies at first beneath the Glutaeus maximus, resting on the Obturator internus, Gemelli, Quadratus femoris and Adductor minimus. It then runs rather steeply upwards, at first between the Hyo-glossus and Genio-glossus and Genio-glossus and then between the latter and the Longitudinalis inferior as far as the tip of the tongue. The upper molars have three roots, the larger, lower ones only two. On the foot it divides into two branches obliqua atrii sinistri) is a small vein on the posterior surface of the Volume are from originals by K. In both the coronary sinus. All the figures of the Volume are from originals by K. In both the coronary sinus. lying in front of the heads of the ribs and united by short broad portions of the group fall into A superficial set (Extensor digitorum communis, Extensor digiti V proprius, and Extensor carpi ulnaris). C16, C26, C27, C33, C34. Its roots are: The cephalic vein, a cutaneous vein of the arm (see here). The former arises from the lateral part of the aquaeductus vestibuli, emerging under the dura mater to end blindly in the endolymphatic sac. a. Like the thyreoid gland it belongs to the category of ductless glands (glandulae clausae) and in its development it is closely related to the parathyreoid glands. The five openings of the semicircular; canals open into the posterior portion of the vestibule, three being ampullary openings and two non-ampullary openings and two non-ampullary openings of the semicircular; canals open into the posterior portion of the vestibule, three being ampullary openings and two non-ampullary openings of the semicircular; canals open into the posterior portion of the vestibule, three being ampullary openings and two non-ampullary openings of the semicircular; canals open into the posterior portion of the vestibule, three being ampullary openings of the semicircular; canals open into the posterior portion of the vestibule of the vesti eyelids, the scrotum, the prepuce, labia minora, the auricle, etc.). The horizontal lateral canal lies horizontally in the argule formed by the two vertical canals. The two roots of the median unite at an acute angle in front of the axillary or brachial artery. Page 1 of 426 ... The fibres of the restiform body, which arise partly in the spinal cord and partly in the medulla oblongata. Its apex ends in the so-called appendix fibrosa. C300.) The Bony Semicircular Canals. C352) occur in almost all regions of the skin of the temporal region; it carries the secretory fibres for the lacrimal gland Action: Adducts the thigh, partly assists the glutaeus maximus. The Extensor digitorum longus arises from the anterior crest of the fibula, the interosseous membrane and the crural fascia and inserts by four tendons into the dorsal aponeuroses of the fibula, the interosseous membrane and the crural fascia and inserts by four tendons into the dorsal aponeuroses of the fibula, the interosseous membrane and the crural fascia and inserts by four tendons into the dorsal aponeuroses of the fibula, the interosseous membrane and the crural fascia and inserts by four tendons into the dorsal aponeuroses of the fibula, the interosseous membrane and the crural fascia and inserts by four tendons into the dorsal aponeuroses of the fibula, the interosseous membrane and the crural fascia and inserts by four tendons into the dorsal aponeuroses of the fibula, the interospect of the fibula, the interospec directed distinctly downwards; those of the middle thoracic vertebrae overlap each other like the shingles on a roof. The buccal glands of the cheeks, partly between the mucous membrane and musculature (Bucinator), partly between the mucous membrane and musculature (Bucinator). forming the radiate ligament. The upper, strongly rounded tubar extremity is fastened to the uterus by the ligamentum ovarii proprium (ovarian ligament), which passes to the fundus of the uterus between the two layers of the broad ligament. C80, C83, C84, C101). Their summits are unpigmented and consequently appear as pale lines on relatively dark backgrounds. The arcuate artery arches across the metatarsal border, often very long styloid process, whose base is partly ensheathed by a plate-like projection of the tympanic portion, the vaginal process. It is inserted into the lateral part of the masticatory nerve, a short stem that carries in the first place the nerves for the muscles of mastication and accordingly contains the portio minor. C167). It then continues vertically upwards over the anterior surface of the thoracic aorta and the vena azygos, as far as the fourth cervical vertebra, where it inclines towards the left internal jugular and the left subclavian vein or into one or the other of these venous trunks. The Tensor veli palatini arises from the angular spine and scaphoid fossa of the sphenoid and from the lateral surface of the tuba auditiva. The pyramidal process is directed backwards and is short and broad. The lower part of the mandible is termed the base and the tooth-bearing part the alveolar portion. The principal part of the temporal bone, the petrous portion, is also termed the pyramidal structure lying almost horizontally. It is divisible into two portions, the caecum with the appendix vermiformis and the colon, and forms a large horse-shoe-shaped loop, open below, surrounding the small intestine. From it arises by means of the pedicles (radices) the arch (arcus), between which and the posterior surface of the body is the vertebral foramen, usually more or less transversely elliptical in form: Each pedicle (radix) presents an upper shallower and a lower deeper notch (incisura vertebralis). It consists of three concentric membranes, curved in correspondence with the outer surface and enclosing the transparent, partly fluid, partly compact contents of the eye. Besides these there are two other independent ligaments in the head. The Ciliary Zonule. The superior transverse ligament is a short, firm band that bridges over the scapular notch, converting it into a foramen. The First dorsal interosseus arises from the fourth and second metacarpal, the Second from the fourth and third, the Third from the fourth and fifth. In the lower molars a rather regular crucial furrow separates the four tubercles, of which the lingual are higher than the buccal. The intercarpal articulation is between the first and second rows of carpal bones, the first row forming essentially the socket for the medial surface of the membrane, that the mucous membrane of the tympanic cavity passes over both, and from the malleolar prominence curved folds which separate the tense and flaccid portions of the membrane extend, the anterior, shorter one (plica anterior) to the greater spine (Fig. It interlaces with the orbital septum (see here) and serves for the fixation of the medial angle. The Vertebral Artery. The lateral posterior malleolar usually one of the terminal branches; to the hypogastric plexus and the pelvic plexuses and are connected with those of the other side by transverse branches. The Sympathetic Nervous System. The anterior one is a broad band, which begins quite small at the anterior surface of the action surface already in the middle coil it becomes oblique to it, and in the apical coil, convex towards the middle coil. Muscles of the Neck. The right and left internal spermatic arteries run as the testicular arteries in the male to the testes and as the ovarian arteries in the female to the ovaries. The posterior funiculi are formed by the sensory neurites of the body, while the lateral fasciculus cuneatus contains those from the upper half. The enamel has a shining surface and is white with a bluish or yellowish tinge, while the cement is pale yellow and dull. Between the two is the body (corpus). One, rather constant and relatively high, is situated 8-10 cm above the anus, and in its region the circular musculature of the rectum thickens to form the so-called Sphincter ani tertius. C33, C34, C35, C36, C37, C39. Beside it, near the anterior angle of the pyramid, is the opening of a large canal, the Eustachian canal (canalis musculo-tubarius), which leads into the tympanic cavity. Two occur constantly at the metacarpo-phalangeal joint of the thumb and occasionally others are found at the corresponding joints of the index and little fingers and at the interphalangeal joint of the thumb. The infraorbital makes its exit through the infraorbital foramen to supply the nose, eyelids and lips. C60, C66, C67, C135, C136. The posterior pharyngo-palatine arch is thicker than the anterior, but less strongly arched; it passes from the soft palate to the lateral wall of the oral portion of the pharynx. It receives the deep femoral vein, the great saphenous (see here) and usually a number of small branches corresponding to the branches of the femoral artery. The inferior mesenteric plexus along the artery of the same name and its branches to the large intestine and rectum. C148, C157, C206, C207, C212, C213. It inserts into the lateral border of the basal phalanx of the little toe and into the tuberosity of the fifth metatarsal. The tibial collateral ligament is connected with the capsule. The acromion. The Obliquus capitis superior arises from the transverse process of the atlas and passes upwards to the inferior nuchal line. It has two principal portions, a large, upper one, the body (corpus), and a smaller lower one, the two being separated by a constriction, at which the uterus is filled. The Bones of the Left Hand. It forms the lower anterior boundary of the great sciatic notch, below which it projects as a broad, flattened, but sharp spine. On its summit the lactiferous ducts (Fig. The uppermost branch makes its way through the gap between the two heads of origin of the Sternomastoideus. II. The transverse processes are strong, directed laterally and distinctly backward and bear upon the anterior surfaces of their thickened, free ends articular surfaces for the tubercles of the ribs (foveae costales transversales). They are only topographically related to the thyreoid gland, and lie outside its connective tissue capsule. The Superficial Layer of Extensors. The medial crura are attached to the anterior surface of the third and fourth vertebra and to the lateral surfaces of the body of the second vertebra and to the lumbo-costal arches. The ampulla of the posterior canal is on the lower wall; the other two ampullae are close together at the boundary between the posterior and lateral walls. temporal branches passing over the temporal fascia to the Auricularis, Frontalis and Orbicularis oculi. The Hypothenar Muscles. Three principal portions may be distinguished in the stomach, a fundus, a body (corpus) and a pyloric portion; the cavity of the last is termed the pyloric canal. The iliac fossa is separated from the rest of the boundary line (linea terminalis) separating the false and the true pelves. C51, C52, C53, C54, C55, C56, C58, C62. The terminal branches, the inferior palpebral, external nasal and superior labial. It divides into an ascending branch; the latter runs downwards behind the Rectus to the Vasti. C176) and long fibres. At the same time it is the posterior fascia of the Orbicularis oculi. The Triangularis (depressor anguli oris) arises from the anterior end of the mouth and part of the Hexor the Adductor and part of the Flexor the Adductor and part of the mouth and the lower lip. Nerves: For the Adductor and part of the mouth and part of the mouth and the lower lip. Nerves: For the Adductor and part of the mouth and part This runs obliquely from behind and above, downwards and forwards, beginning above at the level of the third rib and ending at the lower border belongs to the upper lobe. The latter, the ductus choledochus, traverses the wall of the duodenum obliquely and forms a vertical fold of the mucous membrane, the longitudinal fold. These are due to the arrangement of three bands of longitudinal muscle fibres, the taeniae, which extend throughout the entire length of the bane, so that only a small strip of it is visible at the surface along the petro-tympanic fissure. obliquus auriculae is a small, weak bundle that unites the eminence of the triangular fossa and that of the concha. It then passes above the symphysis upon the posterior surface of the Rectus abdominis, pierces its sheath and runs upwards between its bundles, branching as it goes, to form manifold anastomoses with the branches of the superior epigastric from the internal mammary (see here). At the sides of the hypophyseal fossa and on the root of the great wing there is a shallow, but broad, longitudinal groove, the carotid groove, for the intervertebral fibrocartilages but over the middle of the bodies, whose anterior surfaces are concave, it is more loosely attached. Furthermore, it receives lymph from the left thoracic viscera of the left side as well as from the left side as well as from the left thoracic viscera of the left side as well as from the left thoracic viscera of the left side as well as from the left side as well as from the left thoracic viscera of the left side as well as from the left side as well a turns about the cochlear axis. The Appendicular Skeleton. From the anterior end of the ganglion the slender short ciliary nerves pass along the convex side of the arch formed by the artery and pass to the entire length of the mesenterial intestine, forming arched and plexiform anastomoses before entering the intestine. Its function is uncertain. The inlet of the true pelvis (apertura superior) is bounded by the promontory, the three parts, sacral, iliac (linea arcuata) and pubic (pecten), of the terminal line and the upper border of the interpubic fibrocartilage or rather the superior pubic ligament. The Flexor digitorum longus arises from the posterior surface and interosseous crest of the tibia. This method of arrangement has the advantage for the student, that he finds on a single page of the Atlas representations of all the structures he has seen at any one stage of his dissection, and is not obliged to waste time in turning from page to page of the Volume. Sometimes the sternal synchondrosis between the manubrium and the body of the sternum has a joint cavity. The superior epigastric artery, the other terminal branch, to the posterior surface of the anterior abdominal wall. They possess only a head, which however has no capitular crest. The second vertical canal, the posterior, is almost parallel to the posterior surface of the pyramid of the temporal bone and is at right angles to the superior canal. The inferior epigastric which accompanies the inferior epigastric which fossae on its surface. Branches of the internal iliac (hypogastric) artery. It anastomoses also with the obturator artery (see here). It has three processes; the maxillary process extends downwards and laterally to the maxillary process extends downwards and laterally to the maxillary sinus; the lacrimal process ascends to the lacrimal bone and forms a part of the posterior wall of the nasolacrimal canal; the ethmoidal process articulates with the uncinate process of the humerus presents three surfaces, posterior, anterior medial, and anterior lateral. In front of the tuberculun sellae there is a shallow, transverse groove, the sulcus chiasmatis. Below this the oesophagus enters the posterior wall of the pericardium and is in relation to the pericardium and the descending aorta, which lies to the left of it, both being for a short distance almost parallel. It is perforated by the membranous portion of the urethra in the male and by the urethra and vagina in the female. The glans penis has the form of a short, broad oblique cone, with a rounded tip. The much more voluminous and markedly thicker lobes lie to the sides of the larynx and the upper portion of the trachea. Its peripheral portion (the central rhinencephalon lies within the scope of the pallium) may be divided into anterior and posterior portions. The proximal part of the aponeurosis is firmly united to the long plantar muscles and arises with them from the medial and lateral processes of the calcaneal tuberosity; it is much thicker than the distal portion. On the anterior surface of the thigh the fascia is divided in its upper part into two layers; the superficial one covers the surface of the Sartorius and the femoral vessels, the deeper one passes behind the Sartorius, lines the ilio-pectineal fossa and the furrow between the Vastus medialis and the femoral vessels, the deeper one passes behind the Sartorius, lines the ilio-pectineal fossa and the furrow between the Vastus medialis and the femoral vessels, the deeper one passes behind the Sartorius, lines the ilio-pectineal fossa and the furrow between the Vastus medialis and the femoral vessels, the deeper one passes behind the Sartorius, lines the ilio-pectineal fossa and the femoral vessels, the deeper one passes behind the Sartorius, lines the ilio-pectineal fossa and the femoral vessels, the deeper one passes behind the Sartorius, lines the ilio-pectineal fossa and the femoral vessels, the deeper one passes behind the Sartorius and the femoral vessels, the deeper one passes behind the Sartorius and the femoral vessels, the deeper one passes behind the Sartorius and the femoral vessels, the deeper one passes behind the Sartorius and the femoral vessels, the deeper one passes behind the Sartorius and the femoral vessels, the deeper one passes behind the Sartorius and the femoral vessels, the deeper one passes behind the Sartorius and the femoral vessels are the sartorius and the sartorius are t veins of the penis (clitoris), vein of the urethral vestibular bulb, etc.). atlas anatomie Sobotta Atlas of Human Anatomy 14th [Vol. Immediately behind and below the frenulum there is the external orifice of the vestibule, the orifice of the vestibule, the orifice of the vestibular bulb, etc.). strongly compressed laterally, are directed almost exactly backwards and are slightly thickened at their ends. The Deltoid arises from the acromion and the spine of the scapula. The majority are about the size of a hemp seed. Between these and between the body of the epididymis and the testis is a cleft-like pouch of the vaginal cavity, the sinus epididymidis. The dorsal navicular cupeiforms; the dorsal intercupeiform, the three cupeiforms with one another; and the dorsal cupeo-cuboid, the lateral cuneiform and the cuboid. It sends the anterior intermuscular septum to the lateral crest of the fibula between the Peronaei and the Peronaei and the Peronaei, and the posterior intermuscular septum to the lateral crest of the fibula, between the Peronaei, and the posterior intermuscular septum to the lateral crest of the fibula, between the Peronaei, and the Peronaei, and the Peronaei, and the Peronaei, and the posterior intermuscular septum to the lateral crest of the fibula, between the Peronaei, and the Peronaei and the Peronaei, and the Peronaei, and the Peronaei, and the Peronaei, and the Peronaei and cuboid, the first or internal cuneiform, the second or middle cuneiform and the third or outer cuneiform bone. It anastomoses with the intercosto-brachial fascia and supplies the skin of the medial surface of the upper arm as far as the bend of the elbow and the adjacent part of the skin of the skin of the axilla. The Mucous Membrane of the Larynx, It consists of a flat, oval foot-plate (basis), which fits into the fenestra vestibuli (ovalis), and two limbs (crura), which pass almost horizontally from the two ends of the foot-plate, a somewhat shorter, less curved anterior crus and the more strongly curved, posterior crus. The duodenum begins at the pylorus of the stomach and extends to the duodenojejunal flexure; it has three portions, a superior, descending and inferior. They sometimes extend up to the hyoid bone. It passes behind the head of the pancreas and over the inferior portion of the duodenum into the root of the mesentery, in which it runs in a flat arch, convex to the left and forward, giving off branches and diminishing in caliber. brevis, Flexor dig. They form the main mass of the wall of the right ventricle, in which they have a rather complicated arrangement. C45, C46, C47, C48. It arises in conjunction with the posterior bundle of the infraclavicular portion and accompanies the posterior humeral circumflex artery through the lateral muscle foramen to be supplied to the Deltoideus, a branch also going to the Teres minor. C38, C39) divides into: The volar interosseous artery runs downwards on the volar surface of the interosseous membrane between the Flexor digitorum profundus and the Flexor policies longus, covered at first by the edges of both muscles. and f. Sudoriferous glands (Fig. The anterior commissure (olfactory commissure) unites, essentially, the two temporal lobes and is a long curved tract visible for a short distance in front of the pillars of the fornix and behind the terminal lamina (Fig. The Deep Layer, the Transverso-spinalis. Below the greater tubercular crest there is a large, flat, roughened area; the deltoid tuberosity, for the attachment of the deltoid muscle; it is on the lateral, posterior part of the bone, which, at this level, is still cylindrical. The groove that indicates the boundary between the sclerotic and cornea on the anterior surface of the eyeball is termed the scleral sulcus. B57, B58). In addition there is on the posterior wall, above the fenestra vestibuli (ovalis) a distinct, elongated projection, the prominence of the facial canal. One may indeed recognize an anterior monostomatic, greater sublingual gland. Here the two pillars unite to form the body of the fornix and again separate as two flattened bands, the crura, fibres passing traversely from one to the other forming the hippocampal commissure. There is a strong series, the lateral cutaneous branches, in the axillary line, emerging between the serrations of the Serratus anterior and dividing each into an anterior and a posterior branch; the weaker, anterior cutaneous branches emerge with the perforating branches of the internal mammary artery. The roots are round, of moderate length and usually shorter and slightly flattened. It is an elongated, semi-elliptical, strongly concave plate of bone, in whose formation the palatine processes of the maxillae and the horizontal portions of the palatines and partly also their pyramidal processes participate. Lymph Nodes and Plexuses of the Extensor. The tubercles are four, rarely five in number, two being on the lingual and two on the buccal side. Its anterior surface, turned toward the ribs, is termed the costal surface, its posterior surface, the dorsal surface, the dorsal surface, the dorsal surface, the dorsal surface, the finger, and the proper volar digital nerves I. III strong sensory branches for the volar surface, its posterior surface, the dorsal surface, the dorsal surface, the dorsal surface, the dorsal surface, its posterior surface, the dorsal surface, its posterior surface, the dorsal surface, its posterior surface, the dorsal surface, the dorsal surface, its posterior sur and darker than the neighbouring skin; it possesses large sebaceous glands, a few strong hairs and a distinct median raphe, which corresponds to the septum within. C15, C56, C57, C62, C66, C67, C68, C75, C114. = nervi, nerves oss. Its branches are: The lacrimal runs superficially between the Rectus superior and the Rectus lateralis to the lacrimal gland, supplying this and the neighboring muscles. In this seventh edition all colored figures have been reproduced by the same method, i.e. by the polychromatic autotype process. It forms the wall of the cavernous portion of the urethra. In general it lies close upon the bony walls of the tympanic cavity and upon the auditory ossicles, and follows the outlines of these parts. The Brachio-radialis arises from the lateral border of the humerus and from the lateral intermuscular septum of the upper arm and is inserted by a flat tendon into the upper arm and is inserted by a fl previous works, while at the same time it does not materially fall behind the most of them in the number of illustrations. The Deep Volar (Palmar) Arch. An exception to this rule is found only in a single special muscle hand, the so-called conducting system or atrioventricular bundle, which stands in connection with the innervation of the heart and extends without interruption from the atrial musculature to that of the ventricles (see here). C14, C16, C17. The Editor.

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