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ANATOMICAL NOTES.

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LIST OF PAPERS BY THE SAME AUTHOR.

Abnormal Arrangement of the Peritoneum (with remarks).—*Journal of Anatomy and Physiology*. Vol. XII.

New Abnormality of the Vertebral Artery.—*Journal of Anatomy and Physiology*. Vol. XIV.

Varieties of the Thyroid Arteries.—*Journal of Anatomy and Physiology*. Vol. XIV.

A variety of the Mylo-pharyngeus and other unusual muscular abnormalities.—*Journal of Anatomy and Physiology*. Vol. XIV.

The presence of an Astragalo-scaphoid bone in man (with remarks).—*Journal of Anatomy and Physiology*. Vol. XIV.

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The Morphology of the Muscles of the Tongue and Pharynx.—*Journal of Anatomy and Physiology*. Vol. XV.

Notes on a dissection of a case of Epispadias.—*Journal of Anatomy and Physiology*. Vol. XI.

Division and Anchylosis of certain Carpal bones.—*Journal of Anatomy and Physiology*. Vol. XVII.

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Observations on the Thickness of the Human Skull.—*Dublin Journal of Medical Science*. Oct., 1882.

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ANATOMICAL NOTES.

ARTERIES—ABNORMALITY OF THE OBTURATOR ARTERY.

On the left side of a Subject, the Obturator Artery arises by two roots, one from the internal and the other from the external iliac. On the right side, the Obturator arises from the external iliac, and passes down to the thyroid foramen ; it gives off a large vesical branch, which passes upwards and backwards and takes the distribution of the superior vesical artery. An artery comes from the anterior division of the internal iliac, on the right side ; it soon divides into two branches of which the upper passes along the ileo-pectineal line, and the other along the wall of the pelvic cavity. Both arteries are tortuous. At first they diverge, and near the anterior part of pelvis they approach one another and unite at a distance of one-eighth of an inch from the Obturator Artery, to form a single trunk, which joins the latter. The superior vesical on the left, and the inferior vesical on both sides, are normal.

The Obturator Artery has been seen to arise from the common iliac, from the upper branch of the hypogastric, and from

-
- (1.) Henle's Gefässlehre.
(2.) Redfern. Origin of the Obturator and Epigastric Arteries. Edinburgh, 1850. Read before the U.M.S. 1883.

the internal iliac, by a trunk common to it and the epigastric, in addition to the more common varieties.

It has also been observed to supply the inferior vesical uterine and vaginal arteries.

THE INTERNAL CIRCUMFLEX OF THE THIGH GIVES OFF AN ACCESSORY EXTERNAL CIRCUMFLEX.

In a Female Subject, on the right side, the profunda arises three quarters of an inch below Poupart's ligament. At the upper part of the thigh, it gives off the external circumflex which has the usual distribution. The internal circumflex comes from the outer side of the femoral, near its origin; it then passes downwards and backwards beneath the femoral artery, and then backwards between the psoas and pectineus. The internal circumflex gives off an accessory external circumflex branch at a distance of half an inch from its origin. The accessory vessel passes downwards and outwards over the psoas and beneath the rectus to which it gives a branch. The artery is continued down beneath the rectus and terminates in the vastus externus, below the junction of the middle with the lower third of the thigh.

The origin of the internal circumflex from the outer side of the femoral, seems unusual (1 in 200). Dubrueil records three cases where an accessory external circumflex artery arose from the femoral below the origin of the profunda.*

* Henle's Gefasslehre, pp. 313 & 317.

THE EXTERNAL CIRCUMFLEX GIVES OFF AN INTERNAL BRANCH.

In a Female Subject, on the right side, the femoral artery has the usual position, and gives off the superficial branches and the deep femoral. The latter artery gives off the circumflex and perforating arteries, and the inferior external pudic.

The external circumflex arising from the outer side of the profunda, has the ordinary distribution at the front and outer side of the thigh. It gives off a branch one-eighth of an inch in diameter, which passes inwards beneath the femoral artery, and between the latter and the profunda, and divides into two branches, a transverse which passes onwards to the adductor longus and gracilis, and a descending that is directed downwards, lying on the profunda vein as far as the upper border of the adductor longus. It then receives a branch of communication from the femoral, and divides immediately afterwards into two branches of which one pierces the adductor magnus, and, in the substance of that muscle, reaches its inner border. The other is distributed to the anterior surface of the same muscle behind the adductor longus. The branch of communication is somewhat less than an eighth of an inch in size.

The external circumflex has been observed to give off the Obturator (Schwegel). ||

THE LEFT INFERIOR THYROID ARTERY ARISES
FROM THE RIGHT INTERNAL MAMMARY.

In a Male Subject, on the right side, the branches that arise usually from the thyroid axis, come from the subclavian. The internal arises from the lower surface of the subclavian, and passes downwards beneath the first rib; at a distance of two inches from its origin it gives off a lateral mammary branch, which passes down the thoracic wall, midway between the sternum and the spine. At a distance of three-quarters of an inch from its origin, the internal mammary gives off a large branch that passes upwards, and then upwards and inwards; it is placed at first over the phrenic nerve, then over the subclavian and carotid arteries, and, lastly, it crosses the trachea, and, on reaching the left lobe of the thyroid body, it is distributed chiefly to the posterior surface of the left lobe. A few twigs are given by this artery to the pericardium.

A thyroid branch of the internal mammary has been seen and recorded by several Anatomists (Cerutti, Barkow, Gruber). (1) Professor Gruber has given two examples of the *arteria thyroidea ima* coming from the internal mammary. In one case the vessel arose at a distance of one inch from the subclavian and crossed the innominate artery and trachea, and in the other the artery rose at a distance of 7-8 lines. (2)

In the example above given, the left inferior thyroid was wanting.

(1) Henle, *Op-cit*, p. 262.

(2) Virchows Archiv, 1872. B. 54.

THE LEFT INFERIOR THYROID ARTERY COMES FROM THE RIGHT INFERIOR THYROID.

In a Male Subject, on the left side, the superior and inferior thyroid arteries are absent, a small branch of artery distributed to the praevertebral muscles, being the only representative of the latter. On the right side, the vertebral enters the foramen of the fifth cervical vertebra. No thyroid axis is present, the branches that arise from this artery in the normal condition, come from the subclavian. The ascending and superficial cervical arteries arise by a common trunk. The inferior thyroid passes upwards and inwards beneath the sheath of the common carotid, and distributes branches to the air tube, alimentary canal, and prevertebral muscles. Internal to the carotid, a large branch is given off by the inferior thyroid which passes beneath the trachea, between that tube and the oesophagus, and divides on the left side of the trachea into two branches, of which one passes to the anterior, and the other to the posterior, surface of the left lobe.

The left inferior thyroid has been seen coming from the right subclavian, and passing over the trachea. (1) The same artery has been observed to come from the carotid and to reach the left lobe by passing beneath the trachea. (2)

(1) Henle, Op-cit, p. 264.

(2) Luschka. Anatomie des Menschens. I a p. 344.

MUSCLES—TENSORS OF THE CERVICAL FASCIA.

In a Female Subject, aged 61, a muscle has an aponeurotic origin from the inner third of the superior curved line of the occipital bone, above the origin of the trapezius, and is inserted into the fascia cervicalis, covering the sterno cleido mastoid. The point of insertion is above the junction of the middle, with the upper third of the sterno mastoid. The muscle is subcutaneous and lies over the trapezius, the sterno mastoid, and the posterior triangle of the neck. This muscle is probably a variety of the transversus nuchæ.

In a female, aged 75, on the left side of the neck is situated a variety of the supraclavicularis proprius. It is attached to the outer third of the clavicle for the extent of one inch BELOW and BEHIND the trapezius, and BEHIND the conoid tubercle. The origin is by tendinous fibres. The muscle is rounded at the middle of its course, which is situated two inches above the clavicle, and is attached to the upper surface of that bone at the inner end. Its inner attachment measures three quarters of an inch, is tendinous, and its insertion tendon extends inwards between the sterno mastoid and sterno occipital parts of the quadriceps.

In its course from without inwards, the muscle forms an arch, and an elliptical space, between it and the clavicle, is the result. Through this space the descending branches of the cervical plexus pass, the outer turning round the muscle and bend

ing at a right angle. A considerable offset from the middle portion passes off before the latter divides, and turns up over the supraclavicular muscle to join the second cervical nerve. A loop is thus formed from which the superficial cervical, (descending portion) a small twig for the posterior triangle, and a small branch directed inwards, are derived. The muscle lies over the omohyoid and the subclavian artery, and receives a nerve from the branch of the descendens novi to the posterior belly of the omohyoid.

The inner attachment of the muscle above recorded, differs from that of the supraclavicularis as described by Prof. Gruber, in that it is partly inserted between the cleido-mastoid and cleido-occipital fibres of the quadriceps. The same observer points out that the trapezius is sometimes inserted into the clavicle, even up to or behind the sterno-mastoid. In the latter case a portion of the fleshy fibres are inserted into a fibrous arch placed above the clavicle, and forming with the clavicle an elliptical space through which the supraclavicular nerves pass. Of the varieties of this anomaly of which he points out five, one is when a roundish flat tendon passes from the insertion of the trapezius (normal) to the attached near or behind the sterno-mastoid. The *musculus supraclavicularis proprius* may then be regarded as a muscle replacing fibrous tissue † *

† Virchow's Archiv, 1865 ; p. 703.

* Anderson—Morphology of Omohyoid, Dublin Medical Journal, 881 ; and Krause's Journal, 1885.

CASES OF THE PRESENCE OF AN ACCESSORY STYLOHYOID MUSCLE.

In four subjects, dissected during the present winter, an accessory stylohyoid muscle was present, attached above to the apex or close to the apex of the styloid process, and inserted inserted into the smaller corner of the os hyoides. It occurred on both sides in three subjects, on the right side only in the remaining one. It co-existed with the style-hyoid ligament in one case, and replaced that ligament in the others. In one case the muscles on both sides were narrow, round, and soft ; in the others they were strong, well-formed muscles.

AN ACCESSORY MUSCLE TO THE FLEXOR LONGUS DIGITORUM PEDIS.

In a subject dissected during the present Session, 1882, a muscle arises from the deep fascia of the leg, close to the posterior border of the tibia. The muscle forms a thin layer beneath the deep fascia of the leg, and superficial to the posterior tibial vessels and nerve. It is three inches broad at its origin, and the fibres end in a tendon that lies internal to the posterior tibia nerve. Some fleshy fibres arising from the fascia internally join the tendon which then passes beneath the annular ligament and joins the deep surface of the tendon of the flexor longus digitorum, a portion of the tendon of the former passing to each of the four divisions of the latter. Beneath the annular ligament, a detached portion of the musculus accessorius arises from

the upper part of the inner surface of the os calcis, and ends in a tendon which joins that of the abnormal muscle. The musculus accessorius has the usual arrangement.

An accessory head of the flexor longus digitorum has been mentioned by Glaser. An accessory or superficial head has been seen going from the fascia to the long flexor. Meckel, Reinhardt and others have seen varieties † A variety, not unlike that given by Reinhardt, occurred in the rooms last winter. It differed however, in its insertion from that of the muscle described by that observer. The muscle in question arose beneath the soleus and was inserted into the annular ligament, and in part into the os calcis. The muscle, above described, may be considered an additional piece of the musculus accessorius, which might then be considered in this case a large fan-like muscle consisting of three pieces.

† MacAlister, Trans. Roy. Irish Academy. Vol. xvx.

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