

A description of the muscles of the human body, as they appear on dissection : with the synonyma of Cowper, Winslow, Douglas, Albinus, and Innes, and the new nomenclature of Dumas, professor of anatomy at Montpellier : with prints and maps, showing the insertions of muscles / by Joseph Constantine Carpue.

Contributors

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Tracts A (1.) L. B. 221

DESCRIPTION

OF THE

MUSCLES OF THE HUMAN BODY,

AS THEY APPEAR ON DISSECTION;

WITH THE SYNONYMA OF

COWPER, WINSLOW, DOUGLAS, ALBINUS, AND INNES,

AND THE

NEW NOMENCLATURE OF DUMAS, PROFESSOR OF ANATOMY AT MONTPELLIER;

WITH PRINTS AND MAPS,

SHOWING THE INSERTIONS OF MUSCLES.

By JOSEPH CONSTANTINE CARPUE,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS, IN LONDON; SURGEON TO HIS MAJESTY'S
FORCES, AND TEACHER OF ANATOMY.

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TO STUDENTS OF ANATOMY.

GENTLEMEN,

THE study of Anatomy is by no Means difficult ; but it should be pursued with Method, and above all with steady Perseverance. Some Author, I believe *Blackstone*, compares a Student to a Man rowing against Tide, who while he labours, approaches the wished-for Port : he would gain it by a continued Exertion, but if he rests on his Oars, he is carried down the Stream, carelessly losing all the Progress he had made by hard Labor. Every Undertaking requires Energy, and that which is done in a torpid Way is never well done. What *can* be accomplished in a given Time, should be accomplished within that Time : the Mind tires by Procrastination. It is a common Phrase with Students of Anatomy, “ I shall know enough for my Profession, I do not want to be a Teacher : ” implying, that a superficial Knowledge is sufficient. Be assured, a superficial Knowledge always leads to great practical Errors. There is such a Connection of Parts in the Human Frame, that to know one Part well many others must be understood. To understand Myology, you must be acquainted with Osteology, Syndesmology, &c.

You cannot honestly follow the Profession of a Surgeon, without an accurate, and even minute Knowledge of Anatomy ; for though you can be an Anatomist without being a Surgeon, you cannot be a Surgeon without being an Anatomist. If this Science were more studied by Painters, we should not see those ridiculous Mistakes which daily occur. *Michael Angelo Buonaroti* paid great attention to Anatomy, and wrote a Treatise on Muscular Motion. What would he have said to a Painter who attempted to draw the Human Figure, without a Knowledge of Anatomy, when in one of his Letters he says, a Knowledge of Anatomy is essential to the *Architect* ; and declares, that the Members of Architecture are similar to those of the Human Body ? When I say Anatomy is by no Means difficult, let it not be understood, that it is to be learnt without Labour ; but be assured, with a continued Application, you may attain, in no great length of Time, what ought to be a *chief* Part of the Education of a Surgeon and Physician. Sir *Joshua Reynolds* says, a Student is not always advancing because he is employed. This Truth should ever be in the Minds of Students : you may attempt too much. You must be an Anatomist before you attempt Physiology : you must be perfect in one Part, before you study any other. If you have been at a Lecture or Demonstration, and do not perfectly understand the Subject lectured on, you have attended to little Purpose, nor should you proceed till you are Master of the Subject. The Chain is broken ; the next Lecture will be more unintelligible ; the Lecturer will refer to Parts with which you are unacquainted : thus will you hear Lecture after Lecture, without Profit or Advantage.

A Number of excellent anatomical Works has been published, which greatly assist Students in their studies. *Albinus* has given beautiful and correct Plates of the Muscles, but the References are too numerous for Students to follow conveniently. *Winslow's* Descriptions of the Muscles are too long for the Dissecting Room. *Innes* has made an useful Alteration of *Dr. Douglas's* Work on the Muscles : his Classification is of use, and I have here retained it, see Page (v) ; yet the Muscles being classed according to their several Uses, and not as they are found on Dissection, cannot fail of perplexing the Students.

For

For Example, in describing the *Pronator Radii Teres*, Page 29, No. 127, the Muscle that acts with that, (the *Pronator Radii Quadratus*, Page 30, No. 132) cannot be seen, till several Muscles are removed. In the following Work I have described them in the Order in which they appear on Dissection. The same Muscle is called by different Names by various Authors; this perplexes the Student. To prevent this in the following Pages, at one View will be seen the Synonyma of some of the most celebrated Anatomists: a Description is also given of the Muscles and their Insertions, referring to Plates and Maps, which show these Insertions (see Page 1). This Work is meant to assist the Student in Myology. As Anatomy is only to be learnt by dissecting, or seeing the Subject, I apprehend that showing the *Insertions* is sufficient: the Form, Connection, &c. must be studied in the Dissecting Room.

On the Description of Muscles nothing new can be added. I follow *Cowper*, *Winslow*, *Douglas*, and *Innes*. It was my Intention to have given Maps of *all* the Muscles, however, I found this impracticable in the Muscles of the Face, Abdomen, Feet, &c. Those Muscles are given in Plates from *Duverney*, *Cowper*, *Albinus*, &c. In the Plates of the Maps, an Engraving of the Bones is given, on one Side with their several Processes, Protuberances, &c.: on the opposite Side is only an Outline of the Bones; and that the Lines showing the Insertions of the Muscles may be more conspicuous, each Muscle has an appropriate Line. The Skeleton is from a Preparation in the Collection of *Mr. Heaviside* who was so obliging as to permit *Mr. Leney* to make the Drawing: In this the cervix of the os femoris and other parts are unusually large.

The Method of finding the Insertions is as follows: *Sartorius*, for Example, is described Page 40, No. 174; you will see it is said to be inserted into the superior anterior spinous Process of the *Ilium*, and into the Tubercle of the *Tibia*. Look for Plate VI. on the engraved Side you will see those Parts with lines going from the Names to the Parts. Look on the opposite Side for the Word *Sartorius*: from this Word is a Line pointing to one of the Insertions of this Muscle. This Insertion must be traced with the Point of a Pen, or Point of a Scalpel, and you will find it will lead to its other Insertion. If the Muscle is not straight, as the *Gluteus Maximus*, Page 43, Plate VII, the Line from the Words *Gluteus Maximus* must be traced from its lower Insertion round to the same Point again: this will show you the Extent and Insertion of this Muscle. With a little Practice, these Lines will soon be understood.

As these Maps have been of great Use in my Dissecting Room, this Work I hope will assist you in your anatomical Studies; if so, my Labours will be well repaid. At the same Time give me Leave to congratulate you, on having undertaken a Study, of all others the most important to the professional Man, and also interesting to every thinking Mind. *Gibbon* thought a Knowledge of Anatomy so desirable, that at an advanced Age he attended anatomical Lectures.

I have the Honor to be,

GENTLEMEN,

Your obedient Servant,

Leicester-Square,
October, 1801.

J. C. CARPUE.

C O N T E N T S.

The Muscles divided into Classes. - - - - -	Page vii
The Muscles as they appear on Dissection,* with the Synonima of Innes,† Albinus, Douglas, Winslow, Cowper, and the Nomenclature of Dumas.‡	Page 1—No. 1.
Enumeration of the Bones mentioned in the Description of the Muscles, and of the Muscles inserted into each Bone. - - - - -	Page 53

P L A T E S.

- Plate I. The Muscles of the Abdomen.—Muscles of the Parts of Generation.—
Muscles of the Anus.—Muscles of the Eye-lids.—*Diaphragma*.
- II. Muscles of the Head, Face, and Tongue.—Muscles of the Lower Jaw.—
Some of the Muscles of the Larynx and *Os Hyoides*.—Muscles of the
Pharynx.—Some of the Muscles of the Back.—Muscles of the Ear.
- III. Muscles of the Eye-ball.—Muscles of the Palate.—Muscles of the Cartilages
of the Larynx.—Some of the Muscles of the Head, Neck, Back, and Ribs.
- IV. Map of the Muscles of the Superior Extremities, Front View.
- V. Map of the Muscles of the Superior Extremities, Back View.—Some of the
Muscles situated on the Back.—Muscles of the Ribs.
- VI. Map of the Muscles of the Inferior Extremities, Front View.
- VII. Map of the Muscles of the Inferior Extremities, Back View.

* In this Classification no regard is paid to the Use of the Muscles; but they are described as they appear, and the most convenient Mode of Dissection is considered.

† The Muscles are called by Innes's Names in The London Anatomical Schools.

‡ Dumas has named the Muscles from the Parts into which they are inserted.

The large external Protuberance near the Head of the *Os Humeri*, he calls—*Trochiter*.

The inner and lesser Protuberance near the Head of the *Os Humeri*—*Trochin*.

The great Trochanter—*Trochanter*.

The lesser Trochanter—*Trochantin*.

The internal Condyle of the *Os Humeri*—*Epitrochlea*.

The external Condyle of the *Os Humeri*—*Epicondyle*.

First Phalanx—*Phalange*.

Second Phalanx—*Phalangeine*.

Third Phalanx—*Phalangette*.

Above—*Sus*.

Below—*Sous*.

Before—*Pré*.

ERRATA.

Pa.	No.	Line.
5,	18,	6, for Os Mali, read Os Malæ.
—	20,	under Cowper, r. Constrictor Alæ Nasi
9,	36 & 37,	for Conco, r. Concho.
10,	44,	for Thyros, r. Thyreo.
13,	58,	3, for Pterigoid, r. Pterygoid.
14,	63,	for Arygos Uvulæ, r. Azygos Uvulæ.
19,	82,	3, for Dorsal Vertebrae, r. Dorsal Vertebra.
—	85,	2, for Transverse Vertebrae, r. Transverse Processes.
20,	87,	3, for Process, r. Processes.
—	89,	3, for Process, r. Processes.
21,	91,	3, for Spinous Process, r. Spinous Processes.
22,	94,	2, for each Vertebrae, r. the Vertebrae.
24,	106,	6, for near the Adductor, r. near the Abductor.
30,	131,	for Phalangettin du Puse, r. Phalangétien du Pouse.
35,	135,	for Bicissites, r. Bicipites.
37,	163,	9, for Peretionæum, r. Peritonæum.
45,	195,	for Gemini Inferior, r. Geminus Inferior.
53,	—	Os Occipitis, add Occipito Frontalis.

THE
MUSCLES OF THE HUMAN BODY,
DIVIDED INTO CLASSES.*

MUSCLES of the TEGUMENTS of the CRANIUM.

The skin that covers the Cranium is moved by a single broad digastric muscle, and one small pair. 1. *Occipito Frontalis*, page 4.—2. *Corrugator Supercilii*, page 4.

MUSCLES of the EAR.

The muscles of the Ear may be divided into three classes, viz. the common, proper, and internal. The common may move the whole ear; the proper only affect the particular parts to which they are connected; the internal, the small bones within the tympanum.

The common muscles are, 1. *Attollens Aurē*, page 8.—2. *Anterior Auris*, page 8.—3. *Retrahentes Aures*, page 8.

The proper muscles are, 1. *Helicis Major*, page 9.—2. *Helicis Minor*, page 9.—3. *Tragicus*, page 9.—4. *Antitragicus*, page 9.—5. *Transversus Auris*, page 9.

The muscles of the internal ear are three, 1. *Laxator Tympani*, page 24.—2. *Tensor Tympani*, page 25.—3. *Stapedius*, page 25.

MUSCLES of the EYE-LIDS.

The Palpebræ, or Eye-lids, have one muscle common to both, and the upper eye-lid one proper to itself. 1. *Orbicularis Palpebrarum*, page 5.—2. *Levator Palpebræ Superioris*, page 23.

MUSCLES of the EYE-BALL.

The muscles which move the globe of the eye are six, viz. four straight and two oblique: 1. *Levator Oculi*, page 23.—2. *Depressor Oculi*, page 23.—3. *Adductor Oculi*, page 23.—4. *Abductor Oculi*, page 24.

The oblique muscles are, 1. *Obliquus Superior, seu Trochlearis*, page 24.—2. *Obliquus Inferior*, page 24.

MUSCLES of the NOSE.

There is only one muscle on each side, that can be called proper to the nose, though it is affected by several muscles of the face: *Compressor Naris*, page 5.

MUSCLES of the MOUTH and LIPS.

The Mouth has nine pair of muscles, which are inserted into the lips, and a common one, viz. three above, three below, three outwards, and the common muscle which furrounds the mouth. The three above are, 1. *Levator Anguli Oris*, page 6.—2. *Levator Labii Superioris Alæque Nasi*, page 5.—3. *Depressor Labii Superioris Alæque Nasi*, page 7.

* For the muscles as they appear on dissection, see page 1 to page 51; No. 1 to No. 224.

The three below are, 1. *Depressor Anguli Oris*, page 7.—2. *Depressor Labii Inferioris*, page 7.—3. *Levator Labii Inferioris*, page 7.

The three outward are, 1. *Buccinator*, page 6.—2. *Zygomaticus Major*, page 6.—3. *Zygomaticus Minor*, page 6.
The common muscle is the *Orbicularis Oris*, page 6.

MUSCLES of the LOWER JAW.

The Lower Jaw has four pair of muscles for its elevation or lateral motions, viz. two which are seen on the side of the face, and two concealed by the angle of the jaw. 1. *Temporalis*, page 12.—2. *Masseter*, page 7.—The two concealed by the jaw, 3. *Pterygoideus Internus*, page 12.—4. *Pterygoideus Externus*, page 12.

MUSCLES which appear about the anterior part of the NECK.

On the side of the neck are two muscles or layers, 1. *Musculus Cutaneus, vulgo, Platysma Myoides*, page 8.—2. *Sterno-Cleido-Mastoideus*, page 9.

MUSCLES situated between the LOWER JAW and the OS HYOIDES.

There are four layers before, and two muscles at the side. The four layers are, 1. *Digastricus*, page 10.—2. *Mylo-Hyoideus*, page 11.—3. *Genio-Hyoideus*, page 11.—4. *Genio-Hyo-Glossus*, page 11.

The two muscles at the side are, 1. *Lingualis*, page 11.—2. *Hyo-Glossus*, page 11.

MUSCLES situated between the OS HYOIDES and TRUNK.

These may be divided into two layers.

The first layer consists of two muscles, 1. *Sterno-Hyoideus*, page 10.—2. *Omo-Hyoideus*, page 10.

The second layer consists of three muscles, 1. *Sterno-Thyroideus*, page 10.—2. *Thyro-Hyoideus*, page 10.—3. *Crico-Thyroideus*, page 11.

MUSCLES situated between the LOWER JAW and OS HYOIDES, laterally.

They are five in number. Three proceed from the styloid process of the temporal bone, and one from the spinous process of the sphenoid bone, and one from the eustachian tube.

The three from the styloid process are, 1. *Stylo-Glossus*, page 12.—2. *Stylo-Hyoideus*, page 10.—3. *Stylo-Pharyngeus*, page 12.

The one from the spinous process is, 1. *Circumflexus, or Tensor Palati*, page 13.; and the one from the eustachian tube, 2. *Levator Palati*, page 13.

MUSCLES situated about the entry to the FAUCES.

There are two on each side, and a single one in the middle.

The two on each side are, 1. *Constrictor Isthmi Faucium*, page 13.—2. *Palato Pharyngeus*, page 14.

The one in the middle is the *Azygos Uvulae*, page 14.

MUSCLES situated on the posterior parts of the PHARYNX.

Of these there are three pair: 1. *Constrictor Pharyngis Inferior*, page 14.—2. *Constrictor Pharyngis Medius*, page 15.—3. *Constrictor Pharyngis Superior*, page 15.

MUSCLES situated about the GLOTTIS.

They consist generally of four pair of small muscles, and a single one. 1. *Crico-Arytænoides Posticus*, page 15.—2. *Crico-Arytænoides Lateralis*, page 15.—3. *Thyro-Arytænoides*, page 16.—4. *Arytænoides Obliquus*, page 16.

The single muscle is *Arytænoides Transversus*, page 16.

Besides

Besides these, there are a few disgregated muscular fibres on each side, which from their general direction are named, 1. *Thyro-Epiglottideus*, page 16.—2. *Arytæno-Epiglottideus*, page 16.

MUSCLES situated on the anterior parts of the ABDOMEN.

They consist of three broad layers on each side of the belly; always a long one, and generally also a short one, on each side of the linea alba. The three layers are, 1. *Obliquus Descendens Externus*, page 1.—2. *Obliquus Ascendens Internus*, page 1.—3. *Transversalis*, page 2.

The long muscle in the middle is named *Rectus Abdominis*, page 2.

The short muscle in the middle is named *Pyramidalis*, page 2.

MUSCLES about the MALE ORGANS of GENERATION.

The testicles are said to have a thin muscle common to both, and have one proper to each. The supposed common muscle is called the *Dartos*, page 2.

The muscle proper to each testicle is the *Cremaster*, page 2.—The penis has three pair of muscles, 1. *Erector Penis*, page 3.—2. *Accelerator Urinæ, seu Ejaculator Seminis*, page 3.—3. *Transversus Perinei*, page 3.

There is often a fourth muscle, named *Transversus Perinei Alter*, page 3.

MUSCLES of the ANUS.

The Anus has a single muscle and one pair. The single muscle is *Sphincter Ani*, page 3.—*Levator Ani*, page 4.

MUSCLES of the FEMALE ORGANS of GENERATION.

The clitoris has one pair, *Erector Clitoridis*, page 4.

The vagina has one pair, *Sphincter Vaginæ*, page 4.

The anus, as in the male, has a single muscle and one pair. *Sphincter Ani*.—*Levator Ani*.

MUSCLES situated within the PELVIS.

Of these there are two pair: 1. *Obturator Internus*, page 44.—2. *Coccygeus*, page 44.

MUSCLES situated within the Cavity of the ABDOMEN.

These consist of a single muscle and four pair: *Diaphragma*, page 37.

The four pair are, 1. *Quadratus Lumborum*, page 22.—2. *Psoas Parvus*, page 40.—3. *Psoas Magnus*, page 39.—4. *Iliacus Internus*, page 40.

MUSCLES situated on the anterior part of the THORAX.

These may be divided into two layers. The first layer consists of one muscle, named *Pectoralis Major*, page 25.

The second layer consists of three muscles: 1. *Subclavius*, page 36.—2. *Pectoralis Minor*, page 26.—3. *Serratus Magnus*, page 36.

MUSCLES situated between the RIBS, and within the THORAX.

Between the Ribs, on each side, there are eleven double rows of muscles, which are therefore named intercostals. These decussate each other like the letter X. *Intercostales Externi*, page 36.*—*Intercostales Interni*, † page 38.

The muscles within the Thorax are one pair: *Triangularis, seu Sterno Costalis*, page 37.

c

MUSCLES

* See Levatores Costarum Longiores et Breviores, page 37.

† See Costarum Depressores Proprii Cowperi, page 38.

MUSCLES situated on the anterior part of the NECK close to the VERTEBRÆ.

These consist of one layer, formed by four muscles: 1. *Longus Colli*, page 38.—2. *Rectus Capitis Internus Major*, page 39.—3. *Rectus Capitis Internus Minor*, page 39.—4. *Rectus Capitis Lateralis*, page 39.

MUSCLES situated on the posterior part of the TRUNK.

These may be divided into four layers, and a single pair. The first layer consists of two muscles, which cover almost the whole posterior part of the Trunk: 1. *Trapezius*, seu *Cucullaris*, page 17.—2. *Latissimus Dorsi*, page 17.

The second layer consists of three pair, two on the back and one on the neck.

On the back, 1. *Serratus Posterior Inferior*, page 18.—2. *Rhomboideus*, page 18.

On the neck, *Splenius*, page 18.*

The single pair: *Serratus Superior Posterior*, page 18.

The third layer consists of three pair on the back, and three on the neck:

On the back: 1. *Spinalis Dorsi*, page 21.—2. *Longissimus Dorsi*, page 19.—3. *Sacro Lumbalis*, page 20.

On the neck: 1. *Complexus*, page 19.—2. *Trachelo-Mastoideus*, page 19.—3. *Levator Scapulae*, page 19.

On the back: 1. *Semi-Spinalis Dorsi*, page 21.—2. *Multifidus Spinae*, page 21.

On the posterior part of the neck: 1. *Semi-Spinalis Colli*, page 20.—2. *Transversalis Colli*, page 20.

Below the posterior part of the Occiput: 1. *Rectus Capitis Posterior Major*, page 22.—2. *Rectus Capitis Posterior Minor*, page 22.—3. *Obliquus Capitis Superior*, page 23.—4. *Obliquus Capitis Inferior*, page 23.

On the side of the neck: 1. *Scalenus Anticus*, page 17.—2. *Scalenus Medius*, page 17.—3. *Scalenus Posterior*, page 20.

There are a number of small muscles, situated between the spinous and transverse processes of the contiguous vertebræ, which are accordingly named, 1. *Interspinales Colli*, page 21.

The space between the spinous processes of the vertebræ of the neck, (which are bifurcated,) is filled up with fleshy portions, named, 2. *Intertransversales Colli*, page 22.

They begin from the transverse process of the first vertebra of the back, and fill up the spaces between the transverse processes of the vertebræ of the neck; they are six distinct double muscles.

3. 4. 5. *Interspinales Dorsi et Lumborum*, and the *Intertransversales Dorsi*, page 21, are rather small tendons than muscles, serving to connect the spinal and transverse processes.—6. *Intertransversales Lumborum*, page 22, are four distinct small bundles of flesh, which fill up the spaces between the transverse processes of the vertebræ of the loins.

MUSCLES of the superior EXTREMITIES.

These may be divided into the muscles that are situated on the scapula, on the os humeri, on the cubit or the fore arm, and on the hand.

MUSCLES situated on the SCAPULA.

These are called muscles of the os humeri, and are two behind, (one over the spine, one under the spine,) one along its inferior costa, one from the inferior angle, one from the coracoid process, and one beneath the scapula.

Behind: 1. *Supraspinatus*, page 27.—2. *Infra-spinatus*, page 27.

Along the inferior costa of the scapula, *Teres Minor*, page 27.—From the inferior angle, *Teres Major*, page 27. From the lower margin of the spine: 1. *Deltoides*, page 25.—The one before from the coracoid process: 2. *Coraco Brachialis*, page 26.

The one beneath the scapula: *Subscapularis*, page 26.

MUSCLES situated on the OS HUMERI.

These are called muscles of the cubit or of the fore-arm. They consist of two before and two behind.

Before: 1. *Biceps Flexor Cubiti*, page 26.—2. *Brachialis Internus*, page 26.

Behind: 1. *Triceps Extensor Cubiti*, page 28.—2. *Anconæus*, page 28.

MUSCLES

* See *Splenius Capitis* & *Splenius Colli*, No. 81.

MUSCLES situated on the CUBIT or FORE-ARM.

These may be divided into three classes: first, flexors and extensors of the whole hand; second, flexors and extensors of the fingers; and third, supinators and pronators, or those that roll the radius on the ulna.

First class consists of three flexors, and three extensors: Flexors, 1. *Palmaris Longus*, page 28.—*Palmaris Brevis*, page 33.—2. *Flexor Carpi Radialis*, page 29.—3. *Flexor Carpi Ulnaris*, page 28.

Extensors: 1. *Extensor Carpi Radialis Longior*, page 30.—2. *Extensor Carpi Radialis Brevior*, page 30.—3. *Extensor Carpi Ulnaris*, page 31.

Second Class.

The flexors and extensor of the four fingers are, two long, and one small flexor to each finger, and one extensor: 1. *Flexor Sublimis Perforatus*, page 29.—2. *Flexor Profundus Perforans*, page 29.

The four small flexors are named *Lumbricales*, page 30.

Extensor: *Extensor Digitorum Communis*, page 31.

Third Class

Consists of four muscles, viz. two supinators, and two pronators.

Supinators: 1. *Supinator Radii Longus*, page 30.—2. *Supinator Radii Brevis*, page 31.

Pronators: 1. *Pronator Radii Teres*, page 29.—2. *Pronator Radii Quadratus*, page 30.

MUSCLES situated on the HAND chiefly.

These may be divided into four classes, viz. Muscles of the thumb, fore-finger, little-finger, and metacarpal bones.

Muscles of the THUMB.

These consist of three flexors, three extensors, one abductor, and one adductor.

Flexors: 1. *Flexor Longus Pollicis Manus*, page 30.—2. *Flexor Brevis Pollicis Manus*, page 33.—3. *Flexor Offis Metacarpi Pollicis*, page 33.

Extensors: 1. *Extensor Offis Metacarpi Pollicis Manus*, page 32.—2. *Extensor Primi Internodii*, page 32.—3. *Extensor Secundi Internodii*, page 32.—*Abductor Pollicis Manus*, page 32.—*Adductor Pollicis Manus*, page 33.

FORE-FINGER.

Indicator, page 32.—*Abductor Indicis Manus*, page 34.

LITTLE-FINGER.

Abductor Minimi Digiti Manus, page 33.—*Adductor Metacarpi Minimi Digiti Manus*, page 34.—*Flexor Parvus Minimi Digiti*, page 34.

Between the metacarpal bones there are four internal and three external muscles, named interossei.

Interossei interni: 1. *Prior Indicis*, page 34.—2. *Posterior Indicis*, page 34.—3. *Prior Annularis*, page 35.—4. *Interosseus Auricularis*, page 35.

Interossei externi, seu Bicipites: 1. *Prior Medii*, page 35.—2. *Posterior Medii*, page 35.—3. *Posterior Annularis*, page 35.

The internal interossei are only conspicuous on the palm of the hand; but the external are apparent on both the palm and back of the hand.

MUSCLES of the Inferior EXTREMITIES.

These may be divided into the muscles situated on the outside of the pelvis, on the thigh, on the leg, and on the foot.

Muscles on the outside of the pelvis, which are called MUSCLES of the THIGH.

These are composed of one layer before, and three layers behind. The layer before consists of five muscles. 1. *Psoas Magnus*, page 39.—2. *Iliacus Internus*, page 40.—3. *Pectinalis*, page 41.—4. *Triceps Adductor Femoris*.

(Under this appellation are comprehended three distinct muscles: 1. *Adductor Longus Femoris*, page 42.—2. *Adductor Brevis Femoris*, page 42.—3. *Adductor Magnus Femoris*, page 42.)—5. *Obturator Externus*, page 42.

Behind:

Behind: First layer; *Gluteus Maximus*, page 43.—Second layer; *Gluteus Medius*, page 43.

Third layer consists of five muscles: 1. *Gluteus Minimus*, page 43.—2. *Pyriformis*, page 43.—3. *Geminus Superior*, and 4. *Geminus Inferior*, page 43.—5. *Quadratus Femoris*, page 44.

MUSCLES situated on the THIGH.

These are called muscles of the leg, and consist of one on the outside, two on the inside, four before, and four behind.

Outside: *Tensor Vaginæ Femoris*, page 41.

Inside: 1. *Sartorius*, page 40.—2. *Gracilis*, page 40.

Before: 1. *Rectus*, page 40.—2. *Vastus Externus*, page 41.—3. *Vastus Internus*, page 41.—*Cruralis*, page 41.

Behind: 1. *Semitendinosus*, page 44.—2. *Semimembranosus*, page 45.—3. *Biceps Flexor Cruris*, page 44.—4. *Popliteus*, page 45.

MUSCLES situated on the LEG.

These are called muscles of the foot, and may be divided into two classes, viz. 1. Extensors and flexors of the foot. 2. Common extensors and flexors of the toes.

First Class: Extensors.

These consist of three: 1. *Gastrocnemius Externus*, seu *Gemellus*, page 45.—2. *Soleus*, seu *Gastrocnemius Internus*, page 46.—3. *Plantaris*, page 45.

Flexors.

These consist of four; two that belong to the tibia, and two to the fibula: 1. *Tibialis Anticus*, page 48.—2. *Tibialis Posticus*, page 46.—3. *Peroneus Longus*, page 47.—4. *Peroneus Brevis*, page 47.

Second Class: Common Extensors.

These consist of two; 1. *Extensor Longus Digitorum Pedis*, page 47.—2. *Extensor Brevis Digitorum Pedis*, page 48.

Flexors.

These may be reckoned three: 1. *Flexor Brevis Digitorum Pedis Perforatus*, *Sublimis*, page 48.—2. *Flexor Longus Digitorum Pedis Profundus*, *Perforans*, page 46. This muscle is assisted by the *Flexor Digitorum Accessorius*, seu *Massa Carnea Jacobi Sylvii*, page 49.—3. *Lumbricales Pedis*, page 49.

MUSCLES which are chiefly situated on the FOOT.

These may be divided into the muscles of the great toe, of the little toe and of the metatarsal bones.

MUSCLES of the GREAT TOE.

These are five: 1. *Extensor Proprius Pollicis Pedis*, page 48.—2. *Flexor Longus Pollicis Pedis*, page 46.—3. *Flexor Brevis Pollicis Pedis*, page 49.—4. *Abductor Pollicis Pedis*, page 49.—5. *Adductor Pollicis Pedis*, page 50.

MUSCLES of the LITTLE TOE.

These, besides the common extensors and flexors, are two, viz. 1. *Abductor Minimi Digiti Pedis*, page 51.—2. *Flexor Brevis Minimi Digiti Pedis*, page 50.

MUSCLES from the METATARSAL BONES.

These are four external and three internal interossei, and one muscle which is common to all the metatarsal bones: *Interossei Pedis Externi Bicipites*.—1. *Abductor Indicis Pedis*, page 50.—2. *Adductor Indicis Pedis*, page 50.—3. *Adductor Medii Digiti Pedis*, page 51.—4. *Adductor Tertii Digiti Pedis*, page 51.

Interossei Pedis Interni: 1. *Abductor Medii Digiti Pedis*, page 51.—2. *Abductor Tertii Digiti Pedis*, page 51.—3. *Adductor Minimi Digiti Pedis*, page 51.

The muscle which brings the extremities of the metatarsal bones towards each other, is named *Transversalis Pedis*, page 50.

The muscles situated on the sole of the foot, are covered by a strong tendinous aponeurosis, which is extended from the os calcis to the first joints of all the toes, and serves to preserve the subjacent parts from being compressed in standing and walking.

9

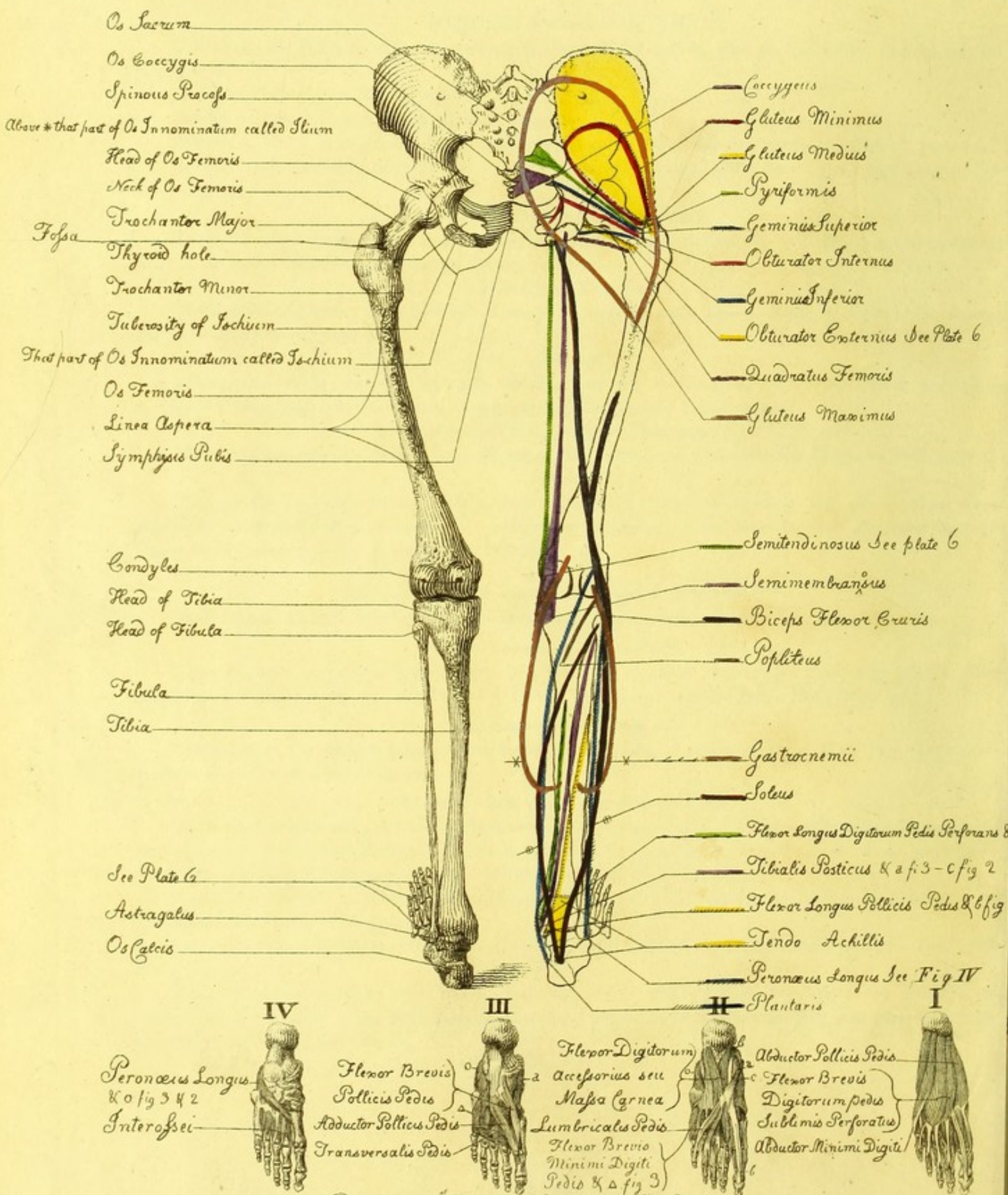
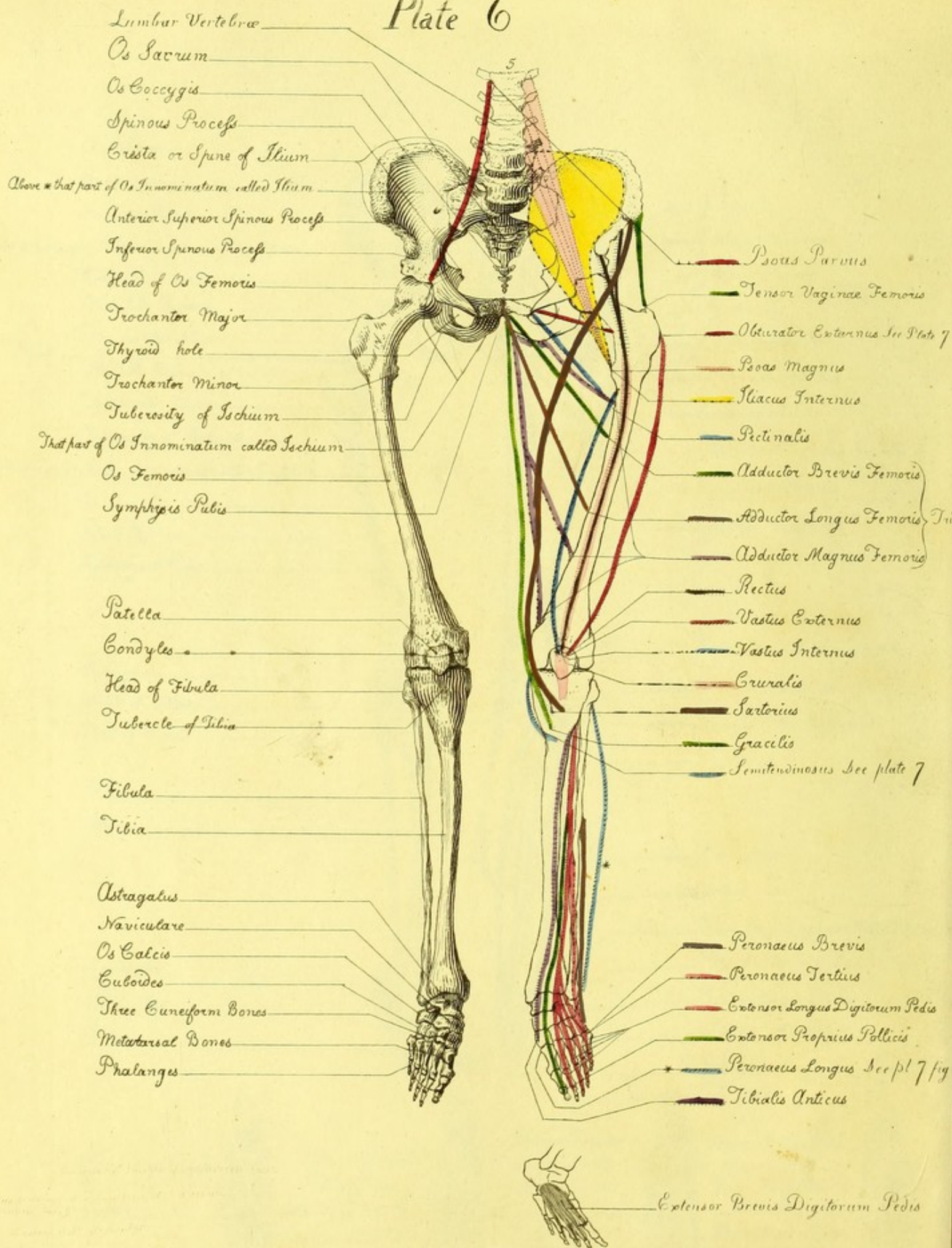


Plate 6



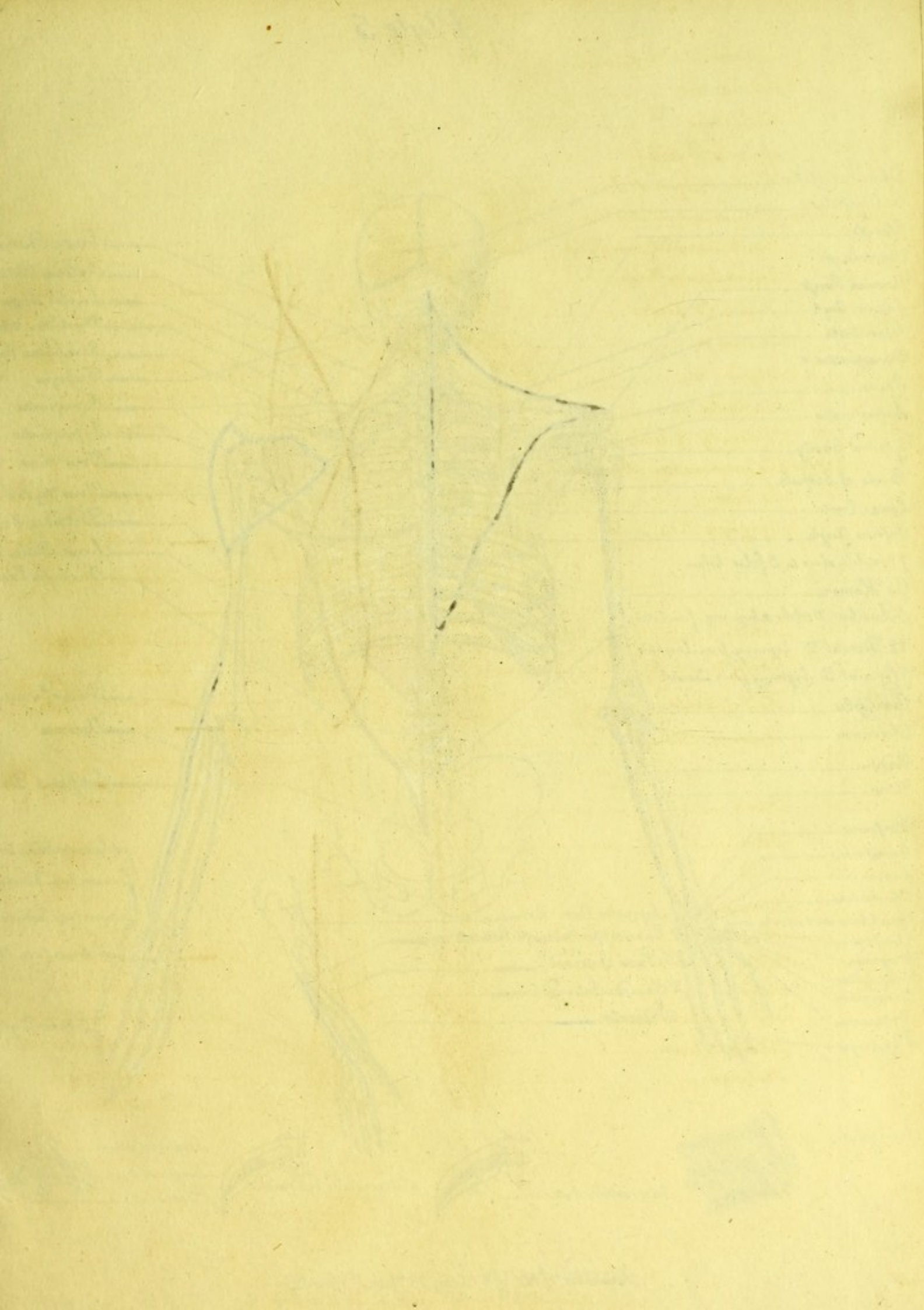
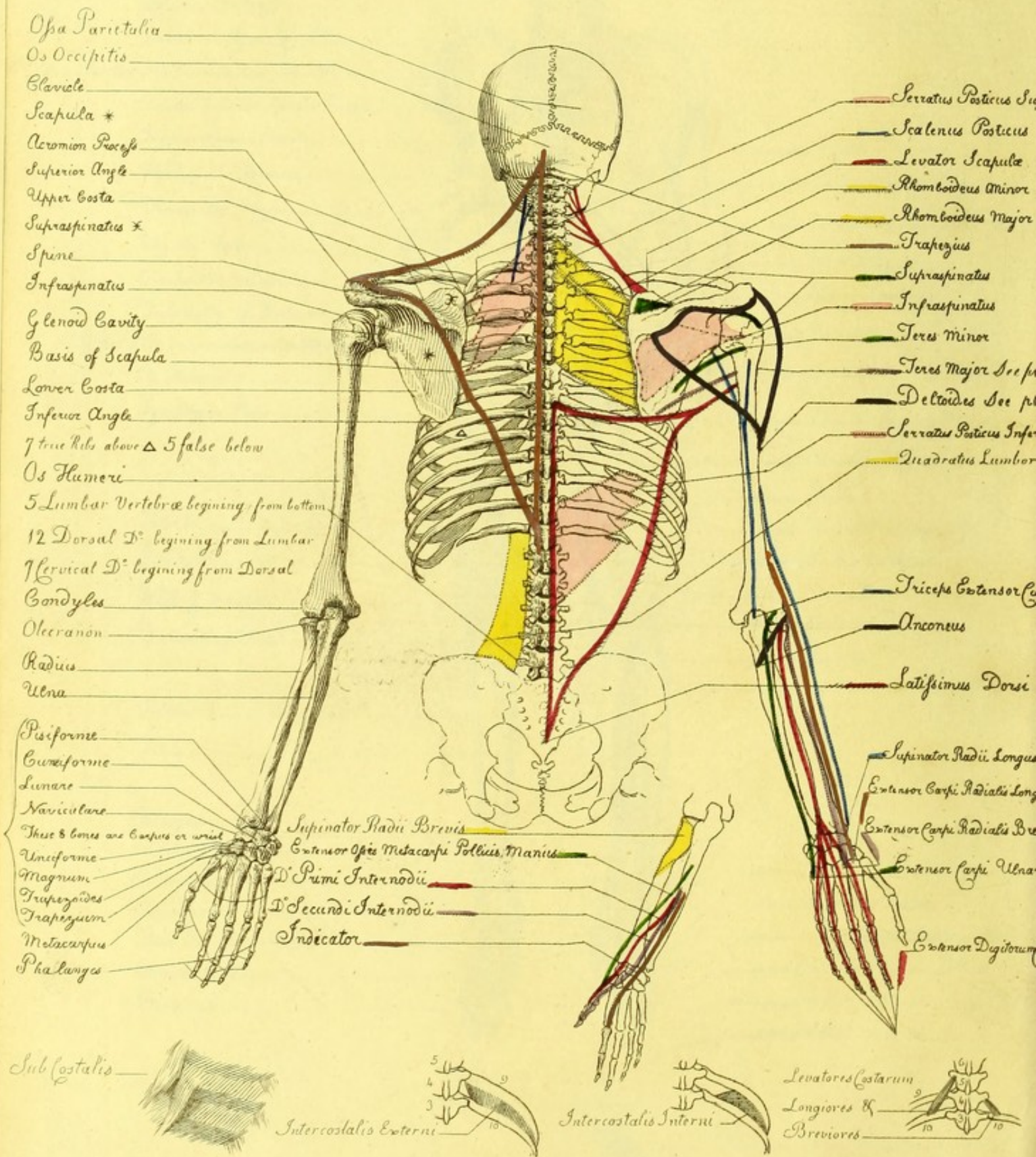
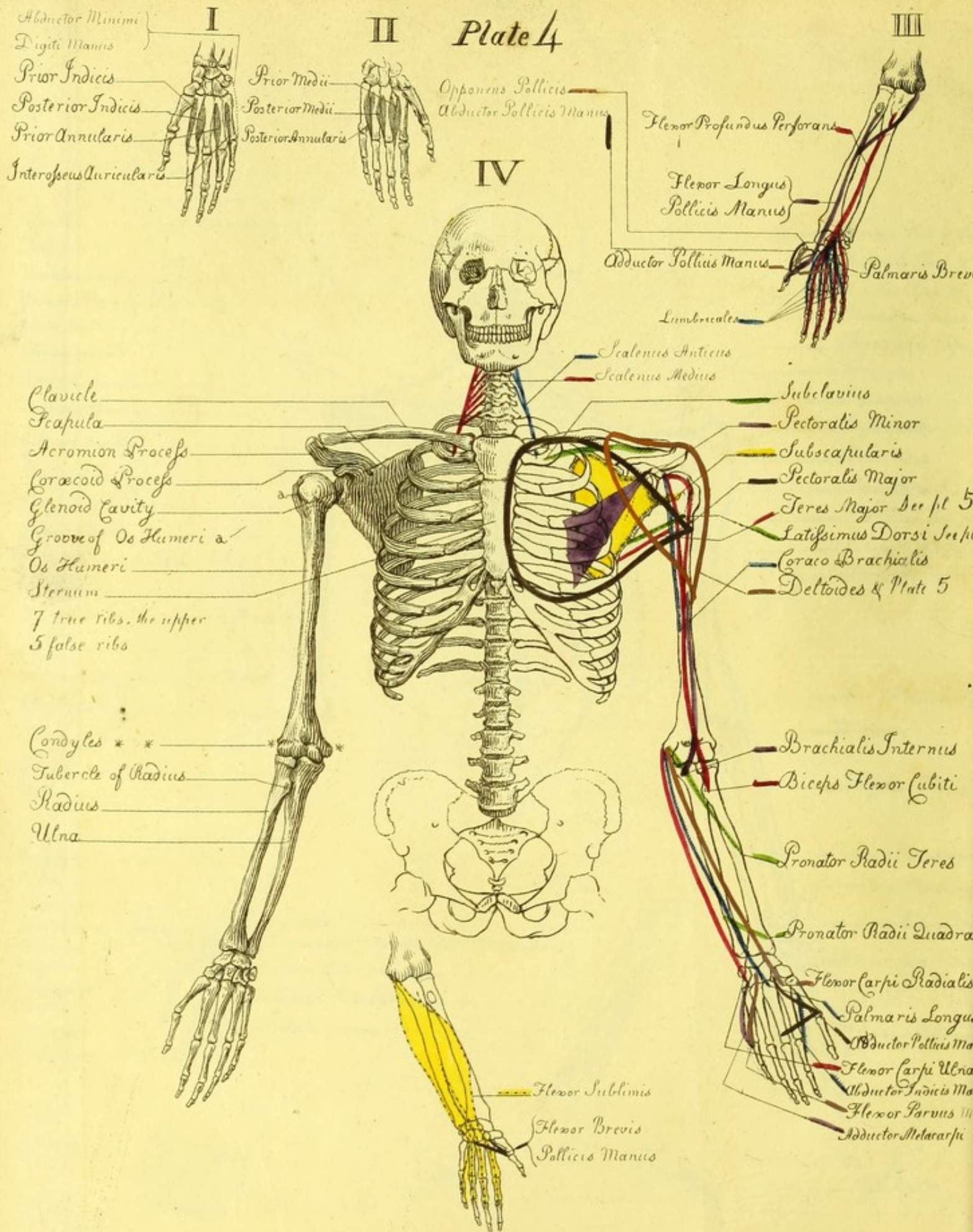


Plate 5





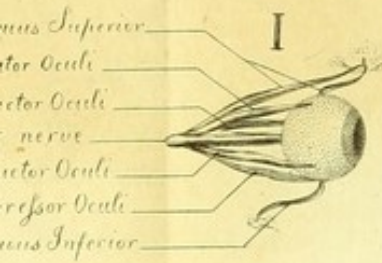
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Plate
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ate I.
3. 4. 5.

Pl.
18.

Plate 3



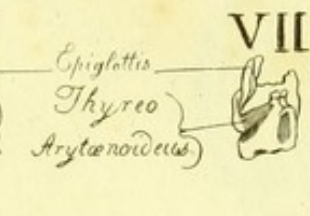
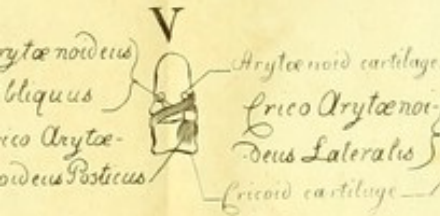
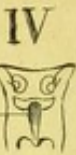
(Circumflexus or
Tensor Palati
Levator Palati



Constructor Isthmi Fauccium
Palato Pharyngeus



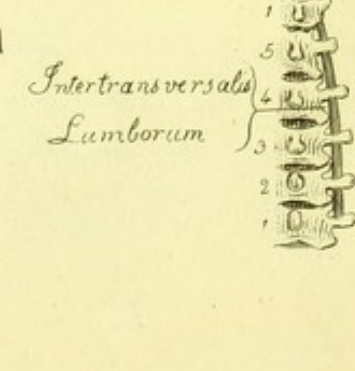
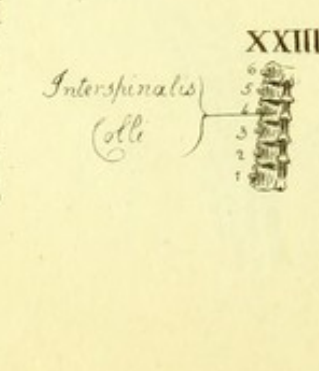
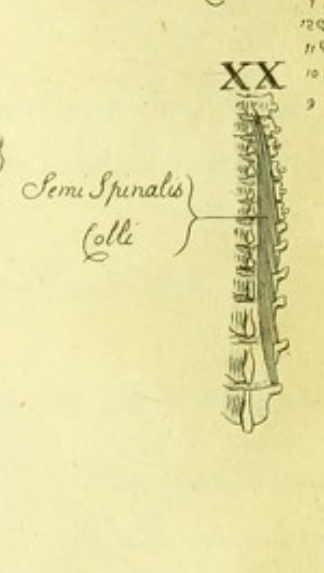
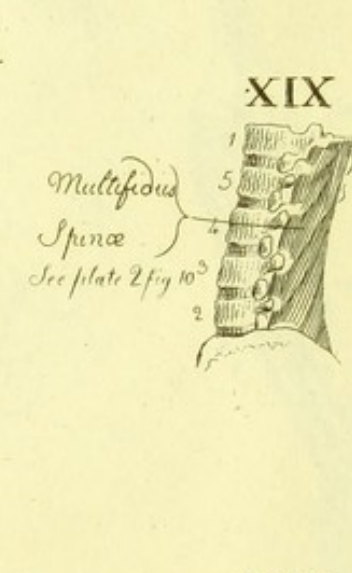
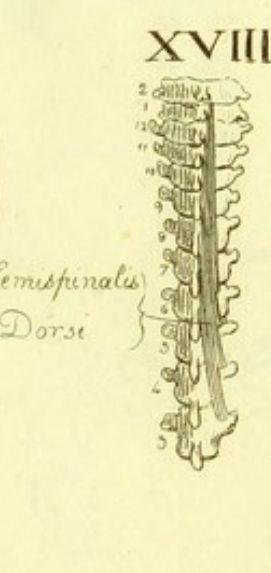
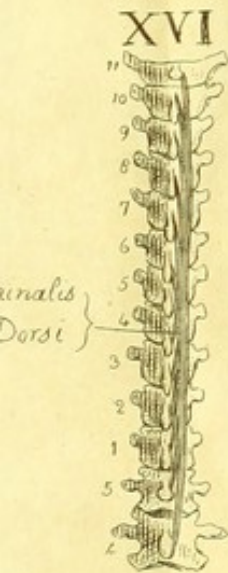
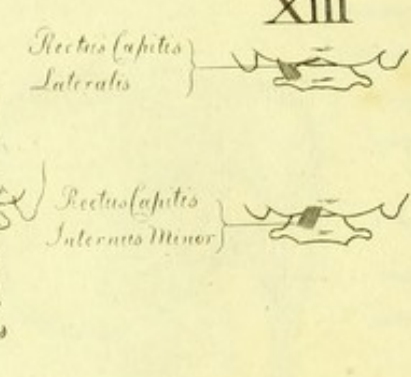
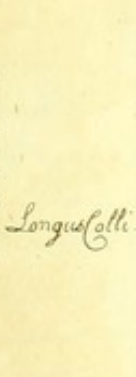
Tragus Umbilae



Arytaenoides Transversus



Thyreo
Epiglottideus
Arytaeno
Epiglottideus



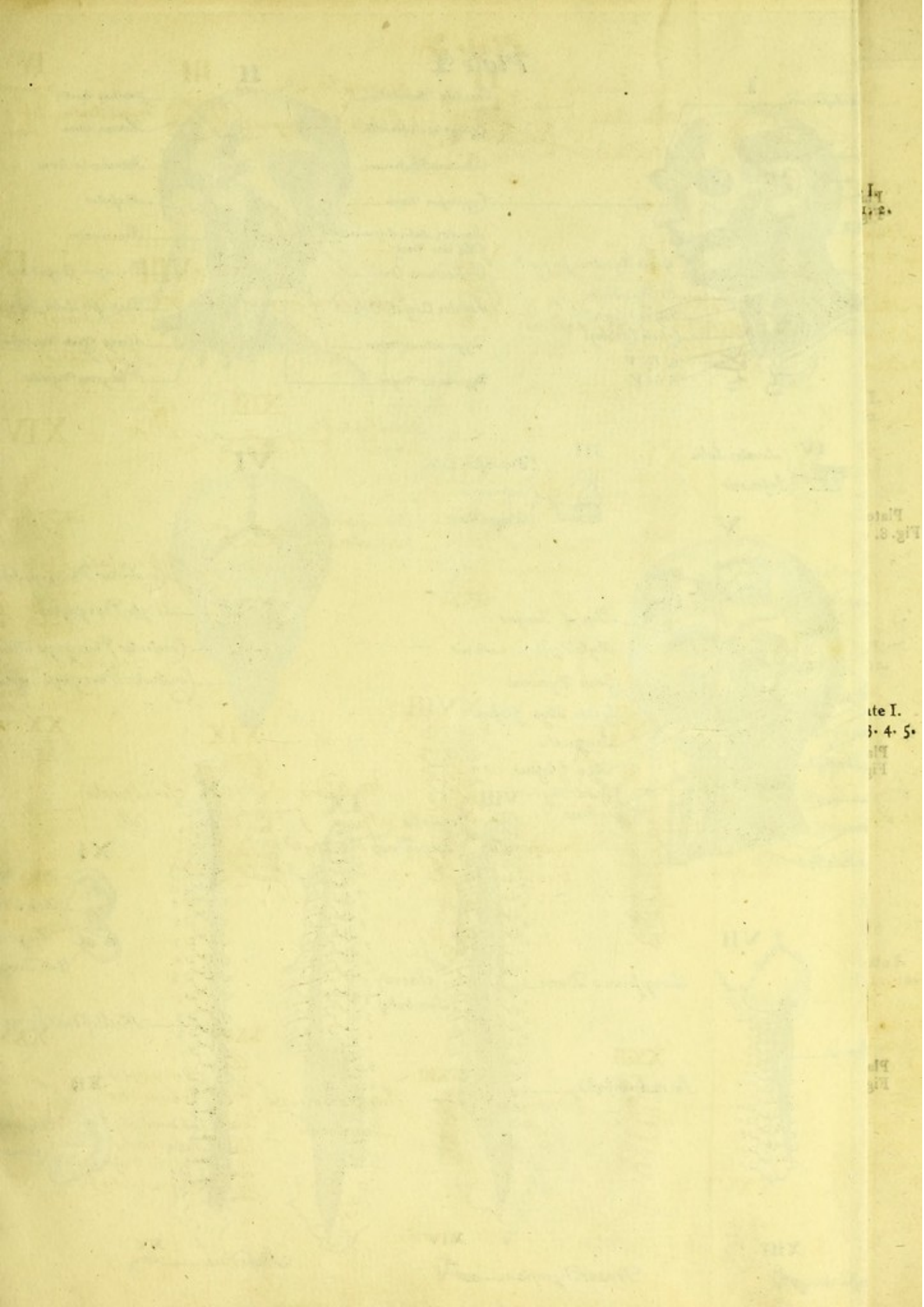


Fig. 1.

Plate I.
Fig. 1.

Fig. 2.

Fig. 3.

Fig. 4.

Fig. 5.

Plate 2

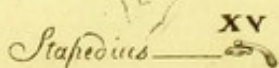
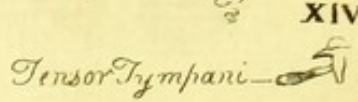
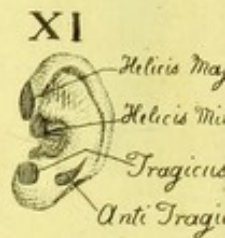
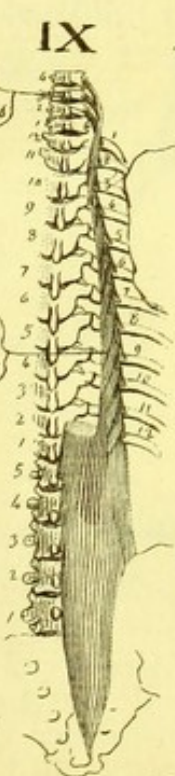
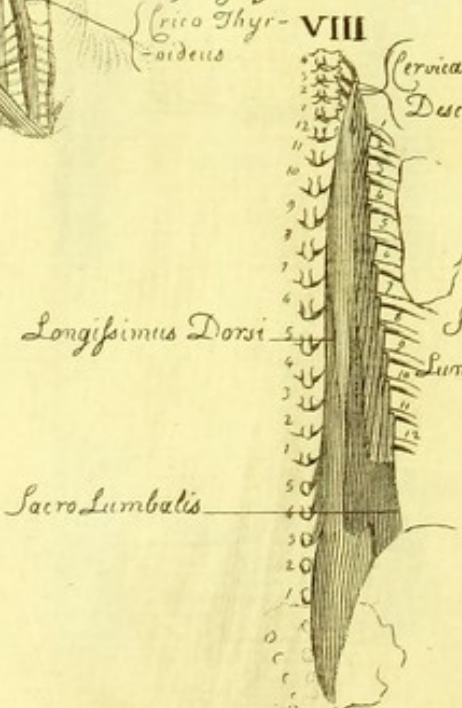
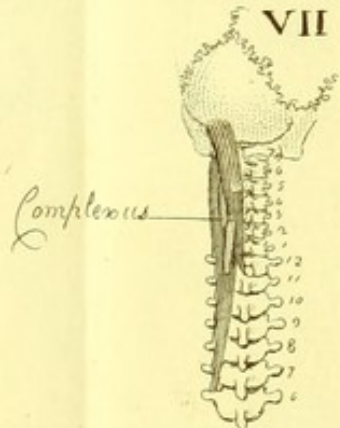
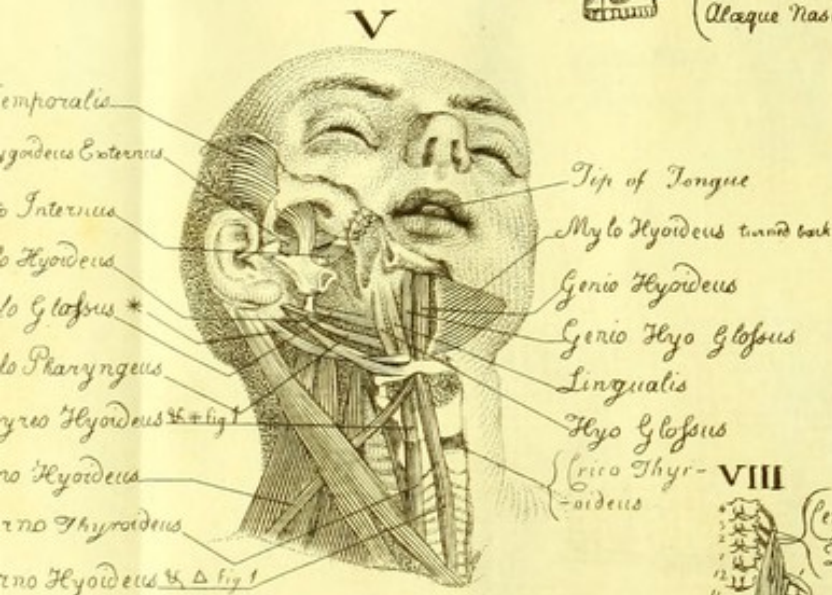
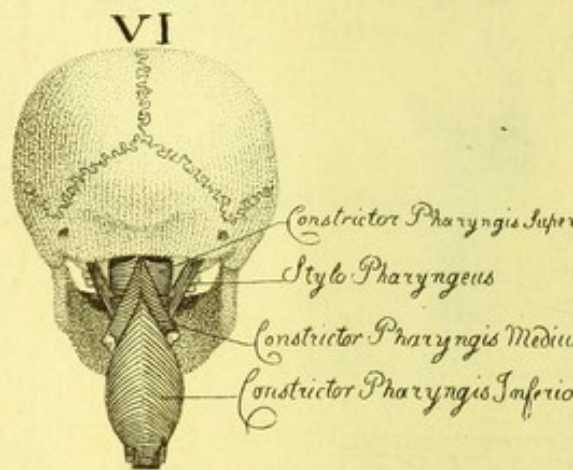
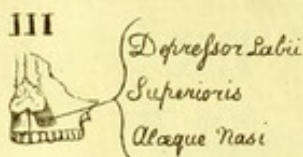
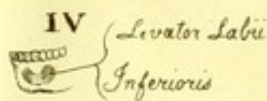
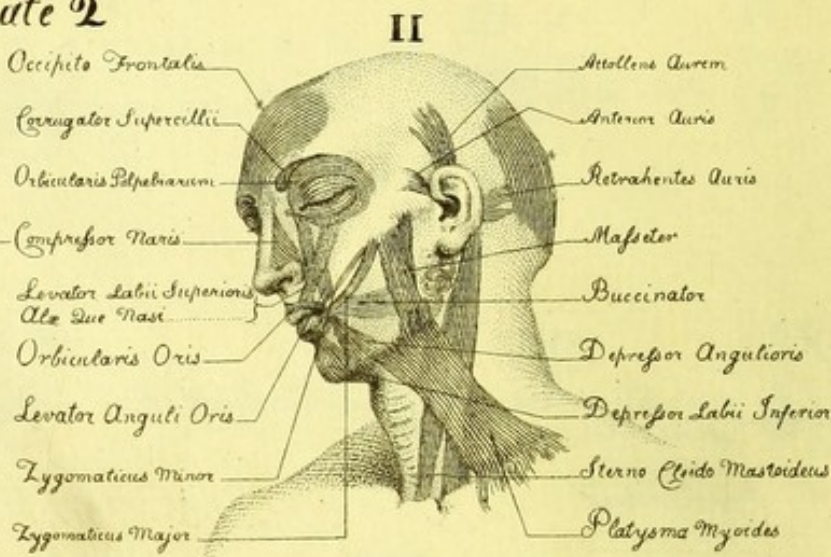
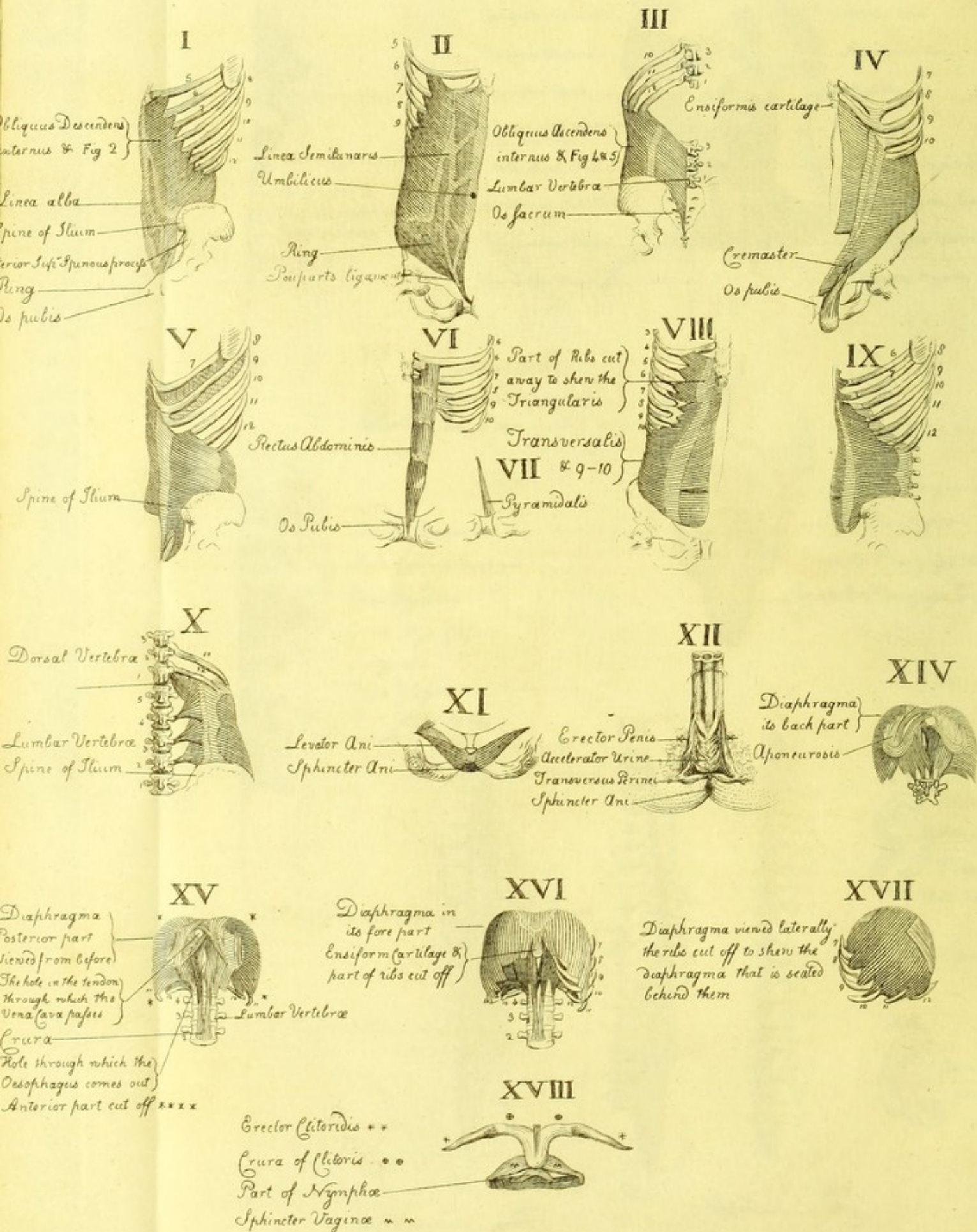


Plate 1



INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

1 —	—	—	—	—	—
<i>Obliquus</i> <i>Descendens</i> <i>Externus.</i>	<i>Ilio-Pubi</i> <i>Costo</i> <i>Abdominal.</i>	<i>Obliquus</i> <i>Externus</i> <i>Abdominis.</i>	<i>Obliquus</i> <i>Descendens.</i>	<i>Obliquus</i> <i>Externus.</i>	<i>Obliquus</i> <i>Descendens.</i>

Plate I.
Fig. 1, 2.

INSERTED by several tendons into the lower edges of the fifth, sixth, seventh, eighth, ninth, tenth, and eleventh ribs, a little distance from their cartilages, into the cartilaginous extremity of the twelfth rib, and tendinous and fleshy into all the outside of the same ribs, near their cartilages. It always intermixes in a serrated manner with portions of the serratus major anticus, and generally coheres to the pectoralis major, intercostals and latissimus dorsi, which last covers the edge of a portion of it, extended from the last rib to the spine of the ilium. From these insertions the fibres run down obliquely forward, and terminate in a thin broad tendon, whose fibres are continued in the same direction.

INSERTED into the whole length of the linea alba*, becomes thicker towards the lower part of the abdomen, and is perforated in the middle by the umbilicus. On the outside of the rectus, the tendon of the external oblique appears whiter than elsewhere, by its being there connected with the tendons of the internal oblique and transverse muscles; so that this part has been called linea semilunaris, from its curved shape. The under part of the tendon divides into two columns, which leaves an oval space between them, named the ring† of the external oblique, for the passage of the spermatic cord in the male, or round ligament of females; in them the opening is much lower than in the male. The anterior superior column passes over the cartilage, between the ossa pubis, and is

INSERTED into the opposite os pubis. The other is

INSERTED into the os pubis of the same side; it is also

INSERTED, tendinous and fleshy, into the middle of the spine of the ilium. From the anterior superior spinous process it is stretched tendinous to the pubis, and is named Poupart's, or Fallopius's ligament. From this ligament it sends a tendinous layer, which is lost in the membranous fascia of the thigh.

USE. Supports and compresses the peritoneum and abdomen; assists the evacuation of the feces and urine, and in the exclusion of the fetus; thrusts the diaphragm upwards, and draws down the ribs in expiration; bends the body obliquely, when the ribs are fixed, and raises the pelvis obliquely.

2 —	—	—	—	—	—
<i>Obliquus</i> <i>Ascendens</i> <i>Internus.</i>	<i>Ilio-Lumbo</i> <i>Costi</i> <i>Abdominal.</i>	<i>Obliquus</i> <i>Internus</i> <i>Abdominis.</i>	<i>Obliquus</i> <i>Ascendens.</i>	<i>Obliquus</i> <i>Internus.</i>	<i>Obliquus</i> <i>Ascendens.</i>

Plate I.
Fig. 3, 4, 5.

INSERTED into the spine of the ilium, the whole length between the posterior and superior anterior spinous process, into the os sacrum, and three lower lumbar vertebrae, by a tendon common to it and to the serratus posticus inferior, into Poupart's ligament, at the middle of which it sends off the cremaster muscle. (The spermatic cord in the male, or round ligament in the female, passes under its thin edge.)

INSERTED into the cartilage ensiformis, into the cartilages of the seventh and those of the false ribs, at the upper part. It is so thin as to resemble cellular membrane, becomes fleshy at the cartilage of the tenth rib. Here its tendon divides into two layers, the anterior layer, with a great portion of the inferior part of the posterior layer, joins the tendon of the external oblique, and runs over the rectus, to be

INSERTED into the whole length of the linea alba. The posterior layer joins the tendon of the transversalis, half way between the umbilicus and os pubis. Below this place only a few fibres of the posterior layer are seen, and the rest of it passes before the rectus, and is

INSERTED into the linea alba; so that the whole tendon of the external oblique, with the anterior layer of the internal oblique, passes before the rectus, and the whole posterior layer of the internal oblique, together with the whole tendon of the transversalis, excepting at the inferior part, passes behind the rectus, and are

INSERTED into the linea alba. At its undermost part it is

INSERTED into the fore part of the os pubis.

USE. To assist the former; but it bends the trunk in the reverse direction.

A

Cremaster

* The linea alba is formed by the tendinous fibres of the two oblique and transverse muscles, interlaced with those of the opposite side, the whole way from the cartilago ensiformis to the pubis.

† The ring of the external oblique is made somewhat circular, by a thin, tendinous, or rough cellular substance, which helps to fill it up.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

Plate I.
Fig. 4.

3—
Cremaster. | | *Cremaster.* | *Cremaster.* | *Cremaster.* | *Cremaster.*

Arises from the internal oblique, where a few fibres of that muscle intermix with the transversalis, near the junction of the ilium and pubis, over which it passes, after having pierced the ring of the external oblique, and then it descends upon the spermatic cord, and is

INSERTED into the tunica vaginalis of the testicle, upon which it spreads and is insensibly lost.

USE. To suspend and draw up the testicle, and to compress it in the act of coition.

4—
Dartos. | | *Dartos.* | *Dartos.* | *Dartos.* | *Dartos.*

Winslow says the dartos, or fleshy portion of the scrotum, is a fine cutaneous muscle, the fibres of which are, for the most part, strongly connected to the skin, running through the cellular substance which lies between those two portions, in place of a membrana adiposa. That this muscle is thin, and by the disposition of its fibres, forms a bag with two cavities, containing both the testes. I cannot see any muscular fibres in the dartos. Innes, and many other anatomists, describe it as a condensation of cellular membrane lining the scrotum.

Plate I.
Fig. 8. 9. 10.

5—
Transver- | *Lumbo-ili-* | *Transversus* | *Transver-* | *Transver-* | *Transver-*
falis. | *Abdominal.* | *Abdominis.* | *falis.* | *falis.* | *falis.*

INSERTED tendinous, but soon fleshy, into the lower part of the inner surface of the cartilages of the two lower true ribs and the five false ribs. (The fibres run more or less transversely towards the linea alba, at some distance from which they become tendinous). Some of its fibres are continued with those of the diaphragm and intercostal muscles, by a broad thin tendon, are connected to the transverse processes of the last vertebra of the back; to the four superior of the loins; fleshy, into the whole spine of the ilium internally, and into the tendon of the external oblique, where it intermixes with some fibres of the internal oblique.

INSERTED into the cartilage ensiformis, and into the whole length of the linea alba, excepting its lower part.

USE. To support and compress the abdominal bowels.

Plate I.
Fig. 6.

6—
Rectus | *Pubio-* | *Rectus* | *Rectus.* | *Rectus.* | *Rectus.*
Abdominis. | *Sternal.* | *Abdominis.* | | |

INSERTED into the cartilage of the three inferior true ribs, first false rib, and into the sternum. It is generally divided by three tendinous intersections; the first near the cartilage of the seventh rib, the second near that of the ninth rib, and the third at the umbilicus, and commonly a half intersection below the umbilicus; these seldom penetrate through the whole muscle. The lower extremity of this muscle is narrower than the upper; it ends in a thin tendon, which is

INSERTED into internal labium of the upper edge of the os pubis, near the symphyse, and there it touches the tendon of the other rectus. The greater part of this muscle lies in the vagina, formed by the aponeuroses of the broad muscles of the abdomen.

USE. To compress the fore part, but more particularly the lower part of the belly; to bend the trunk forwards; or to raise the pelvis. By its tendinous intersections, it is enabled to contract at any of the intermediate spaces, and by its connection with the tendons of the other muscles, it is prevented from changing place, and from raising into a prominent form when in action.

Plate I.
Fig. 7.

7—
Pyramidalis. | *Pubio-* | *Pyramidalis.* | *Pyramidalis* | *Pyramidalis.* | *Pyramidalis*
 | *Ombilical.* | | *Fallopia.* | | *vel Succen-*
 | | | | | *turiatus.*

Are partly inclosed within the vagina of the rectus, running close by each other along the linea alba, to which they are

INSERTED by tendinous indentations.

INSERTED fleshy into the upper edge of the os pubis. (Sometimes they are wanting)

USE. To assist the inferior part of the rectus.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

8—	—	—	—	—	—	
<i>Erector</i>	<i>Ischio</i>	<i>Erector</i>	<i>Erector</i>	<i>Ischo</i>	<i>Erectores</i>	Plate I.
<i>Penis.</i>	<i>Caverneux.</i>	<i>Penis.</i>	<i>Penis.</i>	<i>Cavernosus.</i>	<i>Penis.</i>	Fig. 12.

INSERTED obliquely into the internal labium of the ramus of the os ischium, from the tuberosity upwards. From this it accompanies the root of the corpus cavernosum to the symphysis of the pubis, and is

INSERTED into the membrane that covers the corpora cavernosa, nearly as far up as the union of these bodies.

USE. To compress the crus penis, by which the blood is pushed from it into the fore part of the corpora cavernosa, and the penis is by that means more completely distended.

9—	—	—	—	—	—	
<i>Accelerator</i>	<i>Bulbo-</i>	<i>Accelerator</i>	<i>Accelerator</i>	<i>Bulbo</i>	<i>Accelerator</i>	Plate I.
<i>Urinæ, seu</i>	<i>Synthesmo-</i>	<i>Urinæ, seu</i>	<i>Urinæ.</i>	<i>Cavernosus.</i>	<i>Urinæ.</i>	Fig. 12.
<i>Ejaculator</i>	<i>Caverneux.</i>	<i>Ejaculator</i>				
<i>Seminis.</i>		<i>Seminis.</i>				

INSERTED fleshy into the sphincter ani and membranous part of the urethra; tendinous into the crus, as far as the beginning of the corpus cavernosum penis. The inferior fibres run more transversely, and the superior descend in an oblique direction.

INSERTED into a line in the middle of the bulb, where it joins with its fellow, by which the bulb is completely inclosed.

USE. To drive the urine or semen forwards, and by grasping the bulb of the urethra, to push the blood towards its corpus cavernosum and the glands by which they are distended.

10—	—	—	—	—	—	
<i>Transversus</i>	<i>Ischio-Pubi</i>	<i>Transversus</i>	<i>Levator</i>	<i>Transversalis</i>	<i>Transversalis</i>	Plate I.
<i>Perinei.</i>	<i>Prostaticus.</i>	<i>Perinei.</i>	<i>Parvus seu</i>	<i>Urethrae.</i>	<i>Penis.</i>	Fig. 12.
			<i>Externus.</i>			

INSERTED into the rough fatty membrane that covers the tuberosity of the ischium. From this they run transversely along the edge of the interosseous ligament of the os pubis, and is

INSERTED into the accelerator urinæ, and into that part of the sphincter ani that covers the bulb.

USE. To dilate the bulb, and draw the perineum and verge of the anus a little outwards and backwards.

11—	—	—	—	—	—	
<i>Transversus</i>	<i>Ischio-Pubi</i>	<i>Transversus</i>		<i>Inferior</i>		
<i>Perinei Alter.</i>	<i>Prostaticus.</i>	<i>Perinei Alter.</i>		<i>Prostate.</i>		

INSERTED behind the last muscle, runs more obliquely forward, and is

INSERTED into that part of the accelerator urinæ which covers the anterior part of the bulb of the urethra.

USE. To assist the former.

12—	—	—	—	—	—	
<i>Sphincter</i>	<i>Coccigio-</i>	<i>Sphincter</i>	<i>Sphincter.</i>	<i>Sphincter</i>	<i>Sphincter</i>	Plate I.
<i>Ani.</i>	<i>Cutaneus</i>	<i>Externus.</i>		<i>Cutaneus.</i>	<i>Ani.</i>	Fig. 11. 12.
	<i>Sphincter.</i>					

INSERTED into the apex of the os coccygis the transversus perinei, the acceleratores urinæ, and is

INSERTED into the skin and fat that surrounds the anus, as far as the tuberosity of the ischium. The fibres are collected into an oval form and surround the anus.

USE. Shuts the passage through the anus into the rectum, pulls down the bulb of the urethra, by which it assists in ejecting the urine and semen.

Levator

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

13—

Plate I.
Fig. 11.

<i>Levator Ani.</i>	<i>Pubo-Coccygi Annulaire.</i>	<i>Levator Ani.</i>	<i>Levator Magnus, seu Internus.</i>	<i>Levator Ani.</i>	<i>Levator Ani.</i>
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INSERTED into the os pubis, about the middle of the symphysis to the upper border of the foramen thyroideum, and joining of the pubis with the ischium, into the tendinous membrane that covers the obturator internus, and coccygeus muscles, into the spinous process of the ischium, and a little into the sacro ischeatic ligament. Its fibres run down like rays, from a circumference to a centre, and are

INSERTED into the sphincter ani, acceleratores urinæ, and anterior part of the two last bones of the coccygis; it surrounds the extremity of the rectum, neck of the bladder, prostate gland, and part of the vesiculæ seminales: so that its fibres behind and below the os coccygis joining it with its fellow, together very much resemble the shape of a funnel.

USE. To draw the rectum upwards, after the evacuation of the fæces; to assist in shutting it; to sustain the contents of the pelvis; and to help in ejecting the semen or urine and contents of the rectum.

14—

Plate I.
Fig. 18.

<i>Erektor Clitoridis.</i>	<i>Ischio-Clitoridien.</i>	<i>Erektor Clitoridis.</i>	<i>First Muscle of the Clitoris.</i>	<i>Ischio-Cavernosus.</i>	<i>Erektor Clitoridis.</i>
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INSERTED by a tendinous or aponeurotic portion into the tuberosity of the ischium, and

INSERTED into the crus and body of the clitoris.

USE. Draws the clitoris downwards and backwards.

15—

Plate I.
Fig. 18.

<i>Sphincter Vaginae.</i>	<i>Anulo-Syndesmo Clitoridien.</i>	<i>Constrictor Cunni.</i>	<i>Second Muscle of the Clitoris.</i>	<i>Sphincter Vaginae.</i>	<i>Sphincter Vaginae.</i>
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INSERTED into the sphincter ani and posterior side of the vagina, near the perineum, runs up the side of the vagina, near its external orifice, covers the corpus cavernosum vaginae, and is

INSERTED into the crus and body of the clitoris.

USE. Contracts the mouth of the vagina, and compresses its corpus cavernosum.

16—

Plate II.
Fig. 1. 2.

<i>Occipito Frontalis.</i>	<i>Occipito Frontal.</i>	<i>Epicranius.</i>	<i>Occipito Frontalis.</i>	<i>Frontalis & Occipitalis.</i>	<i>Occipitalis & Frontalis.</i>
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INSERTED fleshy into the superior transverse line of the os occipitis, and a little above it (same on the other side) is continued forwards by a broad thin tendon, which covers the upper part of the cranium on each side to the attollens aurem (the which is inserted into it) into the zygoma, and covers part of the aponeuroses of the temporal muscle. About two inches from the os nasi it becomes fleshy, descends with straight fibres, and is

INSERTED into the orbicularis palpebrarum skin of the eye-brow, covers the upper part of the corrugator supercilii. The fibres intermix with this muscle, the compressor naris, and elevator labii superioris atque nasi.

USE. When this digastric muscle acts, it pulls the skin of the head backwards, and at the same time it draws up and wrinkles that of the forehead, being antagonized by the corrugator supercilii.

17—

Plate II.
Fig. 2.

<i>Corrugator Supercilii.</i>	<i>Cutaneo-Sourcilier.</i>	<i>Corrugator Supercilii.</i>	<i>Musculus verus Frontalis, seu Corrugator Coiteri.</i>	<i>Musculus Supercilii.</i>	
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INSERTED fleshy into the internal angular process of the os frontis, into the synarthrosis of the ossa nasi with the os frontis, and into a small portion of the orbit: from this the fibres run up by the side, and over part of the orbicularis palpebrarum, and go more or less, in the direction of the eye-brow; it is

INSERTED into the eye-brow, and inferior part of the occipito frontalis.

USE. To smooth the skin of the forehead, by pulling it down after the action of the occipito frontalis; and when it acts more forcibly, it wrinkles the skin of the front, between the supercilia, as when we frown or knit our brows.

Orbicularis

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

18—

<i>Orbicularis Palpebrarum.</i>	<i>Maxillo Palpebral.</i>	<i>Orbicularis Palpebrarum. Ciliaris.</i>	<i>Orbicularis Palpebrarum. Ciliaris.</i>	<i>Orbicularis Palpebrarum. Ciliaris.</i>	<i>Orbicularis Palpebrarum. Ciliaris.</i>
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Plate II.
Fig. 1. 2.

The orbicularis palpebrarum is all that extent of fleshy fibres, which by a thin stratum surround the edge of the orbit, and from thence, without any interruption, cover the palpebræ to the cilia. The fibres which run upon the edge of the orbit are nearly orbicular, but most of those which cover the palpebræ are transversely oval. It is

INSERTED by a short round tendon, in the nasal process of superior maxillary bone. Its fibres are spread upon the under lid, and a great part of the os mali; and surrounding the outer and little canthus, they are continued over the upper part of the orbit, at the great angle, firmly adhering to part of the os frontis. The fibres intermix with those of the occipito frontalis and corrugator supercilii, &c.

USE. To shut the eye, by bringing down the upper lid and pulling up the lower.

The ciliaris is that part of this muscle next the tarfi.

19—

<i>Levator Labii Superioris Alæque Nasi.</i>	<i>Maxillo Labii-Nasal.</i>	<i>Levator Labii Superioris Alæque Nasi.</i>	<i>Elevator Labii Superioris Proprius.</i>	<i>Incisorii Laterales & Pyramidalis.</i>	<i>Elevator Labii Superioris Proprius.</i>
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Plate II.
Fig. 2.

Has two upper and two lower insertions. Winslow describes it as two muscles. First upper insertion, is broad and fleshy,

INSERTED into the external part of the orbital process of the superior maxillary bone, above the foramen infra orbitarium. The second upper insertion is

INSERTED into the nasal process of the superior maxillary bone, where it joins the os frontis, descending along the edge of the groove for the lachrymal sac. The first and shortest portion is

INSERTED into the upper lip and orbicularis oris. The second and longest is

INSERTED into the upper lip and outer part of the ala nasi.

USE. To raise the upper lip towards the orbit, and a little outwards. The second portion serves to draw the skin of the nose upwards and outwards, by which the nostril is dilated.

20—

<i>Compressor Naris.</i>	<i>Maxillo Narinal.</i>	<i>Compressor Naris.</i>	<i>Rhinæus vel Nasalis.</i>	<i>Transversalis feu Myrtiformis.</i>	<i>Dilatores Alarum Nasi.</i>
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Plate II.
Fig. 1. 2.

INSERTED into the os maxillare, near the lower edge of the orbit, at that place which answers to the extremity of the socket of the dens caninus. From thence it runs almost transversely upwards, and is

INSERTED into the cartilages of the nose, where part of the levator labii superioris alæque nasi is connected to it. The fibres run up along the cartilages, in an oblique manner, towards the dorsum, where it joins with its fellow, and is connected with the occipito frontalis.

USE. To compress the alæ towards the septum nasi; but if the fibres of the frontal muscle which adhere to it act, the upper part of this muscle assists to pull the alæ outwards. It also corrugates the skin of the nose.

B

Orbicularis

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

Plate II.
Fig. 1. 2.

21—	—	—	—	—	—
<i>Orbicularis Oris.</i>	<i>Labial.</i>	<i>Orbicularis Oris.</i>	<i>Sphincter Labiorum.</i>	<i>Semi Orbicularis Superior. Semi Orbicularis Inferior.</i>	<i>Constrictor Labiorum & Sphincter & Orbicularis Labiorum.</i>

The orbicularis oris is commonly described as one muscle, surrounding both lips, but if carefully examined at the angle of the lip, we find the fibres of the upper lip intersect those of the under lip; for which reason Winslow divides this muscle into two, the upper he calls *Semi Orbicularis Superior*, the lower *Semi Orbicularis Inferior*. The superior is sometimes broader than the inferior. The fibres do not go to the corner of the mouth, but terminate by degrees between the middle and extremities of this arch. The inferior is commonly more uniform in the disposition of its fibres. The two lateral portions of the superior semi orbicularis are increased in breadth by fleshy fibres, which Winslow calls the *Supra Semi Orbicularis*. The superior semi orbicularis is separated from the supra semi orbicularis by a small interstice lying between their contiguous extremities, which are fixed in the gums opposite the edges of that cutaneous fossula that runs from the septum narium to the middle of the edge of the upper lip. Their other extremities are confounded with the semi orbicularis superior.

USE. To shut the mouth by contracting and drawing both lips together.

Plate II.
Fig. 1. 2.

22—	—	—	—	—	—
<i>Buccinator.</i>	<i>Alvéolo Maxillaire.</i>	<i>Retractor Anguli Oris.</i>	<i>Buccinator.</i>	<i>Buccinator.</i>	<i>Buccinator.</i>

INSERTED, tendinous and fleshy, posteriorly, into three parts, the middle portion transversely into the ligamentum intermaxillare and into the corner of the mouth; the superior into the alveoli of the upper jaw to the corner of the mouth; the inferior into the lower jaw in the same manner. These fibres contracting as they approach the commissure of the lips, run behind the extremities and union of the semi orbicularis, to which they are

INSERTED. There is a hollow between this muscle and the masseter filled with fat, &c. the parotid duct passes through it.

USE. To draw the angle of the mouth backwards and outwards, and to contract its cavity, by pressing the cheek inwards, by which the food is thrust between the teeth.

Plate II.
Fig. 2.

23—	—	—	—	—	—
<i>Zygomaticus Major.</i>	<i>Grand Zygomatico Labial.</i>	<i>Zygomaticus Major.</i>	<i>Zygomaticus</i>	<i>Zygomaticus Major.</i>	<i>Zygomaticus.</i>

INSERTED, fleshy, into the os malæ, near the zygomatic future, runs obliquely forwards, and is

INSERTED into the commissure of the lips and the contiguous muscles.

USE. To draw the corner of the mouth and under lip upwards and outwards.

Plate II.
Fig. 2.

24—	—	—	—	—	—
<i>Zygomaticus Minor.</i>	<i>Petit Zygomatico Labial.</i>	<i>Zygomaticus Minor.</i>	<i>Zygomaticus</i>	<i>Zygomaticus Minor.</i>	

INSERTED above the last muscle into the os malæ.

INSERTED into the commissure of the lip, and into levator anguli oris. (This is often wanting)

USE. Same as the last.

Plate II.
Fig. 2.

25—	—	—	—	—	—
<i>Levator Anguli Oris.</i>	<i>Sus-Maxillo Labial.</i>	<i>Levator Anguli Oris.</i>	<i>Levator Labiorum Communis.</i>	<i>Caninus.</i>	<i>Elevator Labiorum.</i>

INSERTED, fleshy, into the upper jaw, above the socket of the dens caninus, in a depression below the inferior edge of the orbit, crosses the lower extremity of the zygomaticus major, which covers it at this place; and is

INSERTED into the extremity of the semi orbicularis superior.

USE. To draw the corner of the lip upwards.

Depressor

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

26—	—	—	—	—	—	Plate II. Fig. 3.
<i>Depressor Labii Superioris Alaeque Nasi.</i>	<i>Maxillo- Alvéoli Nasal.</i>	<i>Depressor Alae Nasi.</i>	<i>Depressor Labii Superioris Proprius.</i>	<i>Incisivus Medius.</i>	<i>Constrictores Alarum Nasi ac Depressores Labii Superioris.</i>	

INSERTED, fleshy, into the os maxillare superius, on the alveoli of the first incisure, behind the orbicularis oris; and is

INSERTED into the middle and superior part of the substance of the upper lip and ala nasi.

USE. To draw the upper lip and ala nasi downwards and backwards.

27—	—	—	—	—	—	Plate II. Fig. 2.
<i>Depressor Labii Inferioris.</i>	<i>Mentonier Labial.</i>	<i>Depressor Labii Inferioris.</i>	<i>Depressor Labii Inferioris Proprius.</i>	<i>Quadratus.</i>	<i>Depressor Labii Inferioris Proprius.</i>	

This muscle forms the thick part of the chin below the under lip. The fibres are interwoven with fat. It is

INSERTED into the foreside of the lower jaw, runs obliquely upwards, and is

INSERTED into the under lip.

USE. To pull the lower lip down and a little outwards.

28—	—	—	—	—	—	Plate II. Fig. 2.
<i>Depressor Anguli Oris.</i>	<i>Sous- Maxillo Labial.</i>	<i>Depressor Anguli Oris.</i>	<i>Depressor Labiorum Communis.</i>	<i>Triangularis.</i>	<i>Depressor Labiorum.</i>	

INSERTED, by a broad extremity, into the outside of the basis of the lower jaw to the hole near the chin, it ascends, contracting in breadth, in a triangular form, runs in between the buccinator and zygomaticus major, to which it is united, and is

INSERTED at the commissure of the lip.

USE. To pull down the corner of the mouth.

29—	—	—	—	—	—	Plate II. Fig. 4.
<i>Levator Labii Inferioris.</i>	<i>Sous-Maxillo Cutané.</i>	<i>Levator Menti.</i>	<i>Elevator Labii Inferioris Proprius.</i>	<i>Incisivus Inferior.</i>	<i>Elevator Labii Inferioris Proprius.</i>	

INSERTED into the alveoli of the lateral incisores of the lower jaw. From thence the fibres run down, approaching each other, and are

INSERTED together into the lower part of the middle of the semi orbicularis inferior.

USE. To pull the lower lip upwards.

30—	—	—	—	—	—	Plate II. Fig. 1, 2.
<i>Masseter.</i>	<i>Zigomato Maxillaire.</i>	<i>Masseter.</i>	<i>Masseter.</i>	<i>Masseter.</i>	<i>Masseter.</i>	

Is thick and fleshy; may be divided into three portions. First, external, is *

INSERTED tendinous into all the inferior edge of the os malæ, a little into the zygomatic process of the os temporis, runs obliquely backwards, and is

C 2

INSERTED

* See Platysma Myoides, page 8.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

INSERTED into the rough impressions on the outside of the lower jaw. The second is

INSERTED into the lower edge of the zygomatic process of the os temporis. A little in os malæ the fibres run obliquely forwards at an opposite direction to the first portion, and are

INSERTED into the middle of the inside of the ramus of the lower jaw, mixing with the last described. The third, or internal, is

INSERTED into the inside of the zygomatic arch, and is

INSERTED into the basis of the coronoid process of the lower jaw, mixing with the insertion of the middle portion.

USE. To pull the jaw upwards, forwards, and backwards, for the better chewing and grinding of food.

Plate II.
Fig. 2.

31—					
<i>Musculus</i>					
<i>Cutaneus,</i>	<i>Thoraco-</i>		<i>Quadratus</i>	<i>Musculus</i>	<i>Quadratus</i>
<i>vulgo</i>	<i>Maxilli</i>	<i>Latissimus</i>	<i>Genæ vel</i>	<i>Cutaneus.</i>	<i>Genæ, seu</i>
<i>Platysma</i>	<i>Facial.</i>	<i>Colli.</i>	<i>Latissimus,</i>		<i>Tetragonus.</i>
<i>Myoides.</i>			<i>Colli.</i>		

INSERTED by a number of fleshy fibres into the cellular substance that covers the upper parts of the deltoid and pectoral muscles; in their ascent they unite to form a thin muscle, which runs obliquely upwards, along the side of the neck, adhering to the skin, and is

INSERTED into the lower jaw, between its angle and the lower insertion of the depressor anguli oris, to which it is connected. It is also attached to the skin that covers the inferior part of the masseter muscle and parotid gland.

USE. To draw the skin of the cheek downwards; and when the mouth is shut, it draws the skin to which it is connected upwards.

Plate II.
Fig. 2.

32—					
<i>Anterior</i>	<i>Zigomato</i>	<i>Anterior</i>	<i>Anterior</i>	<i>Anterior</i>	
<i>Auris.</i>	<i>Conchinien.</i>	<i>Auriculæ.</i>	<i>Auriculæ.</i>	<i>Auriculæ.</i>	

INSERTED, thin and membranous, near the posterior part of the zygoma, and is

INSERTED into an eminence on the back of the helix, opposite the concha.

USE. To draw the eminence a little forwards and upwards.

Plate II.
Fig. 2.

33—					
<i>Attollens</i>	<i>Temporo</i>	<i>Attollens</i>	<i>Attollens</i>	<i>Superior</i>	<i>Attollens</i>
<i>Aurem.</i>	<i>Conchinien.</i>	<i>Auriculæ.</i>	<i>Auriculæ.</i>	<i>Auris.</i>	<i>Auriculam.</i>

INSERTED, thin, broad, and tendinous, into the tendon of the occipito frontalis, from which it is almost inseparable, when it covers the aponeurosis of the temporal muscle, and is

INSERTED into the upper part of the ear, opposite to the anti helix.

USE. To draw the ear upward.

Plate II.
Fig. 2.

34—					
<i>Retrahentes</i>	<i>Mastoido-</i>	<i>Retrahentes</i>	<i>Deprimens</i>	<i>Posterior</i>	<i>Retrahens</i>
<i>Auris.</i>	<i>Conchinien.</i>	<i>Auriculæ.</i>	<i>Auriculæ.</i>	<i>Auris.</i>	<i>Auriculam.</i>

INSERTED sometimes by three, sometimes by two insertions, into the external and posterior part of the root of the mastoid process, immediately above the sterno-cleido-mastoid muscle, and is

INSERTED into that part of the back of the ear which is opposite to the septum, that divides the scapha and concha.

USE. To draw the ear back and stretch the concha.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

35 ————
Helicis Major. | *Hélix.* | *Helicis Major.* | | | |

Plate II.
Fig. 11.

INSERTED into the acute part of the helix, anteriorly, and is

INSERTED into its cartilage, a little above the tragus.

USE. To depress the upper part of the helix.

36 ————
Helicis Minor. | *Conco Hélix.* | *Helicis Minor.* | | | |

Plate II.
Fig. 11.

INSERTED into the inferior and anterior part of the helix, and is

INSERTED into the crus of the helix, near the fissure in the cartilage opposite to the concha.

USE. To contract the fissure.

37 ————
Tragicus. | *Conco Tragique.* | *Tragicus.* | | | |

Plate II.
Fig. 11.

INSERTED into the outer and middle part of the concha, near the tragus, and is

INSERTED into the point of the tragus.

USE. Pulls the point of the tragus a little forwards.

38 ————
Anti-Tragicus. | *Anthéli-Tragique.* | *Anti-Tragicus.* | | | |

Plate II.
Fig. 11.

INSERTED into the internal part of the cartilage that supports the anti-tragus, and running upwards, is

INSERTED into the tip of the anti-tragus, as far as the inferior part of the anti helix.

USE. Turns the tip of the anti-tragus a little outwards, and depresses the extremity of the anti-helix towards it.

39 ————
Transversus Auris. | *Concho Anthélix.* | *Transversus Auriculæ.* | *Transversus Auriculæ.* | | |

Plate II.
Fig. 12.

INSERTED into the prominent part of the concha on the dorsum of the ear, and is

INSERTED opposite to the outer side of the anti-helix.

USE. Draws the parts to which it is connected towards each other, and stretches the scapha and concha.

40 ————
Sterno-Cleido Mastoideus. | *Sterno-Clavio Mastoidien.* | *Sterno-Mastoideus & Cleido-Mastoideus.* | *Mastoideus.* | *Sterno-Cleido Mastoideus.* | *Mastoideus.*

Plate II.
Fig. 1, 2, 5.

Has two lower insertions, both of them flat, and a little tendinous. The first is

INSERTED into the upper edge of the sternum, near the articulation of the clavicle. The second is

INSERTED into the clavicle, at a small distance from the sternum. These two portions run up obliquely, and unite at about an inch above their lower insertions, and forming one muscle, runs obliquely upwards and outwards, and is

INSERTED by a thick, strong tendon, into the upper and back part of the mastoid process. It sends off a broad aponeurosis, which covers the splenius, and is

INSERTED into the os occipitis.

USE. To turn the head to one side, and bend it forwards.

	INNES.	DUMAS.	ALBINUS.	DOUGLAS.	WINSLOW.	COWPER.
Plate II. Fig. 1, 5.	41— <i>Digastricus.</i>	— <i>Mastoido Hygienien.</i>	— <i>Biventer Maxillæ.</i>	— <i>Digastricus.</i>	— <i>Digastricus.</i>	— <i>Digastricus.</i>
<p>INSERTED fleshy into the fossa at the root of the mastoid process, runs forward to the os hyoides. Before it reaches that bone it forms a round tendon, which generally passes through the stylo-hyoides, is fixed by a ligament to the lateral part and root of the cornua of that bone, and having received from the os hyoides an addition of tendinous and fleshy fibres runs obliquely forwards, is now fleshy, and is</p> <p>INSERTED into a rough sinuosity at the inferior anterior edge of the lower jaw, called the chin. This insertion is much broader than the upper insertion.</p> <p>USE. To open the mouth by pulling the lower jaw downwards and backwards, and when the jaws are shut, to raise the larynx, and consequently the pharynx upwards.</p>						
Plate II. Fig. 1, 5.	42— <i>Stylo Hyoides.</i>	— <i>Stylo Hyodien.</i>	— <i>Stylo Hyoides.</i>	— <i>Stylo Hyoidæus.</i>	— <i>Stilo Hyoidæus.</i>	— <i>Stylo Hyoidæus.</i>
<p>INSERTED, tendinous, into the middle of the styloid process, and is</p> <p>INSERTED into the os hyoides, at the junction of the base and cornu. The fleshy fibres of the lower part of this muscle are generally perforated by the tendon of the digastricus.</p> <p>USE. To pull the os hyoides to one side, and a little upwards.</p>						
Plate II. Fig. 1, 5.	43 — <i>Omo- Hyoides.</i>	— <i>Scapulo- Hyodien.</i>	— <i>Coraco- Hyoides.</i>	— <i>Coraco- Hyoidæus.</i>	— <i>Omo- Hyoides.</i>	— <i>Coraco Hyoidæus.</i>
<p>INSERTED, broad and fleshy, into the superior costa of the scapula, near the femilunar notch, and into the ligament that runs across it; having passed the clavicle it is bent forwards, and runs between the sterno mastoideus and internal jugular vein. Is tendinous in this part. From this it runs up fleshy, and is</p> <p>INSERTED into the inferior lateral part of the basis of the os hyoides, near the cornu.</p> <p>USE. To pull the os hyoides obliquely downwards.</p>						
Plate II. Fig. 1, 5.	44— <i>Thyros- Hyoides.</i>	— <i>Hyo- Thyroidien.</i>	— <i>Hyo- Thyroidæus.</i>	— <i>Hyo- Thyroidæus.</i>	— <i>Hyo- Thyroidæus.</i>	— <i>Hyo- Thyroidæus.</i>
<p>INSERTED into part of the basis, and nearly all the cornu of the os hyoides, and is</p> <p>INSERTED into the outside of a rough line that runs between the angles of the thyroid cartilage.</p> <p>USE. To pull the os hyoides downwards, or the thyroid cartilage upwards.</p>						
Plate II. Fig. 5.	45— <i>Sterno Thyroides.</i>	— <i>Sterno Thyroidien.</i>	— <i>Sterno Thyroides.</i>	— <i>Sterno Thyroidæus.</i>	— <i>Sterno Thyroidæus.</i>	— <i>Sterno Thyroidæus.</i>
<p>INSERTED, fleshy, into the whole edge of the sternum internally, and into the cartilage of the first rib.</p> <p>INSERTED into the inferior surface of the rough line, at the external part of the inferior edge of the thyroid cartilage.</p> <p>USE. To draw the larynx downward.</p>						
Plate II. Fig. 1, 5.	46— <i>Sterno Hyoides.</i>	— <i>Sterno Hyodien.</i>	— <i>Sterno Hyoides.</i>	— <i>Sterno Hyoidæus.</i>	— <i>Sterno Hyoides.</i>	— <i>Sterno Hyoides.</i>
<p>INSERTED, fleshy, into the upper and inner part of the sternum, into the clavicle, where it joins the sternum, and into part of the cartilage of the first rib, and is</p> <p>INSERTED, laterally, into the base of the os hyoides.</p> <p>USE. To pull the os hyoides downwards.</p>						

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

47—	—	—	—	—	—
<i>Crico</i> <i>Thyroideus.</i>	<i>Crico</i> <i>Thyroidien.</i>	<i>Crico</i> <i>Thyroideus.</i>	<i>Crico</i> <i>Thyroideus.</i>	<i>Crico</i> <i>Thyroideus.</i>	<i>Crico</i> <i>Thyroideus.</i>

Plate II.
Fig. 5.

INSERTED into the side and fore part of the cricoid cartilage, running obliquely upwards, and is

INSERTED into the lower part of the thyroid cartilage, and into its inferior cornu.

USE. To pull forwards and depress the thyroid cartilage and to elevate and draw backwards the cricoid cartilage.

48—	—	—	—	—	—
<i>Mylo</i> <i>Hyoides.</i>	<i>Mylo</i> <i>Hyoidien.</i>	<i>Mylo</i> <i>Hyoides.</i>	<i>Mylo</i> <i>Hyoides.</i>	<i>Mylo</i> <i>Hyoides.</i>	<i>Mylo</i> <i>Hyoides.</i>

Plate II.
Fig. 5.

INSERTED, fleshy, into the inside of the lower jaw, between the last dens molaris and the middle of the chin, where it joins with its fellow, and is

INSERTED into the lower edge of the basis of the os hyoides.

USE. To pull the os hyoides forwards, upwards, and to the side.

49—	—	—	—	—	—
<i>Genio-</i> <i>Hyoides.</i>	<i>Genio-</i> <i>Hyoidien.</i>	<i>Genio-</i> <i>Hyoides.</i>	<i>Genio-</i> <i>Hyoides.</i>	<i>Genio-</i> <i>Hyoides.</i>	<i>Genio-</i> <i>Hyoides.</i>

Plate II.
Fig. 1, 5.

INSERTED, tendinous, into a rough protuberance in the middle of the lower jaw internally, and is

INSERTED into the basis of the os hyoides.

USE. To draw the os hyoides forwards towards the chin.

50—	—	—	—	—	—
<i>Genio-Hyo</i> <i>Glossus.</i>	<i>Genio</i> <i>Glosse.</i>	<i>Genio</i> <i>Glossus.</i>	<i>Genio</i> <i>Glossus.</i>	<i>Genio</i> <i>Glossus.</i>	<i>Genio</i> <i>Glossus.</i>

Plate II.
Fig. 5.

INSERTED, tendinous, into a rough protuberance in the inside of the middle of the lower jaw. Its fibres run like a fan, forwards, upwards, and backwards, and are

INSERTED into the tip, middle, and root of the tongue, and base of the os hyoides, near its cornu.

USE. To draw the tip of the tongue backwards; to draw its dorsum concave; to draw its root and the os hyoides forwards; and to move the tongue out of the mouth.

51—	—	—	—	—	—
<i>Lingualis.</i>	<i>Lingual.</i>	<i>Lingualis.</i>	<i>Lingualis.</i>	<i>Lingualis.</i>	<i>Basio Glossus.</i>

Plate II.
Fig. 5.

INSERTED into the root of the tongue, laterally, runs forward between the genio hyo-glossus and hyo-glossus, and is

INSERTED into the tip of the tongue with part of the stylo-glossus.

USE. To contract the substance of the tongue, and move it backwards.

52—	—	—	—	—	—
<i>Hyo-</i> <i>Glossus.</i>	<i>Hyo-Condro</i> <i>Glosse.</i>	<i>Basio-Cerato-</i> <i>Chondro-</i> <i>Glossus.</i>	<i>Cerato</i> <i>Glossus.</i>	<i>Hyo</i> <i>Glossus.</i>	<i>Cerato</i> <i>Glossus.</i>

Plate II.
Fig. 5.

INSERTED, broad and fleshy, into the base, cornu, and appendix of the os hyoides. The fibres run upwards and outwards, and are

INSERTED into the side of the tongue, near the stylo-glossus.

USE. To pull the tongue inwards and downwards.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

53—

Plate II.
Fig. 5.

Stylo Glossus. | *Stylo Glossé.* | *Stylo Glossus.* | *Stylo Glossus.* | *Stylo Glossus.* | *Stylo Glossus.*

INSERTED, tendinous and fleshy, into the styloid process, and into the ligament that connects that process to the angle of the lower jaw, and is

INSERTED into the root of the tongue, runs along its side, and is insensibly lost near its tip.

USE. To move the tongue laterally and backwards.

54—

Plate II.
Fig. 5.

Stylo Pharyngeus. | *Stylo Thyro Pharyngien.* | *Stylo Pharyngeus.* | *Stylo Pharyngeus.* | *Stylo Pharyngeus.* | *Stylo Pharyngeus.*

INSERTED, fleshy, into the basis of the styloid process, and is

INSERTED into the side of the pharynx, and back part of the thyroid cartilage.

USE. To dilate and rise the pharynx and thyroid cartilage upwards.

55—

Plate II.
Fig. 1, 5.

*Temporalis.** | *Arcardi Temporo-Maxillaire.* | *Temporalis.* | *Temporalis.* | *Temporalis.* | *Temporalis, seu Crotaphites.*

INSERTED, fleshy, into the semicircular edge of the lower and lateral part of the parietal bone into the pars squammosa of the temporal bone, into the external angular process of the os frontis, into the temporal process of the sphenoid bone, and into an aponeurosis which covers it. From these insertions its fibres descend, like radii, towards the jugum, under which they pass, and are

INSERTED by a strong tendon into the upper part of the coronoid process of the lower jaw, in the duplicature of which tendon this process is inclosed, as in a sheath, being continued down all its fore part, to near the last dens molaris.

USE. To pull the lower jaw upwards, and to press it against the upper.

56—

Plate II.
Fig. 5.

Pterygoideus Internus. | *Pterigo-Anguli-Maxillaire.* | *Pterygoideus Internus.* | *Pterygoideus Internus.* | *Pterygoideus Major.* | *Pterygoideus Internus.*

INSERTED, tendinous and fleshy, into the inner and upper part of the internal plate of the pterygoid process, filling all the space between the plates. It is also

INSERTED into that part of the os palati that is between these plates, and is

INSERTED into the inferior part of the lower jaw, near its angle, internally.

USE. To draw the jaw to one side, and upwards.

57—

Plate II.
Fig. 5.

Pterygoideus Externus. | *Pterigo colli Maxillaire.* | *Pterygoideus Externus.* | *Pterygoideus Externus.* | *Pterygoideus Minor.* | *Pterygoideus Externus.*

Has two upper insertions. The first is

INSERTED, tendinous and fleshy, into the external plate of the external pterygoid process, and into the os maxillare adjoining it. The other is

INSERTED fleshy into the root of the temporal process of the sphenoid bone, and are

INSERTED into a cavity in the neck of the condyloid process of the lower jaw, internally. Some of its fibres are

INSERTED into a ligament that connects the moveable cartilage and that process to each other.

USE. To pull the lower jaw forward, and to the opposite side. When both external pterygoid muscles act, the fore teeth of the under jaw are pushed forwards, beyond those of the upper jaw.

* This muscle is covered with a tendinous membrane, (called its aponeurosis), which is inserted into the bones, into which the upper and semicircular part of this muscle is inserted, and descending over it, is inserted into all the jugum, and the adjoining part of the os frontis.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

58—

<i>Circumflexus or Tensor Palati.</i>	<i>Petro Salpingo Staphilin.</i>	<i>Circumflexus Palati Mollis.</i>	<i>Musculus Tubæ Novus Palato Salpingæus.</i>	<i>Spheno Salpingo Staphylinus feu Staphylinus Externus.</i>	<i>Pterigo Staphylinus.</i>
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Plate III.
Fig. 2.

INSERTED into the spinous process of the sphenoid bone, behind the foramen ovale, into the eustachian tube near its osseous part; runs down along the pterygoideus internus. It now forms a small thin round tendon, which passes over the hook of the internal pterigoid process, then spreads into a broad membrane, which is

INSERTED into the velum pendulum palati*, and the femilunar edge of the os palati: extends as far as the future which joins the two bones. Some of its posterior fibres generally join with the constrictor pharyngis superior and palato-pharyngeus.

USE. To stretch the velum, to draw it downwards, and to one side towards the hook, to dilate and keep open that part of the eustachian tube.

59—

<i>Levator Palati.</i>	<i>Palato Staphilin.</i>	<i>Levator Palati Mollis.</i>	<i>Salpingo Staphylinus Valsal. Pterigo Staphylinus Externus Vulgo.</i>	<i>Petro Salpingo Staphylinus vel Salpingo Staphylinus Internus.</i>	<i>Sphæno Palatinus.</i>
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Plate III.
Fig. 2.

INSERTED, tendinous and fleshy, into the bony and membranous parts of the eustachian tube, and is

INSERTED into the whole length of the velum pendulum palati, as far as the root of the uvula, and unites with its fellows.

USE. To draw the velum upwards and backwards, so as to shut the passage from the fauces into the mouth and nose.

60—

<i>Constrictor Isthmi Faucium.</i>	<i>Glossio Staphilin.</i>	<i>Constrictor Isthmi Faucium.</i>	<i>Glossio Staphylinus.</i>	<i>Glossio Staphylinus.</i>	<i>Glossio Staphylinus.</i>
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Plate III.
Fig. 3.

INSERTED, by a slender beginning from the side of the tongue, near its root: from thence running upwards within the anterior arch, before the amygdala, it is

INSERTED into the middle of the velum pendulum palati, at the root of the uvula, anteriorly, being connected with its fellow, and with the beginning of the palato-pharyngeus.

USE. To draw the velum towards the root of the tongue, which it raises at the same time with its fellow, contracts the passage between the two arches, by which it shuts the opening into the fauces.

D

Palato

* The velum pendulum palati, is that soft curtain hanging from the palate bones, in the middle of which is a conical glandulous body, called the uvula. On each side the uvula two muscular half arches are sent down: the anterior half arches have a continuation with the base of the tongue, and the posterior with the side of the pharynx. At the lower part of the space left between the lateral half arches, on the same side, two glands are situated, called amygdalæ (almonds of the ear or tonsils.) The common opening behind the arches is called the fauces, or top of the throat, from which there are six passages, two upwards, one to each nostril, two at the sides, one to each ear, called the eustachian tube, two downwards, the anterior is the passage through the glottis and larynx, into the trachia, the posterior to the pharynx, or top of the œsophagus.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

61—

Plate III.
Fig. 3.

*Palato
Pharyngeus.*

*Palato
Pharyngien.*

*Palato
Pharyngeus.*

*Thyreo
Staphylinus.*

*Thyreo
Pharyngo
Staphylinus.*

INSERTED by a broad beginning into the middle of the velum pendulum palati, at the root of the uvula, posteriorly, and into the tendinous expansion of the circumflexus palati. The fibres are collected within the posterior arch, behind the amygdala, and run backwards to the top and lateral part of the pharynx, where the fibres are scattered, and mix with those of the stylo-pharyngeus; and is

INSERTED into the edge of the upper and back part of the thyroid cartilage, some of its fibres being lost between the membrane of the pharynx and the two inferior constrictors.

USE. Draws the uvula and velum downwards and backwards, and at the same time pulls the thyroid cartilage and pharynx upwards and shortens it. With the constrictor superior and tongue, it assists in shutting the passage into the nostrils, and in swallowing it thrusts the food from the fauces into the pharynx.

62—

*Salpingo
Pharyngeus.*

The salpingo pharyngeus of Albinus is composed of some fibres of the last muscle, is

INSERTED into the anterior and lower part of the cartilaginous extremity of the eustachian tube, and is

INSERTED into the inner part of the palato pharyngeus.

USE. To assist the palato pharyngeus, and to dilate the mouth of the eustachian tube.

63—

Plate III.
Fig. 4.

Arygos Uvulae.

*Palato
Staphilin.*

Arygos Uvulae.

*Palato
Staphylinus.*

*Palato
Staphylinus
vel
Staphylinus
Epistaphy-
linus.*

INSERTED, fleshy, into the extremity of the future which joins the palate bones, runs down the whole length of the velum and uvula, resembling a small earth-worm, adhering to the tendons of the circumflexi, and is

INSERTED into the tip of the uvula.

USE. Raises the uvula upwards and forwards, and shortens it.

64—

Plate II.
Fig. 6.

*Constrictor
Pharyngis
Inferior.*

*Crico Thyro-
Pharyngien.*

*Constrictor
Pharyngis
Inferior.*

*Thyreo
Pharyngeus
Crico
Pharyngeus.*

*Thyreo
Pharyngeus
Crico
Pharyngeus.*

†

INSERTED, broad, into the outside of the ala of the thyroid cartilage, between the edge of that cartilage and the oblique line into which the thyreo hyoideus is inserted, and into the cricoid cartilage, near the insertion of the crico thyroideus.

INSERTED into the white line, where it joins with its fellow; the superior fibres run obliquely upwards, cover nearly half the middle constrictor, and terminate in a point. The inferior fibres of these muscles make a complete circle backwards, between the sides of the bases of the cricoid cartilage. This circle is the beginning of the œsophagus.

USE. To compress that part of the pharynx which it covers, and to raise it with the larynx a little upwards.

Constrictor

† Cowper makes the muscles of the pharynx but three in number, viz. the Stylo Pharyngeus, Oesophagus seu Sphincter Gulæ, et Vaginalis Gulæ. Albinus makes six pair as here described. Some authors divide them into thirteen or fourteen pair.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

65—

<i>Constrictor Pharyngis Medius.</i>	<i>Hyo Glosso Basi Pharyngien.</i>	<i>Constrictor Pharyngis Medius.</i>	<i>Hyo Pharyngeus. Chondro Pharyngeus. Cephalo Pharyngeus.</i>	<i>Hyo Pharyngeus, Syndesmo Pharyngeus, Cephalo Pharyngeus.</i>
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Plate II.
Fig. 6.

INSERTED into the appendix and cornu of the os hyoides, into the ligament which connects it to the thyroid cartilage. The fibres of the superior part run obliquely upwards, and cover part of the superior constrictor, and terminate in a point; it is

INSERTED into the middle of the cuneiform process of the os occipitis, before the foramen magnum, and joined to its fellow at a white line in the middle-back part of the pharynx. The fibres at the middle part run more transversely than those above or below.

USE. To compress that part of the pharynx, and to draw it and the os hyoides upwards.

66—

<i>Constrictor Pharyngis Superior.</i>	<i>Pterigo Syndesmo Staphili Pharyngien.</i>	<i>Constrictor Pharyngis Superior.</i>	<i>Glosso Pharyngeus, Mylo Pharyngeus, Pterigo Pharyngeus.</i>	<i>Pterigo Pharyngeus, Mylo Pharyngeus, Glosso Pharyngeus.</i>
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Plate II.
Fig. 6.

Winslow and Douglas divide this muscle into four or five muscles, which can be demonstrated: it is

INSERTED into the cuneiform process of the os occipitis, near the foramina, where the lingualis, or ninth pair of nerves pass out, into the pterygoid process of the sphenoid bone; into the upper and lower jaws, near the roots of the last dentes molares; and between the jaws, it is continued with the buccinator; and with some fibres from the root of the tongue and palate, is

INSERTED into a white line in the middle of the pharynx, where it joins with its fellow, is covered, and united to the last described muscle.

USE. To compress the upper part of the pharynx, and draw it forwards and upwards.

67—

<i>Crico Arytenoideus Posticus.</i>	<i>Crico Creti Arithénoidien</i>	<i>Crico Arytenoideus Posticus.</i>	<i>Crico Arytenoideus Posticus.</i>	<i>Crico Arytenoideus Posticus.</i>	<i>Crico Arytenoideus Posticus.</i>
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Plate III.
Fig. 5.

INSERTED, fleshy, into the posterior part of the cricoid cartilage, runs up obliquely, and is

INSERTED into the posterior part of the basis of the arytenoid cartilage of the same side.

USE. To open the rima glottidis a little, and by pulling back the arytenoid cartilage, to stretch the ligament so as to make it tense.

68—

<i>Crico Arytenoideus Lateralis.</i>	<i>Crico-Lateri Arithénoidien</i>	<i>Crico Arytenoideus Lateralis.</i>	<i>Crico Arytenoideus Lateralis.</i>	<i>Crico Arytenoideus Lateralis.</i>	<i>Crico Arytenoideus Lateralis.</i>
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Plate III.
Fig. 6.

Is small and situated laterally, is

INSERTED into the broad part of the cricoid cartilage, where it is covered by part of the thyroid cartilage, and is

INSERTED into the side of the base of the arytenoid cartilage near the last muscle.

USE. To open the rima glottidis by pulling the ligaments from each other.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

Plate III.
Fig. 7.

69— <i>Thyreos</i> <i>Arytenoideus.</i>	<i>Thyro</i> <i>Arithénoidien</i>	<i>Thyreos</i> <i>Arytenoideus.</i>	<i>Thyreos</i> <i>Arytenoideus.</i>	<i>Thyreos</i> <i>Arytenoideus.</i>	<i>Thyreos</i> <i>Arytenoideus.</i>
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Is INSERTED, by a broad infertion, into the under and back part of the middle of the thyroid cartilage. The fibres contracting, from before run backwards, and from below upwards, towards the arytenoid cartilage, into which it is

INSERTED higher and forwarder than the last muscle.

USE. To pull the arytenoid cartilage forwards, nearer to the middle of the thyroid cartilage, and consequently to shorten and relax the ligament of the larynx or glottis vera.

Plate III.
Fig. 5.

70— <i>Arytenoideus</i> <i>Obliquus.</i>	<i>Arithénoidien</i> <i>Oblique.</i>	<i>Arytenoideus</i> <i>Obliquus.</i>	<i>Arytenoideus</i> <i>Minor.</i>	<i>Arytenoideus</i> <i>Obliquus.</i>	<i>Arytenoideus.</i>
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INSERTED into the basis of one arytenoid cartilage, and crossing its fellow, is

INSERTED into the middle and upper part of the other arytenoid cartilage.

USE. When both act, they pull the arytenoid cartilages towards each other; one of these is often wanting.

Plate III.
Fig. 8.

71— <i>Arytenoideus</i> <i>Transversus.</i>	<i>Arithénoidien</i> <i>Transversal.</i>	<i>Arytenoideus</i> <i>Transversus.</i>	<i>Arytenoideus</i> <i>Major.</i>	<i>Arytenoideus</i> <i>Transversus.</i>
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INSERTED into one arytenoid cartilage, near its articulation with the cricoid, to near its tip; the fibres run straight across, and are

INSERTED into the opposite arytenoid cartilage in the same manner.

USE. To shut the rima glottidis, by bringing those two cartilages with the ligaments near one another.

Plate III.
Fig. 9.

72— <i>Thyreos</i> <i>Epiglottideus.</i>	<i>Thyro</i> <i>Epiglottique.</i>	<i>Thyreos</i> <i>Epiglottideus.</i>	<i>Thyro</i> <i>Epiglottici.</i>
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INSERTED into the head of the thyroid cartilage, and

INSERTED into the edge of the epiglottis.

USE. To draw the epiglottis obliquely downwards, or when both act, directly downwards, and at the same time it expands that soft cartilage.

Plate III.
Fig. 9.

73— <i>Aryteno</i> <i>Epiglottideus.</i>	<i>Arithéno</i> <i>Epiglottique.</i>	<i>Aryteno</i> <i>Epiglottideus.</i>	<i>Aryteno</i> <i>Epiglottici.</i>
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INSERTED by a few fleshy fibres into the upper part of the arytenoid cartilage, runs along the outside of the external rima, and is

INSERTED into the epiglottis with the former.

USE. To pull that side of the epiglottis towards the external rima, or when both act, to pull it close upon the glottis.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER

74—

<i>Scalenus Anticus.*</i>	<i>Trachélo Costal.</i>	<i>Scalenus Prior.</i>	<i>First Scalenus.</i>	<i>Scalenus Primus, or Primæ Costæ.†</i>	<i>First Scalenus.</i>
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Plate IV.

INSERTED tendinous into the fourth, fifth, and sixth transverse processes of the cervical vertebræ, and is INSERTED, tendinous and fleshy, into the upper side of the first rib, near its cartilage.

Use. To bend the neck to one side.

75—

<i>Scalenus Medius.</i>	<i>Trachélo Costal.</i>	<i>Scalenus Medius.</i>	<i>Second Scalenus.</i>	<i>Second Scalenus.</i>
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Plate IV.

INSERTED, by seven tendons, into the seven transverse processes of the cervical vertebræ, and is INSERTED into the upper and outer part of the first rib, within half an inch of the last mentioned muscle.

Use. To bend the neck to one side. (See *Scalenus Posticus*.)

76—

<i>Trapezius, seu Cucullaris.</i>	<i>Occipiti Dorso Clavi Sus. Acromien.</i>	<i>Cucullaris.</i>	<i>Trapezius, seu Cucullaris.</i>	<i>Trapezius.</i>	<i>Trapezius.</i>
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Plate V.

INSERTED, fleshy, into the superior transverse line of the os occipitis, into the five superior spinous processes of the neck, by means of the posterior cervical ligament (ligamentum nuchæ), into the two last spinous processes of the vertebræ of the neck and those of the back. The fibres run in different directions, and are

INSERTED into one-third of the posterior part of the clavicle, posterior edge of the acromion, and into nearly the whole of the upper part of the spine of the scapula.

Use. To raise the shoulder, or rather to turn the top of the scapula upwards, and to hinder it from sinking.

77—

<i>Latissimus Dorfi.†</i>	<i>Dorsi lumbosacro-humeral.</i>	<i>Latissimus Dorfi.</i>	<i>Latissimus Dorfi.</i>	<i>Latissimus Dorfi.</i>	<i>Latissimus Dorfi, seu Aniscliptor.</i>
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Plate V.

INSERTED, by a broad thin tendon, into the posterior part of the spine of the ilium, into the spinous processes of the sacrum and lumbar vertebræ, into the seven inferior spinous processes of the back; tendinous and fleshy into the extremities of the three or four inferior ribs, a little beyond their cartilages, by distinct slips, the inferior fibres ascend obliquely, and the superior run transversely over the inferior angle of the scapula, towards the axilla, where they are collected, twisted, and folded, and are

INSERTED by a strong flat tendon into the inner edge of the groove for lodging the long head of the biceps, with the tendon of the teres major. (These muscles form the posterior border of the hollow of the axilla, vulgarly called the armpit.)

Use. To pull the arm backwards and downwards, and sustains the weight of the body in climbing, &c.

E

Rhomboideus

* See *Scalenus Posticus*, page 20, No. 88, the upper insertion of these muscles should be dissected with the muscles of the neck.

† The upper insertion of this muscle should not be dissected here, but with the muscles of the arm.

‡ Winslow describes the *Scalenus Anticus* and *Medius* as one muscle.

	INNES.	DUMAS.	ALBINUS.	DOUGLAS.	WINSLOW.	COWPER.
	78—	—	—	—	—	—
Plate V.	<i>Rhomboideus</i> Major & Minor.	<i>Cervici-</i> <i>Dorso</i> <i>Scapulaire.</i>	<i>Rhomboideus</i> Major & Minor.	<i>Rhomboides.</i>	<i>Rhomboides.</i>	<i>Rhomboides.</i>

Rhomboideus is divided into two portions, superior and inferior. The superior is INSERTED, fleshy, into the two or three lowest spinous processes of the vertebræ of the neck, and into the ligamentum nuchæ. The inferior is

INSERTED, tendinous, into the three or four superior spinous processes of the vertebræ of the back, the superior is

INSERTED into the basis of the scapula, from the spine to the superior angle, the inferior is

INSERTED into all the basis of the scapula below the spine.

USE. To pull the scapula obliquely upwards and directly inwards.

	79—	—	—	—	—	—
Plate V.	<i>Serratus</i> <i>Superior</i> <i>Posticus.</i>	<i>Cervici-</i> <i>Dorso</i> <i>Costal.</i>	<i>Serratus</i> <i>Superior</i> <i>Posticus.</i>	<i>Serratus</i> <i>Superior</i> <i>Posticus.</i>	<i>Serratus</i> <i>Superior</i> <i>Posticus.</i>	<i>Serratus</i> <i>Superior</i> <i>Posticus.</i>

INSERTED, tendinous, into the three lower spinous processes of the vertebræ of the neck, and two uppermost of the back.

INSERTED into the second, third, fourth, and sometimes the fifth ribs, by fleshy slips.

USE. To elevate the ribs, and dilate the thorax.

	80—	—	—	—	—	—
Plate V.	<i>Serratus</i> <i>Posticus</i> <i>Inferior.</i>	<i>Dorso</i> <i>Lumbo</i> <i>Costal.</i>	<i>Serratus</i> <i>Posticus</i> <i>Inferior.</i>	<i>Serratus</i> <i>Posticus</i> <i>Inferior.</i>	<i>Serratus</i> <i>Posticus</i> <i>Inferior.</i>	<i>Serratus</i> <i>Posticus</i> <i>Inferior.</i>

INSERTED, by a broad thin tendon, in common with the latissimus dorsi, into the spinous processes of the two inferior dorsal vertebræ, and the three superior lumbar, and is

INSERTED, fleshy, into the lowest rib near its cartilage, and into the three following ribs near their angles.

USE. To depress the ribs into which they are inserted.

	81—	—	—	—	—	—
Plate III. Fig. 14, 15.	<i>Splenius.</i>	<i>Cervico Dorfi</i> <i>Mastoidien</i> & <i>Dorso</i> <i>Trachélien.</i>	<i>Splenius</i> <i>Capitis &</i> <i>Splenius</i> <i>Colli.</i>	<i>Splenius.</i>	<i>Splenius.</i>	<i>Splenius.</i>

Is partly single and partly made up of two portions, superior and inferior. The superior is INSERTED into the five lower spinous processes of the cervical vertebræ, and two superior of the back. The second, or inferior portion, is

INSERTED into the ninth and tenth spinous processes of the vertebræ of the back, the superior portion runs up obliquely towards the mastoid process, (partly under the sternocleido-mastoideus,) and is

INSERTED into the upper part of that process, and the transverse ridge of the os occipitis. The inferior portion is closely united to the upper portion, till it reaches the superior and lateral part of the neck, where it separates from it, and is

INSERTED into the transverse processes of the three or four superior vertebræ of the neck.

USE. To bring the head and upper vertebræ of the neck backwards laterally, when both act to pull the head directly backward.

82—	82—	82—	82—	82—	82—
INNES.	DUMAS.	ALBINUS.	DOUGLAS.	WINSLOW.	COWPER.
<i>Complexus.</i>	<i>Dorso Trachélo Occipital.</i>	<i>Complexus seu Biventer Cervicis.</i>	<i>Complexus.</i>	<i>Complexus.</i>	<i>Complexus.</i>

Plate II.
Fig. 7.

INSERTED into the transverse processes of the six or seven superior dorsal vertebræ, and four inferior cervical vertebræ, by distinct tendons. In its ascent it receives a fleshy slip from the spinous process of the superior dorsal vertebræ. From these insertions it runs upwards, is intermixed with tendinous fibres, and is

INSERTED, tendinous and fleshy, into the inferior edge of the protuberance in the middle of the os occipitis, and into the curved line from this protuberance.

The long portion of this muscle, next the spinous processes, has a round tendon in the middle of it, and is called by Albinus *Biventer Cervicis*.

Use. To draw the head backwards and to one side.

83—	83—	83—	83—	83—	83—
<i>Trachelo Mastoideus.</i>	<i>Trachélo Mastoidien.</i>	<i>Trachelo Mastoideus.</i>	<i>Trachelo Mastoideus seu Capitis par Tertium Fallop.</i>	<i>Complexus Minor seu Mastoideus Lateralis.</i>	

Plate III.
Fig. 17.

INSERTED into the transverse processes of the three superior dorsal vertebræ, and into the five inferior cervical vertebræ, becomes fleshy, and is

INSERTED into the posterior part of the mastoid process. It is here covered by the splenius, and covers part of the obliquus superior.

Use. To pull the head to one side.

84—	84—	84—	84—	84—	84—
<i>Levator Scapulae.</i>	<i>Trachélo Anguli Scapulaire.</i>	<i>Levator Scapulae.</i>	<i>Elevator seu Musculus Patientiae.</i>	<i>Angularis, vulgo Levator Proprius.</i>	<i>Levator Scapulae.</i>

Plate V.

INSERTED, tendinous and fleshy, into the five superior transverse processes of the neck.

INSERTED into the superior angle of the scapula, and into the edge of the basis. Is here covered by the superior rhomboides.

Use. To pull the scapula upwards and a little forwards.

85—	85—	85—	85—	85—	85—
<i>Longissimus Dorsi.</i>	<i>Lumbo Dorso Trachélien.</i>	<i>Longissimus Dorsi.</i>	<i>Longissimus Dorsi.</i>	<i>Longissimus Dorsi.</i>	<i>Longissimus Dorsi.</i>

Plate II.
Fig. 8.

INSERTED, tendinous without, and fleshy within, into the side and spinous processes of the os sacrum, into the posterior spine of the ilium, into inferior vertebræ, and roots of the transverse vertebræ of the loins, and is

INSERTED into the transverse processes of the dorsal vertebræ, chiefly by small double tendons, and into the lower edges of all the true ribs, except the two inferior. The upper part of this muscle sends off a thin fleshy portion, which joins the cervicales descendens.

Use. To extend the vertebræ, and to raise the trunk of the body erect.

Sacro-

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86---	---	---	---	---	---
Plate II. Fig. 8, 9.	<i>Sacro Lumbalis.</i>	<i>Lumbo Costo Trachelien.</i>	<i>Sacro Lumbalis.</i>	<i>Sacro Lumbalis.</i>	<i>Sacro Lumbalis.</i>

This is a long complex muscle, narrow and thin at the upper part, broad and thick at the lower. It is closely accompanied by the longissimus dorsi, which lies between it and the spinal processes of the vertebræ, a narrow, fatty, or cellular line, running between them. It is

INSERTED, by a broad thin tendinous aponeurosis, into the superior spines of the os sacrum, and lateral parts of that bone, into the external labium and crista of the ilium. The aponeurosis adheres to the longissimus dorsi, and is a little covered by some insertions of the glutæus maximus: from this it runs upwards, and a little laterally, sending off from its inside fleshy fibres, which are divided from below upwards, and are

INSERTED into the transverse processes of the loins. It runs up obliquely over all the ribs, sending off digitations, which are

INSERTED into the tuberosity of the first rib, and into the angular impression of the ten following ribs, running from below upwards. In separating and drawing the body of this muscle from the longissimus dorsi, we meet with several long thin muscular fasciculi, which run from below upward over the ribs, into which they are

INSERTED, and are called *Musculus Accessorius Sacro Lumbaris*. From the upper part, about the fourth superior dorsal vertebra, is sent off fleshy slips, which are

INSERTED tendinous, into the second, third, and fourth transverse processes of the vertebræ of the neck, and is called *Cervicalis Descendens*. In going to this insertion it receives a fleshy slip from the longissimus dorsi.

USE. To pull the ribs down, and assist to erect the trunk of the body. The cervicalis descendens turns the neck obliquely backwards and to one side.

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Plate III. Fig. 21.	<i>Transversalis Colli.</i>	<i>Transverso Spinal.</i>	<i>Transversalis Cervicis.</i>	<i>Transversalis Colli Major.</i>	<i>Transversalis Colli.</i>

INSERTED, tendinous and fleshy, into the transverse processes of the five superior vertebræ of the back, runs between the trachelo mastoideus and splenius colli and cervicalis descendens, and is

INSERTED into the transverse process of the cervical vertebræ.

USE. To turn the neck obliquely backward, and a little to one side.

88---	---	---	---	---	---
Plate V.	<i>Scalenus Posticus.</i>	<i>Trachelo Costal.</i>	<i>Scalenus Posticus.</i>	<i>Third Scalenus.*</i>	<i>Scalenus Secundus or Secundæ Costæ.</i>

INSERTED into the fifth and sixth transverse processes of the cervical vertebræ.

INSERTED into the upper edge of the second rib, near the spine.

USE. To bend the neck to one side, and when the neck is fixed, to elevate the second rib. (See Scalenus Anticus & Medius, No. 74 and 75.)

89---	---	---	---	---	---
Plate III. Fig. 20.	<i>Semi Spinalis Colli.</i>	<i>Transverso Spinal.</i>	<i>Spinalis Cervicis.</i>	<i>Spinalis Colli.</i>	<i>Semi Spinalis five Trans- verso Spinalis Colli.</i>

INSERTED into the six upper transverse processes of the back, by distinct tendons, ascending obliquely under the complexus.

INSERTED into the five inferior spinous process of the neck.

USE. To extend the neck obliquely.

Spinalis

* Douglas describes one of the levatores costarum as a fourth scalenus.

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90—

<i>Spinalis Dorfi.</i>	<i>Inter Epineux.</i>	<i>Spinalis Dorfi.</i>	<i>Spinalis Dorfi.</i>	<i>Transversalis Dorfi.</i>	<i>Spinalis.</i>
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Plate III.
Fig. 16.

INSERTED into the spinous processes of the two uppermost lumbar vertebrae, and four inferior dorsal vertebrae, by as many tendons, and is

INSERTED into the spinous processes of the sixth, seventh, eighth, ninth, tenth, and eleventh, superior dorsal vertebrae, by distinct tendons.

USE. To erect and fix the vertebrae, and to assist in raising the spine.

91—

<i>Semi Spinalis Dorfi.</i>	<i>Transverso Spinal.</i>	<i>Semi Spinalis Dorfi.</i>	<i>Semi Spinalis Dorfi.</i>	<i>Semi Spinalis Externus. Seu Semi Transverso Spinalis Dorfi.</i>	<i>Semi Spinatus.</i>
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Plate III.
Fig. 19.

INSERTED, by distinct tendons, into the transverse processes of the third, fourth, fifth, and sixth inferior dorsal vertebrae, becomes fleshy, and then tendinous, and is

INSERTED into the spinous process of the dorsal vertebrae, above the sixth, and into one, and sometimes two inferior vertebrae of the neck.

USE. To extend the spine obliquely backwards.

92—

<i>Multifidus Spinae.</i>	<i>Lumbo Dorfi Spinal.</i>	<i>Multifidus Spinae.</i>	<i>Transversalis Lumborum Dorfi & Colli.</i>	<i>Transverso Spinalis Lumborum, Transverso Spinalis Dorfi & Colli.</i>	<i>Transversalis Dorfi & Lumborum.</i>
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Plate III.
Fig. 19.

INSERTED into the side of the os sacrum, posterior part of the os ilium, where it is articulated with the sacrum, into the oblique spinal and transverse vertebrae of the loins; into the transverse processes of the vertebrae of the back, and into the four first (from the back) transverse processes of the neck, by distinct tendons, which becoming fleshy, and then tendinous, are

INSERTED into the spinous processes of the vertebrae of the loins, back, and six first (from the back) of the neck.

USE. To move the back obliquely and laterally, and when they act together on both sides, to extend the vertebrae backwards.

93—

<i>Interspinalis Colli Dorfi & Lumborum.*</i>	<i>Inter Epineux.</i>	<i>Interspinalis Cervicis Dorfi & Lumborum.</i>	<i>Interspinalis Colli Dorfi & Lumborum.</i>	<i>Spinalis Colli & Dorfi Minoris, seu Interspinalis.</i>	<i>Interspinalis Colli.</i>
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Plate III.
Fig. 23.

The space between the spinous processes of the cervical vertebrae is filled up with fleshy portions, called interspinalis colli. They are

INSERTED double into the spinous processes of the inferior cervical vertebrae. They are five in number.

USE. To draw these processes nearer to each other.

Inter

* The Interspinalis Dorfi et Lumborum, and the Intertransversalis Dorfi are small tendons connecting the spinal and transverse processes.

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Plate III.
Fig. 22.

94—	—	—	—	—	—
<i>Inter</i> <i>Transversalis</i> <i>Dorsi & Colli.</i>	<i>Inter</i> <i>Transversaire</i>	<i>Inter</i> <i>Transversalis</i> <i>Prioris &</i> <i>Posterioris</i> <i>Colli.</i>	<i>Inter</i> <i>Transversalis</i> <i>Dorsi & Colli.</i>	<i>Spinalis &</i> <i>Transversalis</i> <i>Lumborum &</i> <i>Transversalis</i> <i>Minoris.</i>	<i>Transversalis</i> <i>Colli.</i>

The inter transversalis colli is

INSERTED, double, into the inferior transverse processes of each vertebræ of the neck and first of the back, and is

INSERTED into the superior transverse processes, being six in number.

USE. To draw the processes towards each other.

Plate III.
Fig. 24.

95—	—	—	—	—	—
<i>Inter</i> <i>Transversalis</i> <i>Lumborum.</i>	<i>Inter</i> <i>Transversaire</i>	<i>Inter</i> <i>Transversalis</i> <i>Lumborum.</i>	<i>Inter</i> <i>Transversalis</i> <i>Lumborum.</i>	<i>Transversalis</i> <i>Lumborum.</i>	

Are small fleshy bundles,

INSERTED into the transverse processes of the lumbar vertebræ.

USE. To draw the vertebræ towards each other.

Plate V.

96—	—	—	—	—	—
<i>Quadratus</i> <i>Lumborum.</i>	<i>Ilio Lumbi</i> <i>Costal.</i>	<i>Quadratus</i> <i>Lumborum.</i>	<i>Quadratus</i> <i>Lumborum.</i>	<i>Quadratus</i> <i>Lumborum,</i> <i>seu Lumbaris</i> <i>Externus.</i>	<i>Quadratus</i> <i>Lumborum.</i>

INSERTED, broad, tendinous, and fleshy, into the posterior part of the crista of the ilium.

INSERTED into the transverse processes of the lumbar vertebræ, into the last rib near the spine, and by a tendon into the side of the last dorsal vertebra.

USE. To move the loins to one side, to pull down the last rib. When both act, to bend the loins forwards.

Plate III.
Fig. 25.

97—	—	—	—	—	—
<i>Rectus</i> <i>Capitis</i> <i>Posticus</i> <i>Major.</i>	<i>Spini Axoido</i> <i>Occipital.</i>	<i>Rectus</i> <i>Capitis</i> <i>Posticus</i> <i>Minor.</i>	<i>Rectus</i> <i>Major.</i>	<i>Rectus</i> <i>Major.</i>	<i>Rectus</i> <i>Capitis</i> <i>Major</i> <i>Posticus.</i>

INSERTED, fleshy, into the external part of the spinous process of the second cervical vertebra, runs obliquely, and is

INSERTED, tendinous and fleshy, into the lower occipital ridge, near the rectus capitis lateralis, and covering the outer edge of the rectus capitis minor.

USE. To pull the head backwards, and to assist in its rotation.

Plate III.
Fig. 25.

98—	—	—	—	—	—
<i>Rectus</i> <i>Capitis</i> <i>Posticus</i> <i>Minor.</i>	<i>Tuber</i> <i>Altoido</i> <i>Occipital.</i>	<i>Rectus</i> <i>Capitis</i> <i>Posticus</i> <i>Minor.</i>	<i>Rectus Minor.</i>	<i>Rectus Minor.</i>	<i>Rectus</i> <i>Capitis</i> <i>Minor</i> <i>Posticus.</i>

INSERTED into a protuberance in the middle of the back part of the first cervical vertebra, and is

INSERTED into a cavity in the os occipitis near the foramen magnum.

USE. To assist the rectus major in moving the head backwards.

Obliquus

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99—	—	—	—	—	—	Plate III. Fig. 25.
<i>Obliquus</i> <i>Capitis</i> <i>Superior.</i>	<i>Trachélo</i> <i>Altoïdo</i> <i>Occipital.</i>	<i>Obliquus</i> <i>Capitis</i> <i>Superior.</i>	<i>Obliquus</i> <i>Superior.</i>	<i>Obliquus</i> <i>Superior five</i> <i>Minor.</i>	<i>Obliquus</i> <i>Superior</i> <i>Capitis.</i>	

INSERTED into the transverse process of the first cervical vertebra.

INSERTED, tendinous and fleshy, into the os occipitis, behind the mastoid process, and under the complexus.

USE. To draw the head backwards.

100—	—	—	—	—	—	Plate III. Fig. 25.
<i>Obliquus</i> <i>Capitis</i> <i>Inferior.</i>	<i>Spini Axoido</i> <i>Trachéli</i> <i>Altoidien.</i>	<i>Obliquus</i> <i>Capitis</i> <i>Inferior.</i>	<i>Obliquus</i> <i>Inferior.</i>	<i>Obliquus</i> <i>Inferior</i> <i>five Major.</i>	<i>Obliquus</i> <i>Inferior</i> <i>Capitis.</i>	

INSERTED, fleshy, into the spinous process of the second cervical vertebra.

INSERTED into the transverse process of the first cervical vertebra.

USE. To rotate the head.

101—	—	—	—	—	—	Plate II. Fig. 1.
<i>Levator</i> <i>Palpebræ</i> <i>Superioris.</i>	<i>Orbito fus</i> <i>Palpèbral.</i>	<i>Levator</i> <i>Palpebræ</i> <i>Superioris.</i>	<i>Aperiens</i> <i>Palpebrarum</i> <i>Rectus.</i>	<i>Levator</i> <i>Palpebræ</i> <i>Superioris.</i>	<i>Levator</i> <i>Palpebrarum</i> <i>Rectus.</i>	

INSERTED, by a small tendon, into the elongation of the dura mater, above the foramen opticum, and over the levator oculi, near the trochlearis; runs forwards, increasing in breadth, and is

INSERTED, by a broad aponeurosis, into the tarsus of the superior palpebra.

USE. To open the eye, by drawing the eye-lid upwards.

102—	—	—	—	—	—	Plate III. Fig. 1.
<i>Levator</i> <i>Oculi.</i>	<i>Sus-optico</i> <i>Sphèni</i> <i>Scléroticien.</i>	<i>Rectus</i> <i>Attollens</i> <i>Oculi.</i>	<i>Elevator.</i>	<i>Elevator.</i>	<i>Elevator</i> <i>Oculi.</i>	

INSERTED above the foramen opticum into the elongation of the dura mater, by a short tendon; runs forwards, and is

INSERTED into the superior and fore part of the tunica sclerotica, by a broad thin tendon.

USE. To raise the globe of the eye.

103—	—	—	—	—	—	Plate III. Fig. 1.
<i>Depressor</i> <i>Oculi.</i>	<i>Sous-opti</i> <i>Sphèno</i> <i>Scléroticien.</i>	<i>Rectus</i> <i>Deprimens</i> <i>Oculi.</i>	<i>Depressor.</i>	<i>Depressor.</i>	<i>Depressor</i> <i>Oculi.</i>	

INSERTED into the elongation of the dura mater, at the inferior part of the foramen opticum.

INSERTED, opposite the former, into the tunica sclerotica.

USE. To move the globe of the eye down.

104—	—	—	—	—	—	Plate III. Fig. 1.
<i>Adductor</i> <i>Oculi.</i>	<i>Orbito Intus</i> <i>Scléroticien.</i>	<i>Rectus</i> <i>Adducens</i> <i>Oculi.</i>	<i>Adductor.</i>	<i>Adductor.</i>	<i>Adductor</i> <i>Oculi.</i>	

INSERTED into the elongation of the dura mater, between the obliquus superior and depressor.

INSERTED opposite to the inner angle.

USE. To draw the eye towards the nose.

Adductor

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105—						
Plate III. Fig. 1.	<i>Abductor Oculi.</i>	<i>Orbito Extus Scleroticien.</i>	<i>Rectus Abducens Oculi.</i>	<i>Abductor.</i>	<i>Abductor.</i>	<i>Abductor Oculi.</i>

INSERTED into the elongation of the dura mater, which is attached to the bony partition between the foramen opticum and lacerum, and is

INSERTED into the globe, opposite the outer canthus.

USE. To move the eye outwards.

106—	—	—	—	—	—	
Plate III. Fig. 1.	<i>Obliquus Superior seu Trochlearis.</i>	<i>Optico- Trochlei Scleroticien.</i>	<i>Obliquus Superior Oculi.</i>	<i>Obliquus Superior Oculi.</i>	<i>Obliquus Major.</i>	<i>Obliquus Superior seu Trochlearis.</i>

INSERTED into the elongation of the dura mater, at the edge of the foramen opticum, between the levator and adductor oculi. From this it runs along the pars plana of the ethmoid bone, to the internal angular process of the os frontis, where it becomes tendinous. This tendon passes through a cartilaginous ring, which is fixed to that bone, then runs into a vagina obliquely backwards, under the levator palpebrae superioris, between that muscle and the globe, and increasing in breadth, is

INSERTED, posteriorly and laterally, near the adductor oculi, into the tunica sclerotica.

USE. To roll the globe of the eye, and to turn the pupil downwards.

107—						
Plate III. Fig. 1.	<i>Obliquus Inferior.</i>	<i>Maxillo Scleroticien.</i>	<i>Obliquus Inferior Oculi.</i>	<i>Obliquus Inferior Oculi.</i>	<i>Obliquus Minor.</i>	<i>Obliquus Inferior.</i>

INSERTED, tendinous, into the root of the nasal process of the os maxillare superioris, near the edge of the orbit, between the opening of the ductus nasalis and inferior orbital fissure. It passes obliquely, and a little transversely backwards, under the depressor oculi, and is

INSERTED into the posterior lateral part of the sclerotica, between the abductor and the optic nerve, and at a small distance from the tendon of the obliquus superior.

USE. To draw the bulb of the eye forwards, inwards, and downwards, turning the pupil upward.

108

Plate II. Fig. 13.	<i>Laxator Tympani.</i>	<i>Spheni Salpingo Malléen.</i>	<i>Externus Mallei.</i>	<i>Obliquus Auris.</i>	<i>Anterior Mallei.</i>	<i>Externus Auris vel Laxator Internus.</i>
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INSERTED into the spinous process of the sphenoid bone, into the side of the eustachian tube. The posterior extremity ends in a long thin tendon, which runs in the articular or glenoid fissure of the os temporis, through a small oblique notch, in which fissure it enters the tympanum, and is

INSERTED into the long process of the malleus. It is partly accompanied by the nerve called chorda tympani.

USE. To draw the malleus obliquely forwards towards its first insertion, consequently the membrana tympani by which that membrane is made less concave or is relaxed.

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109—

<i>Tensor Tympani.</i>	<i>Salpingo Malléen.</i>	<i>Tensor Tympani.</i>	<i>Internus Auris.</i>	<i>Internus Mallei.</i>	<i>Internus Auris.</i>
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Plate II.
Fig. 14.

INSERTED, fleshy, into the cartilaginous extremity of the eustachian tube (within the tube) where it begins to be covered by the pars petrosa and spinous process of the sphenoid bone, and runs along the cavity of the bony half canal of the tympanum. Is here invested by a membranous vagina, which being fixed to the edges of the half canal forms a tube. The extremity of the bony half canal is shaped like a spoon. Here the muscle becomes tendinous, and is bent round the transverse bony or ligamentary ridge, in the last-named cavity, as over a pulley, and is

INSERTED into the neck of the malleus, above the small process, advancing as far as the handle.

USE. To pull the malleus and membrana tympani towards the pars petrosa, by which that membrane is made more concave and tense.

110—

<i>Stapedius.</i>	<i>Pyramidal Stapedien.</i>	<i>Stapedius.</i>	<i>Stapedius.</i>	<i>Stapedius.</i>	<i>Musculus Stapedis.</i>
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Plate II.
Fig. 15.

This muscle is short and thick, is

INSERTED into, and lies concealed within, the small bony pyramid at the bottom of the tympanum. The cavity it fills touches nearly the bony canal of the portio dura of the auditory nerve. It terminates in a small tendon, which goes out of the cavity, through the small hole in the apex of the pyramid. As it goes out, it runs forwards, and is

INSERTED into the neck of the stapes, on the side of the longest and most crooked leg of that bone.

USE. To draw the stapes obliquely upwards, towards the pyramid, by which the posterior part of its base is moved inwards, and the anterior part outwards.

111—

<i>Deltoides.</i>	<i>Sous-Acromio-clavi-Huméral.</i>	<i>Deltoides.</i>	<i>Deltoides.</i>	<i>Deltoides.</i>	<i>Deltoides.</i>
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Plate IV & V

INSERTED, fleshy, into the half of the clavicle (next the shoulder), into the acromion, tendinous and fleshy, into the lower margin of the spine of the scapula, forming several penniform muscles, covering the anterior portion of the os humeri. They contract gradually and end in a thick tendon, which is

INSERTED into a rough protuberance on the outside of the os humeri, above its middle.

USE. To pull the arm forwards, upwards, and backward.

112—

<i>Pectoralis Major.</i>	<i>Sterno-Costo Clavio-Huméral.</i>	<i>Pectoralis.</i>	<i>Pectoralis.</i>	<i>Pectoralis Major.</i>	<i>Pectoralis.</i>
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Plate IV.

INSERTED into the cartilage of the fifth and sixth ribs, and intermixes with the external oblique muscle into almost the whole length of the sternum, and nearly half the clavicle next the sternum. The fibres run towards the axilla in a folding manner, and are

INSERTED by two broad tendons (which cross) on the outer side of the groove for lodging the long head of the biceps. This forms the anterior border of the hollow of the axilla.

USE. To move the arm forwards, and obliquely upwards, towards the sternum.

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Plate IV.

113— <i>Biceps Flexor Cubiti.</i>		<i>Scapulo- Coraco- Radial.</i>		<i>Biceps Brachii.</i>		<i>Biceps Internus.</i>		<i>Biceps, five, Coraco Radialis.</i>		<i>Biceps Internus Humeri.</i>
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Has two upper insertions. The first, called the longus, is

INSERTED, tendinous, into the neck of the scapula, above the glenoid cavity, passes over the head of the os humeri within the joint, and in its descent without the joint. The tendon is inclosed in the groove or bony channel, near the head of the os humeri, by a membranous ligament. The second head, called the brevis, is

INSERTED, tendinous and fleshy, into the *coracoid process* of the scapula, in common with the coraco brachialis. The two parts, thus separately inserted, unite a little above the middle of the os humeri, and are

INSERTED, by a strong round tendon, into the posterior edge of the tuberosity of the radius. This tendon, a little before its insertion, sends off towards the internal condyle, an aponeurosis, which increasing obliquely in breadth, covers the inner and back parts of almost the whole fore-arms, especially the muscles on the ulna, where it is insensibly lost.

USE. To turn the hand supine, and to bend the fore arm.

Plate IV.

114— <i>Coraco Brachialis.</i>		<i>Coraco Huméral.</i>		<i>Coraco Brachialis.</i>		<i>Coraco Brachialis.</i>		<i>Coraco Brachialis.</i>		<i>Coraco Brachialis.</i>
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INSERTED, tendinous and fleshy, into the point of the coracoid process, under the short head of the biceps, to which it adheres.

INSERTED tendinous and fleshy, below the middle of the os humeri, internally.

USE. To raise the arm upward and forward.

Plate IV.

115— <i>Pectoralis Minor.</i>		<i>Costo- Coracoidien.</i>		<i>Serratus Anticus.</i>		<i>Serratus Minor Anticus.</i>		<i>Pectoralis Minor.</i>		<i>Serratus Minor Anticus.</i>
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INSERTED, tendinous and fleshy, into the upper edge of the third, fourth, and fifth ribs, near their cartilages, and is

INSERTED, tendinous, into the inner side of the coracoid process of the scapula.

USE. To bring the scapula forwards and downwards, and to raise the ribs upwards.

Plate IV.

116— <i>Brachialis Internus.</i>		<i>Huméro- Cubital.</i>		<i>Brachialis Internus.</i>		<i>Brachialis Internus.</i>		<i>Brachialis</i>		<i>Brachialis Internus.</i>
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INSERTED fleshy, into the os humeri, at each side of the insertion of the deltoid, covering all the inferior and fore part of this bone, passes over the joint.* The fibres contract in breadth, and end in a strong flat tendon, which is

INSERTED below the coronoid process of the ulna.

USE. To bend the fore arm.

Plate IV.

117— <i>Subscapularis</i>		<i>Sous- Scapulo- Trochinien.</i>		<i>Subscapularis</i>		<i>Subscapularis</i>		<i>Subscapularis</i>		<i>Subscapularis</i>
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INSERTED into all the inner side of the scapula. Is made up of many penni-form portions, which near the neck form a broad tendon, which is

INSERTED into the upper part of the internal protuberance at the head of the os humeri.

USE. To roll the os humerus inwards, and to draw it to the side.

Supra

* This muscle adheres to the capsular ligament, and some of its fibres are inserted into it.

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118—

<i>Supra Spinatus.*</i>	<i>Sous-Spini- Scapulo- Trochitérien.</i>	<i>Supra Spinatus.</i>	<i>Supra Spinatus.</i>	<i>Supra Spinatus.</i>	<i>Supra Spinatus seu Super- scapularis.</i>	Plate V.
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INSERTED, fleshy, into the base of the scapula, above the spine, into the spine and superior costa, passes under the acromion, adheres to the capsular ligament, and is

INSERTED into the superior surface of the great tuberosity on the head of the os humeri, near the bony channel.

USE. To raise the arm.

119—

<i>Infra Spinatus.†</i>	<i>Sous Spini Scapulo- Trochitérien.</i>	<i>Infra Spinatus.</i>	<i>Infra Spinatus.</i>	<i>Infra Spinatus.</i>	<i>Infra Spinatus.</i>	Plate V.
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INSERTED, fleshy, into the infra spinal cavity, as far as the inferior angle. The fibres ascend and descend obliquely, towards a tendon in the middle of the muscle, which runs forward, adheres to the capsular ligament, and is

INSERTED, by a thick short tendon, into the upper and middle part of the protuberance on the head of the os humeri.

USE. To roll the humerus outwards, and to assist in raising and supporting it when raised.

120—

<i>Teres Minor.</i>	<i>Margini fus Scapulo- Trochitérien.</i>	<i>Teres Minor.</i>	<i>Teres Minor.</i>	<i>Teres Minor.</i>	<i>Teres Minor.</i>	Plate V.
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INSERTED, fleshy, into the inferior costa of the scapula, runs forwards along the inferior edge of the infra spinatus, and adheres to the capsular ligament, and is

INSERTED, tendinous, in the back part of the protuberance on the head of the os humeri, below the last named muscle.

USE. To roll the os humeri outwards, and to draw it backwards.

121—

<i>Teres Major.</i>	<i>Anguli- Scapulo- Huméral.</i>	<i>Teres Major.</i>	<i>Teres Major.</i>	<i>Teres Major.</i>	<i>Teres Major.</i>	Plate V.
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INSERTED, fleshy, into the inferior angle of scapula, and into that portion of its inferior costa that is rough. Its fibres are continued over part of the infra spinatus, to which they adhere.

INSERTED by a broad short thin tendon, into the ridge at the inner side of the groove, for lodging the tendon of the biceps, and below the insertion of the latissimus dorsi.

USE. To roll the os humerus inwards, and draw it backwards and downwards.

77×—

<i>Latissimus Dorsi.</i>	<i>Dorsi-Lumbo- Sacro- Huméral.</i>	<i>Latissimus Dorsi.</i>	<i>Latissimus Dorsi.</i>	<i>Latissimus Dorsi.</i>	<i>Latissimus Dorsi.</i>	Plate V.
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INSERTED, by a broad thin tendon, into the posterior part of the spine of the ilium, into the spinous processes of the sacrum and lumbar vertebræ, into the seven inferior spinous processes of the back; tendinous and fleshy into the extremities of the three or four inferior ribs, a little beyond their cartilages, by distinct slips; the inferior fibres ascend obliquely, and the superior run transversely over the inferior angle of the scapula, towards the axilla, where they are collected, twisted, and folded, and are

INSERTED

* See Omo Hyoideus, No. 43, and Levator Scapulæ, No. 84.

† These muscles are covered by a tendinous membrane, into which they are inserted.

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INSERTED by a strong flat tendon into the inner edge of the groove for lodging the long head of the biceps, with the tendon of the teres major, but above it. These muscles form the posterior border of the hollow of the axilla, vulgarly called the armpit.

USE. To pull the arm backwards and downwards, and to roll the os humeri.

Plate V.

122					
<i>Triceps</i> <i>Extensor</i> <i>Cubiti.</i>	<i>Tri-Scapulo</i> <i>Huméro-</i> <i>Olécrânien.</i>	<i>Triceps</i> <i>Brachii.</i>	<i>Biceps</i> <i>Externus.</i>	<i>Anconeus</i> <i>Major.</i> <i>Anconeus</i> <i>Externus.</i> <i>Anconeus</i> <i>Internus.</i>	<i>Gemellus</i> <i>& Brachialis</i> <i>Externus.</i>

INSERTED, by three upper insertions: the first, broad and tendinous, is

INSERTED into the inferior costa of the scapula, near its neck, passes between the sub-scapularis and teres major. The second is

INSERTED, tendinous and fleshy, into the back part of the os humeri, a little below its head. The third below the middle of the os humeri. These three portions unite and cover the posterior part of the os humeri, and are

INSERTED into the upper and external part of the olecranon, into the condyles of the os humeri, adhering to the capsular ligament.

USE. To extend the fore arm.

Plate V.

123					
<i>Anconeus.</i>	<i>Epicondyllo-</i> <i>Cubital.</i>	<i>Anconeus.</i>	<i>Anconeus, vel</i> <i>Cubitalis.</i>	<i>Anconeus</i> <i>Minor.</i>	<i>Anconæus.</i>

INSERTED, by a small strong tendon, into the lower part of the external condyle of the os humeri. From thence the fibres run obliquely, in a radiated form, and are

INSERTED into a ridge on the outer and posterior edge of the ulna, below the olecranon; are covered with a tendinous membrane.

USE. To assist in extending the fore arm. This muscle cannot be dissected from the last.

Plate IV.

124					
<i>Flexor</i> <i>Carpi</i> <i>Ulnaris.*</i>	<i>Epitrochlo-</i> <i>Cubito-</i> <i>Carpian.</i>	<i>Ulnaris</i> <i>Internus.</i>	<i>Flexor</i> <i>Carpi</i> <i>Ulnaris.</i>	<i>Ulnaris</i> <i>Internus.</i>	<i>Flexor</i> <i>Carpi</i> <i>Ulnaris.</i>

INSERTED into the internal condyle of the os humeri, to that part of the olecranon next to the condyle, into nearly the upper half of the ulna.

INSERTED, tendinous, into the os pisiforme and unciniforme.

USE. To bend the hand.

Plate IV.

125					
<i>Palmaris</i> <i>Longus.</i>	<i>Epitrochlo-</i> <i>Carpi-</i> <i>Palmaire.</i>	<i>Palmaris</i> <i>Longus.</i>	<i>Palmaris</i> <i>Longus.</i>	<i>Ulnaris</i> <i>Gracilis.</i>	<i>Palmaris</i> <i>Longus.</i>

INSERTED, tendinous, into the internal condyle of the os humeri, runs down fleshy for some space, turning a little obliquely towards the middle of the fore arm, and ends in a long narrow tendon. This passes down the middle of the fore arm over the other muscles, is

INSERTED,

* Before the muscles of the fore arm are dissected, Palmaris Brevis, No. 146, should be examined.

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INSERTED into the ligamentum carpi annulare, and into a tendinous membrane that is expanded on the palm of the hand, called aponeurosis palmaris, which begins above at the transverse or annular ligament of the wrist, and below is fixed to the roots of the fingers.

USE. To bend the hand, and to stretch the membrane that is expanded on the palm.

126—

<i>Flexor Carpi Radialis.</i>	<i>Epitrochlo-Métacarpien.</i>	<i>Radialis Internus.</i>	<i>Flexor Carpi Radialis.</i>	<i>Radialis Internus.</i>	<i>Flexor Carpi Radialis.</i>	Plate IV.
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INSERTED, tendinous and fleshy, into the internal condyle of the os humeri, and into the anterior and upper end of the ulna. Adheres to the pronator teres.

INSERTED, tendinous, into the metacarpal bone of the thumb, and sometimes that of the fore finger, having passed through the fossa in the os trapezium.

USE. To bend the hand, and assist in its pronation.

127—

<i>Pronator Radii Teres.</i>	<i>Epitrochlo-Radial.</i>	<i>Pronator Teres.</i>	<i>Pronator Teres.</i>	<i>Pronator Teres, sive Obliquus.</i>	<i>Pronator Radii Teres.</i>	Plate IV.
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INSERTED, fleshy, into the internal condyle of the os humeri, and tendinous, into the coronoid process of the ulna, passes obliquely before the extremity of the tendon of the brachialis internus, and is

INSERTED, fleshy, with some tendon into the posterior part of the radius, near its middle.

USE. To roll the radius inwards.

128—

<i>Flexor Sublimis Perforatus.</i>	<i>Epitrochlo-Coroni Phalangien.</i>	<i>Sublimis.</i>	<i>Perforatus.</i>	<i>Perforatus, vulgo Sublimis.</i>	<i>Flexor Secundi Internodii Digitorum Manus, vel Perforatus Manus.</i>	Plate IV.
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INSERTED, tendinous and fleshy, into the internal condyle of the os humeri, the superior internal parts of the ulna and radius, and into the interosseous ligament; is large and fleshy. Before it passes under the ligament of the wrist it sends off four flat tendons, which are

INSERTED into the anterior and upper part of the second phalanx of each finger. Near the extremity of the first phalanx, this tendon is divided for the passage of the perforans.

USE. To bend the second phalanx of the fingers.

129—

<i>Flexor Profundus Perforans.</i>	<i>Cubito-Phalangien Commun.</i>	<i>Profundus.</i>	<i>Perforans.</i>	<i>Perforans, vulgo Profundus.</i>	<i>Flexor Tertii Internodii Digitorum Manus, vel Perforatus Manus.</i>	Plate IV.
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INSERTED, fleshy, into the external side and upper part of the ulna, for some way into the interosseous ligament lies under the last muscle. It splits into four tendons a little before it passes under the ligamentum carpi annulare, and these tendons pass through the slips in the tendons of the flexor sublimis, and are

INSERTED into the fore and upper part of the third phalanx of the finger.

USE. To bend the last phalanx of the finger.

Plate IV.

INNES.	DUMAS.	ALBINUS.	DOUGLAS.	WINSLOW.	COWPER.
130— <i>Lumbricales.</i>	— <i>Anuli-Tendino Phalangiens.</i>	— <i>Lumbricales Manus.</i>	— <i>Lumbricales Manus.</i>	— <i>Lumbricales Manus.</i>	— <i>Flexor Primi Internodii Digitorum Manus, vel Perforatus Lumbricales.</i>

Are four small muscles. They are

INSERTED, thin and fleshy, into the outside of the tendons of the profundus, a little above the lower edge of the ligamentum carpi annulare, and are

INSERTED by long slender tendons into the outsides of the broad tendons of the interossei muscles, about the middle of the first phalanx.

USE. To increase the flexion of the fingers while the long flexors are in full action.

Plate IV.

131— <i>Flexor Longus Pollicis Manus.</i>	— <i>Radio- Phalangeatin Du-Puse.</i>	— <i>Flexor Longus Pollicis.</i>	— <i>Flexor Tertii Internodii.</i>	— <i>Flexor Longus Pollicis Manus.</i>	— <i>Flexor Tertii. Internodii sive Longissimus Pollicis.</i>
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Has two upper insertions. First is

INSERTED fleshy below the tubercle of the radius, is continued down for some space on the fore part of this bone. The second is a fleshy slip

INSERTED into the internal condyle of the os humeri. This joins the first portion two or three inches below its upper insertion into the radius, and is

INSERTED into the last phalanx of the thumb.

USE. To bend the last joint of the thumb.

Plate IV.

132— <i>Pronator Radii Quadratus.</i>	— <i>Cubito-Radial.</i>	— <i>Pronator Quadratus.</i>	— <i>Pronator Quadratus.</i>	— <i>Pronator Quadratus sive Transversus.</i>	— <i>Pronator Radii Brevis seu Quadratus.</i>
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Is fleshy and nearly as broad as long, is

INSERTED into the lower and inner part of the ulna. The fibres run transversely and are

INSERTED into the anterior and lower part of the radius.

USE. To roll the radius inwards.

Plate V.

133— <i>Supinator Radii Longus.</i>	— <i>Huméro-sus Radial.</i>	— <i>Supinator Longus.</i>	— <i>Supinator Radii Longus.</i>	— <i>Supinator Longus sive Major.</i>	— <i>Supinator Radii Longus.</i>
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INSERTED, fleshy, into the external ridge of the os humeri, five or six finger's breadth above the external condyle.

INSERTED, by a flat tendon, a little above the styloide process of the radius.

USE. To roll the radius outwards, and when it crosses the ulna to roll it back.

Plate V.

134— <i>Extensor Carpi Radialis Longior & Brevior.</i>	— <i>Huméro-sus Metacarpium, Epicondylo-sus Metacarpium.</i>	— <i>Radialis Externus Longior & Brevior.</i>	— <i>Extensor Carpi Radialis Longior & Brevior.</i>	— <i>Radialis Externus Primus Radialis Secundus.</i>	— <i>Extensor Carpi Radialis.</i>
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(This and the muscle next described appear at first view as one muscle)

INSERTED, fleshy, into the external ridge of the os humeri, below the insertion of the supinator radii longus, and is

INSERTED

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INSERTED, tendinous, into the side of the basis of the thumb, and the posterior part, &c. of the metacarpal bone of the fore finger.

USE. To extend and move the hand backwards.

The *Extensor Carpi Radialis Brevior* is

Plate V.

INSERTED tendinous, into the external condyle of the os humeri (below the last muscle) and into the ligament that connects the radius to it, runs along the outside of the radius and is

INSERTED tendinous into the basis of the metacarpal bone of the middle finger.*

USE. To extend the hand.

135

<i>Extensor Digitorum Communis.</i>	<i>Epicondylus Phalangæ Commun.</i>	<i>Extensor Digitorum Communis, cum Extensore Proprio Auricularis.</i>	<i>Extensor Digitorum Communis Manus.</i>	<i>Extensor Digitorum Communis Manus.</i>	<i>Extensor Digitorum Communis, seu Digitorum Tensor.</i>
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Plate V.

INSERTED, tendinous and fleshy, into the external condyle of the os humeri: Adheres to the extensor carpi radialis brevior and the extensor carpi ulnaris, and to the supinator radii brevis. Before it passes under the ligamentum carpi annulare externum it splits into four tendons. Three of these pass through the common annular ligament; the fourth, which goes to the little finger, and which has sometimes its fleshy portion distinct from the rest, passes through a particular ring of the same ligament. These four tendons separate as they go to the fingers, and in their passage communicate with each other, by oblique tendons, chiefly near the heads of the metacarpal bones. (The tendons of the middle and little fingers are sometimes double, and communicate with the rest). Each tendon having reached the basis of the first phalanx, is

INSERTED there, advancing to the head of the phalanx, is divided into two portions. At the head of the second phalanx these unite, and are

INSERTED into the convex side of the third phalanx near its basis.

USE. To extend all the joints of the fingers.

136

<i>Extensor Carpi Ulnaris.</i>	<i>Epicondylus Cubiti Metacarpi.</i>	<i>Ulnaris Externus.</i>	<i>Extensor Carpi Ulnaris.</i>	<i>Ulnaris Externus.</i>	<i>Extensor Carpi Ulnaris.</i>
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Plate V.

INSERTED, tendinous and fleshy, into the external condyle of the os humeri next the anconæus, to which it is united into the capsular ligament, and into the upper half of the external angle of the ulna. Here it forms a round tendon (which is inclosed by a membranous sheath in a groove at the extremity of the ulna) passes through a ligament near the os cuneiforme, and is

INSERTED into the outside of the basis of the metacarpal bone of the little finger.

USE. To extend the hand.

137

<i>Supinator Radii Brevis.</i>	<i>Epicondylus Radialis.</i>	<i>Supinator Brevis</i>	<i>Supinator Radii Brevis.</i>	<i>Supinator Brevis, sive Minor.</i>	<i>Supinator Radii Brevis.</i>
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Plate V.

This is a small thin muscle surrounding a portion of the upper part of the radius. It is

INSERTED tendinous, into the external condyle of the os humeri, tendinous and fleshy, into the external and upper part of the ulna, adheres to the ligament that joins these bones, passes obliquely over the head of the radius, covering some part of it, running down upon and in some measure surrounding the neck. It turns under the tubercle of the radius, and is

INSERTED by the side of the interosseous ligament, into the inside of the interior quarter of the bone. It makes an angle with the pronator teres, resembling the Roman V.

USE. To roll the radius outwards, bringing the hand supine.

* The muscles which cross the lower part of these muscles are the Extensor Ossis Metacarpi Pollicis Manus, No. 138, and the Primi & Secundi Internodii, Nos. 139 & 140.

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138—

Plate V.

<i>Extensor</i> <i>Ossis</i> <i>Metacarpi</i> <i>Pollicis Manus.</i>	<i>Cubito-Radi-</i> <i>sus</i> <i>Metacarpien</i> <i>du Pouce.</i>	<i>Abductor</i> <i>Longus</i> <i>Pollicis</i> <i>Manus.</i>	<i>Extensor Primi</i> <i>Internodii.</i>	<i>Extensor</i> <i>Primus Pollicis.</i>	<i>Extensor</i> <i>Primi</i> <i>Internodii</i> <i>Pollicis.</i>
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Begins at the lower infertion of the last muscle.

INSERTED, fleshy and tendinous, into the middle and posterior part of the ulna, below the anconæus, into the posterior middle part of the radius, and into the interosseous ligament, and is

INSERTED generally by two tendons, into the os trapezium, upper and back part of the metacarpal bone of the thumb.

USE. To extend the metacarpal bone of the thumb outwardly.

139—

Plate V.

<i>Extensor Primi</i> <i>Internodii.</i>	<i>Cubito-sus-</i> <i>Phalangien</i> <i>du Pouce.</i>	<i>Extensor</i> <i>Minor</i> <i>Pollicis</i> <i>Manus.</i>	<i>Extensor</i> <i>Secundi</i> <i>Internodii.</i>	<i>Extensor</i> <i>Pollicis Primus.</i>	<i>Extensor</i> <i>Secundi</i> <i>Internodii</i> <i>Ossis Pollicis.</i>
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INSERTED fleshy, into the posterior part of the ulna, near the last mentioned muscle, and into the interosseous ligament. Is

INSERTED tendinous, into the posterior part of the first phalanx of the thumb.

USE. To extend the first phalanx of the thumb outwards.

140—

Plate V.

<i>Extensor</i> <i>Secundi</i> <i>Internodii.</i>	<i>Cubito-sus-</i> <i>Phalangien</i> <i>du Pouce.</i>	<i>Extensor</i> <i>Major</i> <i>Pollicis Manus.</i>	<i>Extensor</i> <i>Tertii</i> <i>Internodii.</i>	<i>Extensor</i> <i>Secundus</i> <i>Pollicis.</i>	<i>Extensor</i> <i>Internodii Ossis</i> <i>Pollicis.</i>
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INSERTED, tendinous and fleshy, into the middle and posterior part of the ulna, into the interosseous ligament. Its tendon runs through a groove at the inner and back part of the lower end of the radius, and is

INSERTED into the last phalanx of the thumb.

USE. To extend the last phalanx of the thumb obliquely backwards.

141—

Plate V.

<i>Indicator.</i>	<i>Cubito-sus</i> <i>Phalangien</i> <i>de l'Index.</i>	<i>Indicator.</i>	<i>Extensor</i> <i>Secundi</i> <i>Internodii</i> <i>Indicis</i> <i>Proprius, vulgo</i> <i>Indicator.</i>	<i>Extensor</i> <i>Indicis Proprius</i>	<i>Extensor</i> <i>Indicis,</i> <i>seu</i> <i>Indicator.</i>
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INSERTED fleshy, into the middle and posterior part of the ulna. Its tendon passes under the same ligament with extensor digitorum communis, and is

INSERTED into the basis of the first phalanx and into the second phalanx of the fore finger.

USE. To extend the fore finger.

142—

Plate IV.

<i>Abductor</i> <i>Pollicis</i> <i>Manus.</i>	<i>Scapho-sus-</i> <i>Phalangien</i> <i>du Pouce.</i>	<i>Abductor</i> <i>Brevis Pollicis</i> <i>Manus &</i> <i>Abductor</i> <i>Brevis Alter.</i>	<i>Abductor,</i> <i>Thenar</i> <i>Riolani.*</i>	<i>Abductor</i> <i>Pollicis.</i>
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INSERTED, tendinous and fleshy, into the ligamentum carpi annulare and into the os trapezium.

INSERTED tendinous, into the outside of the root of the first phalanx of the thumb.

USE. To draw the thumb from the fingers.

Flexor

* The abductor brevis alter of Albinus is the inner portion of this muscle.

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143—						
<i>Flexor Brevis Pollicis Manus.</i>	<i>Carpo-Phalangi- en du Pouce.</i>	<i>Flexor Brevis Pollicis Manus.</i>	<i>Flexor Secundi Internodii.</i>	<i>Thenar.</i>	<i>Flexor Primi & Secundi Ossis Pollicis.</i>	Plate IV.

INSERTED, fleshy, into the os trapezoides magnum and unciforme. Is divided into two portions, by the tendon of the flexor longus pollicis, and is

INSERTED into the ossa sesamoidea and first phalanx of the thumb.

USE. To bend the first phalanx of the thumb.

144—						
<i>Flexor Ossis Metacarpi Pollicis, seu Opponens Pollicis.</i>	<i>Carpo-Phalangi- en du Pouce.</i>	<i>Opponens Pollicis Manus.</i>	<i>Flexor Primi Internodii.</i>	<i>Antithenar, sive Semi-Interosseus Pollicis.</i>		Plate IV.

INSERTED, fleshy, into the os trapezium and ligamentum carpi annulare laying under the abductor pollicis, and is

INSERTED, tendinous and fleshy, into the under and anterior part of the metacarpal bone of the thumb.

USE. To bring the thumb inwards, or across the palm of the hand.

145—						
<i>Adductor Pollicis Manus.</i>	<i>Metacarpo-Phalangi- en du Pouce.</i>	<i>Adductor Pollicis Manus.</i>	<i>Adductor ad Minorum Digitum.</i>	<i>Mesothenar.</i>	<i>Adductor Pollicis.</i>	Plate IV.

INSERTED, fleshy, into the metacarpal bone of the middle finger, (nearly its whole length). Is flat and nearly triangular. The fibres contracting to an angle, terminate in a flat tendon, which is

INSERTED into the head of the first phalanx of the thumb.

USE. To move the thumb towards the finger.

146—						
<i>Palmaris Brevis.</i>	<i>Palmaire Cutané.</i>	<i>Palmaris Brevis.</i>	<i>Palmaris Brevis, vel Caro Quadrata.</i>	<i>Palmaris Cutaneus.</i>	<i>Palmaris Brevis.</i>	Plate IV.

INSERTED into the ligamentum carpi annulare, and tendinous membrane that is expanded on the palm of the hand, and is

INSERTED, by small bundles of fleshy fibres, into the skin and fat that covers the abductor minimi digiti, and into the os pisiforme.

USE. To assist in contracting the palm of the hand.

147—						
<i>Abductor Minimi Digiti Manus.</i>	<i>Carpo-Phalangi- en du Petit Doigt.</i>	<i>Abductor Minimi Digiti Manus.</i>	<i>Extensor Tertii Internodii Minimi Digiti.</i>	<i>Hypothenar Minor.</i>		Plate IV.

INSERTED, fleshy, into the os pisiforme and into the ligamentum carpi annulare, and is

INSERTED, tendinous, into the upper end of the first phalanx of the little finger.

USE. To move the little finger from the other fingers.

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148—

Plate IV.	<i>Flexor</i>	<i>Second-Carpo</i>	<i>Flexor</i>	<i>Abductor</i>	<i>Hypothenar</i>	<i>Abductor</i>
	<i>Parvus</i>	<i>Phalangien</i>	<i>Parvus</i>	<i>Minimi Digiti,</i>	<i>Minimi</i>	<i>Minimi</i>
	<i>Minimi</i>	<i>du Petit</i>	<i>Minimi</i>	<i>Hypothenar</i>	<i>Digiti.</i>	<i>Digiti.</i>
	<i>Digiti.</i>	<i>Doigt.</i>	<i>Digiti.</i>	<i>Riol.</i>		

INSERTED, fleshy, into the outside of the os unciforme, and into the ligament of the wrist, and is

INSERTED, tendinous, into the anterior inner part of the upper end of the first phalanx of the little finger.

USE. To bend the little finger.

149—					
Plate IV.	<i>Adductor</i>	<i>Carmo-</i>	<i>Abductor</i>	<i>Flexor</i>	
	<i>Metacarpi</i>	<i>Metacarpien</i>	<i>Offis</i>	<i>Primi</i>	
	<i>Minimi</i>	<i>du Petit</i>	<i>Metacarpi</i>	<i>Internodii</i>	<i>Metacarpus.</i>
	<i>Digiti</i>	<i>Doigt.</i>	<i>Minimi</i>	<i>Minimi</i>	
	<i>Manus.</i>		<i>Digiti.</i>	<i>Digiti.</i>	

INSERTED, fleshy, into the os unciforme, and into the ligament of the wrist, and is

INSERTED, tendinous, into the anterior and inner side of the metacarpal bone of the little finger.

USE. To bend and bring the metacarpal bone of the finger towards the wrist.

150—					
Plate IV.	<i>Abductor</i>		<i>Abductor</i>		
	<i>Indicis</i>		<i>Indicis</i>	<i>Semi</i>	<i>Abductor</i>
	<i>Manus.</i>		<i>Manus.</i>	<i>Interosseus</i>	<i>Indicis.</i>
				<i>Indicis.</i>	

INSERTED into the os trapezium, and into the superior and inner side of the metacarpal bone of the thumb, and is

INSERTED by a short tendon, into the outer back part of the first phalanx of the fore finger.

USE. To move the fore finger towards the thumb.

151—					
Plate IV.	<i>Prior Indicis.*</i>	<i>Sous</i>	<i>Interossei</i>	<i>Extensor</i>	
		<i>Metacarpo</i>	<i>Manus</i>	<i>Terii</i>	
		<i>lateri</i>	<i>Internus.</i>	<i>Internodii</i>	<i>Interossei.</i>
		<i>Phalangiens.</i>		<i>Indicis.</i>	<i>Interossei</i>
					<i>Manus.</i>

INSERTED, tendinous and fleshy, into the upper and outer part of the metacarpal bone of the fore finger.

INSERTED into the outside of that part of the tendinous expansion from the extensor digitorum communis which covers the posterior part of the fore finger.

USE. To move the fore finger inwards towards the thumb, and extend it obliquely.

152—					
Plate IV.	<i>Posterior</i>			<i>First</i>	
	<i>Indicis.</i>			<i>Interosseus.</i>	

INSERTED, tendinous and fleshy, into the root and inner part of the metacarpal bone of the fore finger.

INSERTED into the inner side of the tendinous expansion, from the extensor digitorum communis, along the posterior part of the fore finger.

USE. To extend the fore finger obliquely and draw it outwards.

Prior

* Between the metacarpal bones there are seven muscles called *Interossei*, four internal and three external. The four internal are No. 151, 152, 153, 154; the external are, No. 155, 156, 157. The internal interossei are only conspicuous on the palm of the hand, the external on the palm and back of the hand.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

153—

*Prior
Annularis.*

*Fourth
Interosseus.*

Plate IV.

INSERTED into the root of the metacarpal bone of the ring finger, and

INSERTED into the outside of the tendinous expansion of the extensor digitorum communis, which covers the ring finger.

USE. To extend and move this finger towards the thumb.

154—

*Interosseus
Auricularis.*

*Sixth
Interosseus.*

Plate IV.

INSERTED into the root and outside of the metacarpal bone of the little finger, and is

INSERTED into the tendinous expansion of the extensor communis, which covers the posterior part of this finger.

USE. To extend and move the little finger outwards.

155—

Prior Medii.

*Sou-
Metacarpo.
Lateri-
Phalangiens.*

*Interossei
Manus
Bicipites, seu
Externi.*

*Second
Interosseus.*

Plate V.

INSERTED into the roots of the metacarpal bone of the fore and middle fingers externally, and next each other ; runs along the outside of the middle finger, and is

INSERTED into the outside of the tendinous expansion of the extensor digitorum communis, that covers the posterior part of the middle finger.

USE. To extend and move the middle finger inward.

156—

*Posterior
Medii.*

*Third
Interosseus.*

Plate V.

INSERTED into the roots of the metacarpal bone of the middle and ring finger.

INSERTED into the tendinous expansion of the extensor digitorum communis, that runs along the posterior part of the middle finger.

USE. To extend and move the middle finger outwards.

157—

*Posterior
Annularis.*

*Fifth
Interosseus.*

Plate V.

INSERTED into the metacarpal bones of the ring and little fingers.

INSERTED into the inside of the tendinous expansion of the extensor digitorum communis, that runs along the posterior part of the ring finger.

USE. To extend and move the ring finger inwards.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

Plate III.
Fig. 26.

158—	—	—	—	—	—					
<i>Serratus Magnus.</i>		<i>Costo Basi Scapulaire.</i>		<i>Serratus Magnus.</i>		<i>Serratus Major Anticus.</i>		<i>Serratus Major.</i>		<i>Serratus Major Anticus.</i>

This is a broad fleshy muscle, lying on the lateral part of the thorax, between the ribs and scapula, by which it is covered. It is

INSERTED, fleshy, into the internal labium of all the basis of the scapula, between the insertions of the rhomboid and subscapularis muscles. From thence running forwards, it increases gradually in breadth, and is

INSERTED into all the true ribs, and into the two superior false ribs, by fleshy digitations. This muscle is made up of two planes, one great, the other small. The small plane looks like a distinct narrow muscle, closely adhering to the superior edge of the great plane. It is

INSERTED by one extremity, under the superior angle of the scapula, and by the other, to the first rib, by a small insertion; to the second rib by a broad insertion (this plane is seen by turning the scapula forwards) having first separated the rhomboides. The broad plane may be divided into two portions, one superior, the other inferior, adhering to each other. The superior portion is thin, and takes up about three quarters of the basis of the scapula, reckoning from the superior angle. From thence it contracts by small degrees, and forms two digitations, which are

INSERTED into the second and third ribs. The inferior portion is

INSERTED into the lower quarter of the basis of the scapula, from whence it expands by seven long fleshy digitations, which are

INSERTED into the third, fourth, fifth, sixth and seventh true ribs, and the two next false ribs. The three first digitations take up almost all this quantity of the basis of the scapula. The four last being

INSERTED into the inferior angle.

USE. To raise the shoulder or top of the scapula. It brings it forward, and hinders it from sinking, &c. See Winslow.

Plate IV.

159—	—	—	—	—	—					
<i>Subclavius.</i>		<i>Costo Claviculaire.</i>		<i>Subclavius.</i>		<i>Subclavius.</i>		<i>Subclavius.</i>		<i>Subclavius.</i>

INSERTED, tendinous, into the cartilage, and into a small portion of the first rib, becomes fleshy, and is

INSERTED into the lower part of the clavicle, as far outwards as to its connection by ligament with the coracoid process of the scapula.

USE. To pull the clavicle downwards and forward.

Plate V.

160—	—	—	—	—	—					
<i>Intercostales Externi.</i>		<i>Interlateri Costaux.</i>		<i>Intercostales Externi.</i>		<i>Intercostales Externi.</i>		<i>Intercostales Externi.</i>		<i>Intercostales Externi.</i>

The intercostal muscles are thin fleshy planes lying in the interstices between the ribs; in each interstice lie two planes, an external and an internal. The fibres of the external intercostal run down from behind, forward, and those of the internal from before, backward, so that the fibres of these two series of muscles cross each other. The external intercostal is

INSERTED into the inferior acute edge of each superior rib, runs obliquely forward, the whole length from the spine, to near the joining of the ribs with their cartilages. (From which to the sternum there is only a thin membrane, covering the internal intercostal) and are

INSERTED into the upper obtuse edge of each inferior rib, as far back as the spine, into which the posterior portions are inserted.

USE. To raise the ribs during the time of inspiration.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

161 —

*Interlateri
Costaux.*

*Levatores
Costarum.
Longiores &
Breviores.*

*Costarum
Levatores
Stenton.*

*Supra
Costales.*

Plate V.

These muscles are

INSERTED into the transverse processes of the vertebræ, and into the neighbouring ligament. The first being

INSERTED into the transverse process of the last cervical vertebra, and the last into that of the eleventh dorsal vertebra. From these insertions the fibres run down obliquely, increasing in breadth as they descend: one portion, called the brevior, is

INSERTED into the back part of the outside of the following ribs; the other portion, called the longior, passes over the rib, into which the first portion is inserted, and is

INSERTED into the next rib.

USE. To assist in raising the ribs.

162 —

*Triangularis
Sterno, seu
Sterno Costalis.*

Sterno Costal.

*Triangularis
seu
Sterno Costalis.*

*Triangularis
Sterni.*

*Sterno Costalis,
vulgo
Triangularis
Sterni.*

Triangularis.

Plate III.
Fig. 10.

INSERTED, fleshy and tendinous, into the whole length of the cartilago ensiformis, laterally, and into the edge of the lower half of the middle bone of the sternum. Its fibres run obliquely upwards and outwards, and are

INSERTED, by three triangular terminations, into the lower edge of the cartilages of the third, fourth, and fifth, sometimes sixth ribs, near their bony part.

USE. To depress these cartilages and extremities of the ribs.

163 —

Diaphragma.

*Thoraco
Abdominal.*

Diaphragma.

Diaphragma.

Diaphragma.

Diaphragma.

Plate I.
Fig. 15.

This is a broad thin muscle, situated at the basis of the thorax, and separates that cavity from the abdomen. Is convex above and concave below: it is called by some a digastric muscle. It is made up of two portions; one large and superior, called the great muscle of the diaphragm; the other small and inferior, called the small or inferior muscle. These two portions form a middle aponeurosis, called by Winslow, the aponeurotic plane† of the diaphragm. The fleshy fibres of the superior or great muscle, diverging from the middle tendon, or aponeurosis, are

INSERTED into the cartilago ensiformis, into the seventh, and all the inferior ribs on both sides. The first costal insertion runs a little obliquely towards the cartilage of the seventh rib, a triangular space being left between this and the sternal insertion (at which place the plura and peritonæum meet).

INSERTED into the lower edge of the cartilaginous endings of the eighth, ninth, tenth, and eleventh ribs, and into the bony part of the last rib. The fibres from the cartilago ensiformis run straight down; those from the ribs, run obliquely upwards. The inferior portion, sometimes called the lesser muscle, or appendix of the diaphragm, is thicker than the superior portion. Has eight lower insertions. The first‡ is

K

INSERTED

* Innes describes these muscles as portions of the external intercostal.

† By some anatomists called centrum tendinosum and circulus nervosus.

‡ The lower insertions of the small muscle are called the crura of the diaphragm. It is between these tendons that the aorta descends; and part of the thoracic duct and vena azygos ascend. Between these tendons and the first lumbar vertebra, there is a fissure through which the intercostal nerves descend. The left crus sends off some fleshy fibres, which cross and join the right fleshy part of the inferior portion of the diaphragm. These fibres are continued by the side of a fissure in the muscle (through which the œsophagus passes) to the top-cross the fissure, and are lost in the aponeurotic plane. The right crus also sends off fleshy fibres, the which join the left fleshy portion of this muscle, ascend by the side of the fissure, decussate the fibres sent from the left crus at the top of the fissure, and are lost in the aponeurotic plane; thus the fleshy fibres sent off from the crura decussate each other above and below. In the dissection of this muscle, the student is not to expect to find it exactly as here described, as there are great varieties in the structure of the diaphragm.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

INSERTED, tendinous, into the fore part of the second, third, and sometimes the fourth lumbar vertebræ. The second is

INSERTED, tendinous and fleshy, into the fourth lumbar vertebra, sometimes into the third, especially on the right side. The third is

INSERTED, fleshy, into the fifth lumbar vertebra. The fourth is

INSERTED into the root of the transverse process of the fourth lumbar vertebra. The fibres ascend obliquely from their several insertions, and are lost in the aponeurotic plane.* In the middle of this plane, a little to the right of the anterior part of the slope; near the small portion of the diaphragm is a round opening, which transmits the trunk of the vena cava. The border, or circumference of this opening, is formed by an oblique and successive intermixture of tendinous fibres, which are beautifully shown in Albinus's plates. The small engravings in Plate I, will give some idea of them.

USE. It is the principal agent of respiration. In inspiration, its superior surface is contracted, and becomes more plain, whereby the cavity of the thorax is enlarged, to give more liberty to the lungs to receive air; and the viscera of the abdomen are compressed for the distribution of chyle. In expiration, its surface is convex towards the thorax, whereby its cavity is lessened, and the air expelled out of the lungs, &c.

164

Plate V.	<i>Intercostales Interni.</i>	<i>Inter Pleuri Costaux.</i>	<i>Intercostales Interni.</i>	<i>Intercostales Interni.</i>	<i>Intercostales Interni.</i>	<i>Intercostales Interni.</i>
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The fibres are in general shorter and less oblique than the external. They are

INSERTED in the same manner, filling the space between the ribs, from the sternum to the angle of each rib. (From that to the spine they are wanting.)

USE. To raise the ribs during inspiration.

165

Plate V.	†	<i>Sus Costaux.</i>	<i>Intercostalium Internarum Partes.</i>	<i>Costarum Depressores Proprii Cowperi.</i>	<i>Sub Costales.</i>
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These are fleshy planes of different breadths and very thin, situated more or less obliquely, on the sides of the ribs. They are

INSERTED into the upper part of the ribs, near their junction with the transverse process of the vertebræ. They run up obliquely over one rib, and are

INSERTED into that above it.

USE. To depress the ribs.

166

Plate III. Fig. 11.	<i>Longus Colli.</i>	<i>Præ Dorso Cervical.</i>	<i>Longus Colli.</i>	<i>Longus Colli.</i>	<i>Longus Colli.</i>	<i>Longus Colli.</i>
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INSERTED, tendinous and fleshy, into the bodies of the three superior dorsal vertebræ, laterally, and into the transverse processes of the third, fourth, fifth, and sixth cervical vertebræ, near their roots.

INSERTED, tendinous and fleshy, into the fore part of the bodies of all the cervical vertebræ.

USE. To bend the neck forwards, and to one side.

Rectus]

* The outer edges of the lateral portion join the posterior plane of the great muscle, and these portions are inserted into the last dorsal vertebra.

† Cowper and Innes describe these muscles as portions of the internal intercostal.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

167—						
<i>Rectus Capitis Internus Major.</i>	<i>Grand Trachélo Basilaire.</i>	<i>Rectus Capitis Internus Major.</i>	<i>Rectus Internus Major</i>	<i>Rectus Capitis Anticus Longus.</i>	<i>Rectus Internus Major.</i>	Plate III. Fig. 12.

INSERTED into the anterior points of the transverse processes of the third, fourth, fifth, and sixth cervical vertebrae, and is

INSERTED into the cuneiform process of the os occipitis, before the condyloid process.

USE. To bend the head forward.

168—						
<i>Rectus Capitis Internus Minor.</i>	<i>Petit Trachélo Basilaire.</i>	<i>Rectus Capitis Internus Minor.</i>	<i>Rectus Internus Minor.</i>	<i>Rectus Anticus Brevis.</i>	<i>Rectus Internus Minor.</i>	Plate III. Fig. 13.

INSERTED, fleshy, into the fore part of the body of the first cervical vertebra, and is

INSERTED into the root of condyloid process of the os occipitis, under and more outwards than the last muscle.

USE. To bend the head forwards.

169—						
<i>Rectus Capitis Lateralis.</i>	<i>Trachéli Altoïdo Basilaire.</i>	<i>Rectus Capitis Lateralis.</i>	<i>Rectus Lateralis Fallop.</i>	<i>Transversalis Anticus Primus.</i>	<i>Rectus Lateralis.</i>	Plate III. Fig. 13.

INSERTED, fleshy, into the transverse process of the first cervical vertebra, near its extremity, and is

INSERTED into the os occipitis, opposite to the foramen stylo mastoideum.

USE. To bend the head a little to one side.

170—						
<i>Psoas Magnus.*</i>	<i>Pré Lumbo Trochantin.</i>	<i>Psoas Magnus.</i>	<i>Psoas Magnus.</i>	<i>Psoas, sive Lumbaris Internus.</i>	<i>Psoas Magnus.</i>	Plate VI.

This is a long thick muscle. The upper insertions are in the abdomen, on the lumbar region, the lower insertion is in the thigh. It is †

INSERTED, fleshy, into the sides and transverse processes of all the lumbar vertebrae, by distinct slips. From these insertions it runs down laterally, over the ilium, on the side of the iliacus internus, to which it is connected; passes under Poupart's ligament, covers the fore side of the head of the os femoris, and is

INSERTED, tendinous, into the fore part of the little trochanter.

USE. Bends the thigh forwards, or when the lower extremity is fixed, assists in bending the body.

Iliacus

* Previous to the description of the muscles of the thigh, it is necessary to understand the structure and insertions of the fascia lata. This surrounds more or less all the muscles of the thigh and leg. It is a muscular ligament, made up of two planes; the external more or less longitudinal, the internal more or less transverse. It is strengthened in some places by a number of other fibres which augment its thickness, and form particular expansions. It is inserted above into the edge of the crista ossis ilium, into the large tuberosity to the anterior superior spinous process, into Poupart's ligament, and to the aponeurosis of the external oblique, on which it runs up by a thin lamina, is inserted into the lateral inferior part of the os sacrum and the neighbouring ligaments. From these insertions it advances over the glutei and thigh, between the membrana adiposa and muscles, to the anterior and outer part of the knee. It is very thin on the patella. It is continued over the external anterior part of the tibia, is inserted into the head and crista of that bone, and into the upper part of the fibula. It sends off elongations, which, like so many septa, run in between the muscles, and sometimes meet in such a manner, as to form vaginae. It is stronger on the anterior and outer parts of the thigh, growing gradually thinner on the inner and back parts. It is inserted into the linea aspera, between the vastus externus and biceps; it furnishes particular vaginae to muscles which lie on the inside of the thigh. Though these vaginae are thin, they are strong, being chiefly made up of transverse fibres.

† It is sometimes inserted into the body of the first dorsal vertebra.

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Plate VI.	171— <i>Iliacus</i> <i>Internus.</i>	— <i>Iliaco</i> <i>Trachanten.</i>	— <i>Iliacus</i> <i>Internus.</i>	— <i>Iliacus</i> <i>Internus.</i>	— <i>Iliacus.</i>	— <i>Iliacus</i> <i>Internus.</i>
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This is a broad thick muscle, lying on the inside of the os ilium. It is

INSERTED by fleshy fibres into the internal labium of the crista of the ilium, into the two first transverse processes of the lumbar vertebræ, into the superior half of the inside of this bone, and into the neighbouring lateral parts of the os sacrum. All these fibres contracting, run obliquely towards the lower part of the psoas magnus, uniting therewith, and being fixed by a kind of aponeurosis to the outside of its tendon, all the way to the little trochanter, they cover the head of the os femoris. Some are

INSERTED into that bone, a little above and behind the little trochanter, and others a little lower down.

USE. To assist the psoas in bending the thigh, and brings it directly forward.

Plate VI.	172— <i>Psoas</i> <i>Parvus.</i>	— <i>Præ Lumbo</i> <i>Pubien.</i>	— <i>Psoas</i> <i>Parvus.</i>	— <i>Psoas</i> <i>Parvus.</i>	— <i>Psoas</i> <i>Parvus.</i>	— <i>Psoas</i> <i>Parvus.</i>
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INSERTED, fleshy, into the sides of the fourth and fifth lumbar vertebræ. Sends off a small long tendon, which ends flat, and is

INSERTED into the brim of the pelvis, at the junction of the ilium and pubis.

USE. Assists the psoas magnus in bending the body, and assists in raising the pelvis.

This muscle is often wanting.

Plate VI.	173— <i>Tensor</i> <i>Vaginæ</i> <i>Femoris.</i>	— <i>Ilio</i> <i>Aponeurosi</i> <i>Fémoral.</i>	— <i>Tensor</i> <i>Vaginæ</i> <i>Femoris.</i>	— <i>Membranosus.</i>	— <i>Musculus</i> <i>Fasciæ</i> <i>Latiæ.</i>	— <i>Membranus</i> <i>vel</i> <i>Fascia Lata.</i>
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INSERTED, tendinous, into the outside of the anterior superior spinous process of the os ilium, between the glutæus medius and sartorius. Its fleshy fibres run down and a little obliquely backwards, forming a flat body. This lies between two laminæ of the fascia, and is

INSERTED into it by short tendinous fibres, which disappear at that place, where the fascia adheres to the great trochanter, and tendon of the glutæus maximus.

USE. Stretches the fascia, extends the leg, and turns it a little outwards.

Plate VI.	174— <i>Sartorius.</i>	— <i>Ilio Cresti</i> <i>Tibial.</i>	— <i>Sartorius.</i>	— <i>Sartorius.</i>	— <i>Sartorius.</i>	— <i>Sartorius, seu</i> <i>Longissimus</i> <i>Femoris.</i>
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This is the longest muscle of the body.

INSERTED, tendinous, into the lower part of the anterior superior spinous process of the ilium, runs down obliquely over the vastus internus and other muscles that lie near it, to the inside of the thigh, passes between the tendons of the adductor magnus, and the gracilis, terminates in a small tendon, which grows broader near its extremity, and is

INSERTED obliquely, and a little transversely into the fore part of the inside of the head of the tibia, near its tubercle, above the insertion of the gracilis.

USE. Moves the leg obliquely inwards, or brings one leg and thigh across the other.

Plate VI.	175— <i>Rectus.</i>	— <i>Ilio Rotulien.</i>	— <i>Rectus Cruris.</i>	— <i>Rectus Femoris.</i>	— <i>Rectus Anterior</i> <i>sive Gracilis</i> <i>Anterior.</i>	— <i>Rectus Femoris.</i>
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Has two upper insertions. The first is

INSERTED, tendinous, into the anterior inferior spinous process of the ilium. The second is reflected backwards, over the anterior part of the cervix of the os femoris, and is

INSERTED into the dorsum of the ilium, under the glutæus medius. From thence the muscle runs down fleshy, and partly penniform, ends in a flat broad tendon, which is

INSERTED

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

INSERTED into the upper part of the patella, from which a thin tendon runs down on the fore part of this bone, to terminate in a thick strong ligament, which is sent off from the inferior part of the patella, and is

INSERTED into the tubercle of the tibia.

USE. Extends the leg in a powerful manner, by the intervention of the patella, like a pulley.

176—

<i>Vastus</i> <i>Externus.</i>		*		<i>Vastus</i> <i>Externus.</i>		<i>Vastus</i> <i>Externus.</i>		<i>Vastus</i> <i>Externus.</i>		<i>Vastus</i> <i>Externus.*</i>	Plate VI.
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INSERTED, broad, tendinous, and fleshy, into the root of the trochanter major: into the whole length of the linea aspera, from the infertion of the glutæus medius. From this extent the fibres run downwards, and a little obliquely forwards, towards the rectus, and terminate insensibly in a kind of short aponeurosis, which is

INSERTED into the nearest edge of the tendon of the rectus; into a large share of the upper part of the patella; into the edge of the capsular ligament; and into the lateral parts of the head of the tibia.

USE. To extend the leg.

177—

<i>Vastus</i> <i>Internus.</i>				<i>Vastus</i> <i>Internus.</i>		<i>Vastus</i> <i>Internus.</i>		<i>Vastus</i> <i>Internus.</i>		<i>Vastus</i> <i>Internus.</i>	Plate VI.
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INSERTED, tendinous and fleshy, into the fore part of the os femoris, from the roots of the trochanter minor, into the linea aspera, nearly to the internal condyle. The fibres run obliquely forwards and downwards, and are

INSERTED, tendinous, into the upper and inside of the patella, continuing fleshy, lower than the vastus externus. It is continued by its aponeurosis to the leg, the which is

INSERTED into the upper part of the tibia.

USE. To extend the leg.

178—

<i>Cruralis.</i>				<i>Cruralis.</i>		<i>Cruræus.</i>		<i>Crureus.</i>		<i>Cruræus, seu</i> <i>Femoreus.</i>	Plate VI.
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This is a fleshy mass covering almost all the forefide of the os femoris, between the two vasti, which covers the edges of this muscle. On each side it is

INSERTED, fleshy, into the forefide of the os femoris, between the two trochanters; is connected to both vasti muscles, so as not to seem to form a distinct muscle. It is

INSERTED, tendinous, in the upper part of the patella, behind the rectus, to which it is connected.

USE. Assists in the extension of the leg.

179—

<i>Gracilis.</i>		<i>Sous</i> <i>Pubio Creti</i> <i>Tibial.</i>		<i>Gracilis.</i>		<i>Gracilis.</i>		<i>Gracilis</i> <i>Interior, sive</i> <i>Rectus Interior.</i>		<i>Gracilis.</i>	Plate VI.
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INSERTED, near the symphyfis of the os pubis, by a broad flat tendon on one side of the infertion of the adductor brevis, and is

INSERTED, tendinous, into the fore part of the head of the tibia.

USE. To bring the leg obliquely inwards.

180—

<i>Pectinalis.</i>		<i>Pubio Fémoral.</i>		<i>Pectinæus.</i>		<i>Pectineus.</i>		<i>Pectinæus.</i>		<i>Pectinæus.</i>	Plate VI.
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INSERTED by fleshy fibres into the anterior part of the os pubis, above the foramen thyroideum, and is

INSERTED into the linea aspera, below the trochanter minor, by a flat tendon, between the superior infertion of the vastus internus, and the inferior infertion of the adductor brevis.

USE. To bring the thigh upwards and inwards.

L

Adductor

* Dumas describes this and the two following muscles as a triceps, and calls it *tri femoro tibi rotulien*.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

181—

Plate VI.

*Adductor
Longus
Femoris.*

*Spini
Pubio
Fémoral.*

*Adductor
Longus
Femoris.*

*Adductor
Femoris
Primus.*

Triceps Primus

*The Three
Adductors.
Triceps.*

Under the appellation of triceps adductor femoris, is comprehended the three following muscles. The first is INSERTED, tendinous, into the tuberosity, or spine of the os pubis, into the neighbouring part of the symphysis, on the inside of the pectinalis: from thence it runs down, increasing in breadth, and is INSERTED, fleshy, into the middle portion of the linea aspera, sending out a tendon which joins with that of the adductor magnus.

USE. To bring the thigh inwards and upwards.

182—

Plate VI.

*Adductor
Brevis
Femoris.*

*Sous
Pubio
Fémoral.*

*Adductor
Brevis
Femoris.*

*Adductor
Femoris
Secundus.*

*Triceps
Secundus.*

INSERTED, tendinous, into the os pubis, near its symphysis, below and behind the former, and is

INSERTED into the upper part of the linea aspera, between the pectineus and adductor longus.

USE. To bring the thigh upwards and inwards.

183—

Plate VI.

*Adductor
Magnus
Femoris.*

*Ischio-Pubi
Fémoral.*

*Adductor
Magnus
Femoris.*

*Adductor
Femoris
Tertius &
Adductor
Femoris
Quartus.*

*Triceps
Tertius.*

INSERTED, fleshy, into the os pubis, a little lower down than the former, and into the anterior part of the ramus of the ischium, and into the tuberosity of that bone, and is

INSERTED into almost the whole length of the linea aspera. It sends off a tendon (which is connected with a portion sent from the adductor longus) and is

INSERTED into the back part of the tuberosity of the inner condyle of the os femoris. In all this progress, this muscle is joined to the vastus internus, by a perforated aponeurosis, through which the blood vessels pass.

USE. To bring the thigh upwards and inwards.

184—

Plate VI.

Obturator
Externus.*

*Extra Pelvio
Pubi
Trochantérien.*

*Obturator
Externus.*

*Obturator
Externus.*

*Obturator
Externus.*

*Obturator
Externus.*

INSERTED by fleshy fibres into the outer-side of the os pubis; into part of the obturator ligament. Its fibres, contracting in breadth, pass on the fore-side of the great ramus of the ischium, under the acetabulum, where a tendon is formed, which continues its course behind the neck of the os femoris, towards the great trochanter, and is

INSERTED between the gemini and quadratus, into the fossa between the trochanters.

USE. To roll the thigh outwards in an oblique direction.

Gluteus

* The lower insertion of this muscle should be examined with the lower insertion of the gemini and No. 189.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

185—

<i>Gluteus Maximus.</i>	<i>Ilio Sacro Femoral.</i>	<i>Gluteus Magnus.</i>	<i>Gluteus Maximus.</i>	<i>Gluteus Maximus.</i>	<i>Gluteus Major.</i>
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Plate VII.

INSERTED, fleshy, into the posterior part of the spine of the ilium, a little higher up than the joining of the ilium with the sacrum, into the whole external side of the os sacrum and os coccygis, into the sacro-ischiatic ligament and into the fascia. The fibres run obliquely forwards and downwards, to form a thick broad muscle, which is divided into a number of strong fasciculi. Is

INSERTED by a flat broad tendon into the upper and outer part of the linea aspera, between the vastus externus and the largest portion of the adductor magnus.

USE. It pulls the thigh backwards and outwards.

186—

<i>Gluteus Medius.</i>	<i>Ilio Trochantérien.</i>	<i>Gluteus Medius.</i>	<i>Gluteus Medius.</i>	<i>Gluteus Medius.</i>	<i>Gluteus Medius.</i>
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Plate VII.

INSERTED, fleshy, into the anterior superior spinous process of the ilium; into the outer edge of the crista of the ilium; at its posterior part into the dorsum of that bone, the anterior and upper part into the fascia, and is

INSERTED by a broad tendon into the outer and posterior part of the trochanter major.

USE. To draw the thigh outwards, and to roll it.

187—

<i>Gluteus Minimus.</i>	<i>Ilio Ischii Trochantérien.</i>	<i>Gluteus Minor.</i>	<i>Gluteus Minimus.</i>	<i>Gluteus Minimus.</i>	<i>Gluteus Minor.</i>
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Plate VII.

INSERTED, fleshy, into the ridge that is continued from the anterior superior spinous process of the ilium; into the dorsum of the ilium, as far as the great notch, and is

INSERTED, tendinous, into the upper part of the trochanter major

USE. To pull the thigh outwards and backwards, and roll it.

188—

<i>Pyriformis.</i>	<i>Sacro Trochantérien.</i>	<i>Pyriformis.</i>	<i>Pyriformis, seu Iliacus Externus.</i>	<i>Pyriformis, sive Pyramidalis.</i>	<i>Pyriformis, seu Iliacus Externus.</i>
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Plate VII.

INSERTED, tendinous and fleshy, into the second, third, and fourth pieces of the os sacrum, contracting in its breadth, passes out of the pelvis, below the notch in the posterior part of the ilium, and is

INSERTED by a small tendon, into the upper part of the cavity, at the inner side of the root of the trochanter major. The upper part of this tendon receives fibres from the gluteus medius, and its lower part is united to the geminus superior and tendon of the obturator internus.

USE. To roll the thigh outward, and move it a little upwards.

189—

<i>Gemini.</i>	<i>Ischio Spini Trochantérien.</i>	<i>Gemini.</i>	<i>Gemini.</i>	<i>Gemini.</i>	<i>Part of the Marsupialis.</i>
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Plate VII.

These are two small flat muscles, situated transversely one above the other, between the tuberosity of the ischium, and the great trochanter, immediately below the pyriformis, and parted by the tendon of the obturator internus. The *Geminus Superior* is

INSERTED into the spinous process of the ischium, and the *Geminus Inferior* is

INSERTED into the tuberosity of the ischium, and into the posterior sacro-ischiatic ligament. These muscles have a small insertion in the inside of the ischium, where being united together by a membrane, one of them joins the upper, and the other the lower side of the obturator internus: a little after it has passed over the notch, they inclose it as in a sheath, and continue to be fixed to it by fleshy fibres, all the way to its extremity, and are

INSERTED, tendinous and fleshy, into the cavity at the inner side of the root of the trochanter major, on each side of the tendon of the obturator internus.

USE. To roll the thigh outwards.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

Plate VII.	190— <i>Obturator Internus.</i>	<i>Intra Pelvico Trochantérien.</i>	<i>Obturator Internus.</i>	<i>Marsupialis, seu Obturator Internus.</i>	<i>Obturator Internus.</i>	<i>Marsupialis, seu Bursalis.</i>
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INSERTED into more than one half of the internal circumference of the foramen thyroideum. Its inside is covered by a portion of the levator ani. Is divided into a number of fasciculi, which unite and form a large tendon that passes out of the pelvis, between the posterior-sacro-ischiatic ligament and tuberosity of the ischium, and is inclosed by the gemini. It is

INSERTED into the cavity of the root of the trochanter major.

USE. To roll the thigh, &c. &c.

Plate VII.	191— <i>Quadratus Femoris.</i>	<i>Tuber-Ischio Trochantérien.</i>	<i>Quadratus Femoris.</i>	<i>Quadratus Femoris.</i>	<i>Quadratus.</i>	<i>Quadratus Femoris.</i>
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INSERTED, tendinous and fleshy, along that obtuse line that runs from under the acetabulum towards the lower part of the tuberosity of the ischium, and is

INSERTED fleshy into a rough ridge continued from the root of the trochanter major to the root of the trochanter minor.

USE. To roll the thigh.

Plate VII.	192— <i>Coccygeus.</i>	<i>Ischio Coccygien.</i>	<i>Coccygeus.</i>	<i>Coccygeus.</i>	<i>Coccygeus.</i>	
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INSERTED, tendinous and fleshy, into the spinous process of the ischium, and covers the inside of the posterior sacro-ischiatic ligament, is thin and fleshy, and interspersed with tendinous fibres. It is

INSERTED into the extremity of the os sacrum, and nearly the whole length of the os coccygis laterally.

USE. To support and move the os coccygis forwards, &c.

Plate VII.	193— <i>Semitendinosus.</i>	<i>Ischio Cræti Tibial.</i>	<i>Semitendinosus.</i>	<i>Seminervosus.</i>	<i>Seminervosus.</i>	<i>Seminervosus, seu Semitendinosus.</i>
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INSERTED, tendinous and fleshy, into the interior part of the tuberosity of the ischium before, and more inwards than the biceps, to which it is connected, runs down fleshy towards the lower part of the thigh, becomes tendinous, and is

INSERTED by a flat tendon into the inside of the upper part of the tibia, about two or three fingers' breadth below its tubercle under the tendon of the gracilis.

USE. To bend the leg backward and inwards.

Plate VII.	194— <i>Biceps Flexor Cruris.</i>	<i>Ischio Fémoro Péronien.</i>	<i>Biceps Cruris.</i>	<i>Biceps.</i>	<i>Biceps.</i>	<i>Biceps.</i>
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Has two upper insertions; the first is

INSERTED* tendinous, into the posterior and lower part of the tuberosity of the ischium, in common with the semi-tendinosus; the second is

INSERTED by fleshy fibres into the outside of the linea aspera below its middle; from thence, the fibres run down a little way, and then meeting the great portion, a common muscle is formed, which is

INSERTED, tendinous, into the upper part of the head of the fibula.

USE. To bend the leg.

Semi-tendinosus

* The lower insertions of the semi-tendinosus and semi-membranosus form what is vulgarly called the inner ham string, and the lower insertion of the biceps forms the outer ham-string.

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195—

<i>Semimembranosus.</i>	<i>Ischio Popliti Fémoral.</i>	<i>Semimembranosus.</i>	<i>Semimembranosus.</i>	<i>Semimembranosus.</i>	<i>Semimembranosus.</i>	Plate VII.
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INSERTED, by a broad tendon, into the upper and posterior part of the tuberosity of the ischium between the gemini inferior and quadratus, runs down fleshy under the biceps, in an oblique direction, behind the inner condyle of the os femoris, and is

INSERTED, tendinous, into the posterior interior side of the inner condyle of the tibia.

USE. To bend the leg, and bring it backwards.

196—

<i>Gastrocnemius Externus, seu Gemellus.</i>	<i>Bi Fémoro Calcanien.</i>	<i>Gemellus.</i>	<i>Extensor Tarsi Suralis, vel* Extensor Magnus.</i>	<i>Gastrocnemii.</i>	<i>Gastrocnemius Externus & Gemellus.</i>	Plate VII.
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Has three upper insertions: the internus having two, it being

INSERTED, tendinous and fleshy, into the os femoris, a little above the internal condyle, and into the condyle. The externus is

INSERTED into the external condyle, adheres to the posterior ligament of the joint, from thence runs down, forming a great part of what is called the calf of the leg. The externus covers the popliteus. Below the middle of the tibia it sends off a broad tendon, which joins with the tendon of the soleus, and is

INSERTED into the upper and posterior part of the os calcis. These united tendons form what is termed tendo achillis.

USE. To extend the foot.

197—

<i>Plantaris.</i>	<i>Petit Fémoro Calcanien.</i>	<i>Plantaris.</i>	<i>Extensor Tarsi Minor, vulgo Plantaris.</i>	<i>Tibialis Gracilis, vulgo Plantaris.</i>	<i>Plantaris.</i>	Plate VII.
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INSERTED into the upper and back part of the external condyle of the os femoris. Is fleshy for about two or three inches in length, and nearly one in breadth. Is penniform, and terminates in a very small long flat tendon, which runs between the gastrocnemii and soleus, passes the second insertion of soleus, runs under part of that muscle, and is

INSERTED into the inside of the posterior part of the os calcis.

USE. To assist in extending the foot.

198—

<i>Popliteus.</i>	<i>Fémoro Popliti Tibial.</i>	<i>Popliteus.</i>	<i>Popliteus.</i>	<i>Popliteus.</i>	<i>Popliteus.</i>	Plate VII.
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INSERTED, tendinous, into the outer edge of the external condyle of the os femoris, into the ligament of the joint; runs obliquely downwards, under the inner condyle. Is flat and fleshy, increases gradually in breadth, and is

INSERTED into the internal edge of the tibia, below its head.

USE. To assist in bending the leg, and when the leg is bent to roll it inwards.

M

Soleus

* Douglas gives the gastrocnemius and the soleus as one muscle, having four upper insertions and one lower insertion.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

Plate VII.

199— <i>Soleus seu Gastrocnemius Internus.</i>	<i>Tibio Péronéi Calcanien.</i>	<i>Soleus.</i>	<i>See No. 196</i>	<i>Soleus.</i>	<i>Gastrocnemius. Internus.</i>
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Has two upper insertions. First into the upper and back part of the head of the fibula, and into more than a third of the upper part of the back of this bone. The second insertion is into the back of the tibia, from the oblique line which terminates the insertion of the (popliteus) and runs down to the middle of the internal angle of the bone: becomes tendinous, and joining with the tendon of the gastrocnemii, forms what is called the tendo achillis, which is

INSERTED into the upper and posterior part of the os calcis.

USE. To extend the foot.

Plate VII.

200— <i>Flexor Longus Pollicis Pedis.</i>	<i>Péronés Phalanginien du Gros Orteil.</i>	<i>Flexor Longus Pollicis Pedis.</i>	<i>Flexor Longus.</i>	<i>Flexor Pollicis Longus.</i>	<i>Flexor Pollicis Longus.</i>
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INSERTED, fleshy, into the lower half of the back of the fibula, almost to the extremity of this bone, by a double order of oblique fibres. Its tendon passes through an annular ligament at the lateral arch of the os calcis, and through a small notch in the inner and backside of the astragalus, and inner ancle, and is

INSERTED into the last phalanx of the great toe.

USE. To bend the last joint of the great toe.

Plate VII.

201— <i>Tibialis Posticus.</i>	<i>Tibio Tarsien.</i>	<i>Tibialis Posticus.</i>	<i>Tibialis Posticus.</i>	<i>Tibialis Posticus.</i>	<i>Tibialis Posticus.</i>
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INSERTED, fleshy, into the upper and fore part of the tibia, near the articulation of the tibia and fibula, passes through a perforation in the upper part of the interosseous ligament.

INSERTED into the back part of the fibula, into the interosseous ligament, and into the upper half of the tibia. The fibres are penniform, running towards a middle tendon, which sends off a round one, the which passes in a groove behind the inner ancle, and is

INSERTED into the upper and inner part of the os naviculare, (called also os scaphoides) This tendon may sometimes be traced into the os cuneiforme internum & medium, &c.

USE. To extend the foot and turn it inwards.

Plate VII.

202— <i>Flexor Longus Digitorum Pedis Profundus* Perforans.</i>	<i>Tibio Phalangétien.</i>	<i>Flexor Longus Digitorum Pedis Profundus Perforans.</i>	<i>Perforans, seu Flexor Profundus.</i>	<i>Flexor Digitorum Longus, sive Perforans Pedis.</i>	<i>Perforans, seu Flexor Tertii Internodii Digitorum Pedis.</i>
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INSERTED, fleshy, into the back part of the tibia, below the second insertion of the soleus, ends in a tendon, which passes behind the inner ancle on one side, and a little behind the tibialis posticus, in a separate annular ligament; runs under the sole of the foot (is there connected with the flexor longus pollicis) divides into four small flat tendons, which are

INSERTED into the third phalanx of the four small toes, having passed through the flits of the perforatus

USE. To bend the last joint of the four lesser toes.

Peroneus

* The lumbricales and the massa carnea, are inserted into the tendon of this muscle. These must be dissected with the small muscles at the bottom of the foot.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

203—	—	—	—	—	—	Plate VI.
<i>Peroneus Longus.</i>	<i>Tibi Péronéo Tarsien.</i>	<i>Peronæus Longus.</i>	<i>Peronæus Primus seu Posticus.</i>	<i>Peronæus Maximus, vulgo Peronæus Posterior.</i>	<i>Peronæus Primus.</i>	

INSERTED, tendinous and fleshy, into the anterior and outer part of the head of the fibula; into the upper and external part of the fibula, where it begins to rise into a round edge; into the hollow between that and its anterior edge, to within two or three inches of the angle. It there forms a long round tendon, which runs behind the external angle, passes through a groove and an annular ligament common to it, and to the tendon of the peroneus brevis, which lies before it. It then passes through an annular ligament on the outer and anterior part of the os calcis; then passes through a groove in the lower side of the os cuboides, above the muscles in the sole of the foot; and is

INSERTED* into the outside of the root of the metatarsal bone of the great toe.

USE. To move the foot outwards.

204—	—	—	—	—	—	Plate VI.
<i>Peroneus Brevis.</i>	<i>Petit Péronéo sus Metatarsien.</i>	<i>Peronæus Brevis.</i>	<i>Peronæus Secundus seu Anticus.</i>	<i>Peronæus Medius, vulgo Peronæus Anticus.</i>	<i>Peronæus Secundus.</i>	

INSERTED, fleshy, into the external part of the fibula, a little above its middle; into the outside of the anterior spine of this bone, and into its round edge externally. The fibres run obliquely outwards, towards a tendon. On its external side it sends off a round tendon, which passes through the groove at the outer angle, being there included under the same ligament with the peroneus longus. A little further it runs under a particular ligament of its own.

INSERTED, tendinous, into the root of the external part of the metatarsal bone of the little toe.

USE. To pull the foot and toes outwards.

Peronæus Minimus or Tertius of Albinus.

Plate VI.

This is a small muscle commonly thought to be a portion of the extensor longus digitorum pedis. It is

INSERTED, fleshy, into the lower half of the inside of the fibula, between two oblique long lines on one side of the lower part of the extensor longus digitorum, to which muscle it is united. It runs down, contracting in breadth, and passes with that muscle through the common annular ligament, forming a flat tendon, which soon separates from those of the extensor longus, and is

INSERTED into the basis of the metatarsal bone of the little toe.

USE. To assist in bending the foot.

205—	—	—	—	—	—	Plate VI.
<i>Extensor Longus Digitorum Pedis.</i>	<i>Péronéo Tibi sus Phalangéttien Commun.</i>	<i>Extensor Longus Digitorum Pedis.</i>	<i>Extensor Longus, & Vesalius's 9th Muscle.</i>	<i>Extensor Digitorum Longus.</i>	<i>Extensor Digitorum Longus Pedis.</i>	

INSERTED, tendinous and fleshy, into the outside of the head of the tibia, and inside of the head of the fibula; into the interosseous ligament; into the fascia; into the anterior spine of the fibula, for nearly its length; and is very closely united with the peroneus minimus (or tertius.) It contracts in breadth a little above the annular ligament, and in passing through it is divided into four tendons; which are

INSERTED along the upper part of the second phalanx of the four small toes.

USE. To extend the joints of the small toes.

Extensor

* The lower insertion must be examined after the dissection of the small muscles of the great toe, No. 215.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

206—

Plate VI.

<i>Extensor Proprius Pollicis Pedis.</i>	<i>Péronéo sus Phalaginien du Pouce.</i>	<i>Extensor Proprius Pollicis Pedis.</i>	<i>Extensor Longus.</i>	<i>Extensor Pollicis Longus.</i>	<i>Extensor Pollicis Longus.</i>
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INSERTED, tendinous and fleshy, into the fibula (about four inches from its head) and into this bone, to within a short distance of its inferior extremity; into the interosseous ligament. The fibres descend obliquely towards a tendon, which passes through a distinct ring of the common annular ligament; and is

INSERTED into the first and second phalanx of the great toe.

USE. To extend the great toe.

207—

Plate VI.

<i>Tibialis Anticus.</i>	<i>Tibio sus Metatarsien.</i>	<i>Tibialis Anticus.</i>	<i>Tibialis Anticus.</i>	<i>Tibialis Anticus.</i>	<i>Tibialis Anticus.</i>
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INSERTED fleshy, into that process of the tibia to which the fibula is connected; into the outside of the tibia, and into the upper part of the interosseous ligament, to near the extremity of this bone. It there sends off a strong round tendon, which passes through a ring in the common annular ligament, and then through another ring situated lower; and is

INSERTED into the upper and inner part of the os cuneiforme internum, and posterior end of the metatarsal bone of the great toe.

USE. To draw the foot upwards and inwards.

208—

Plate VI.

<i>Extensor Brevis Digitorum Pedis.</i>	<i>Calcaneo Phalaginien Commun.</i>	<i>Extensor Brevis Digitorum Pedis.</i>	<i>Extensor Brevis.</i>	<i>Extensor Digitorum Brevis.</i>	<i>Extensor Digitorum Brevis.</i>
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INSERTED, fleshy and tendinous, into the upper and fore part of the os calcis. Is divided into four portions, which send off four tendons that pass over the upper part of the foot. First is

INSERTED into the upper or convex part of the first phalanx of the great toe; the other three joining with those of extensor longus, are

INSERTED along the convex sides of all the phalanges of the three following toes. As this muscle is situated obliquely, its tendons and those of the extensor longus cross each other a little, and after their common insertions in the first phalanges of the toes, those of the short extensors run along the two other phalanges, almost on the outside of the others. All these tendons communicate by aponeuroses.

USE. To extend the toes.

Plate VII.

209—

<i>Flexor Brevis Digitorum Pedis Sublimis Perforatus.</i>	<i>Calcaneo sus Phalangétien Commun.</i>	<i>Flexor Brevis Digitorum Pedis Perforatus.</i>	<i>Flexor Brevis.</i>	<i>Flexor Digitorum Brevis, size Perforatus Pedis.</i>	<i>Perforatus, seu Flexor Secundi Internodii Digitorum Pedis.</i>
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INSERTED fleshy, into the inferior and posterior part of a protuberance of the os calcis. Between the abductors of the great and little toes is thick and fleshy, and broad in the middle; divides into four parts, which send off four tendons split at their extremities, for the passage of the tendons of the flexor longus. Are

INSERTED into the second phalanges of the four lesser toes.

USE. To bend the second joint of these toes.

Abductor

* The muscles situated on the sole of the foot are covered by a strong aponeurosis, which is extended from the os calcis to the first phalange of the toes. To this aponeurosis the contiguous muscles are inserted. It must be dissected from them before their other insertions can be seen.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

210—						
<i>Abductor</i>	<i>Calcaneo</i>	<i>Abductor</i>	<i>Abductor</i>	<i>Thenar.</i>	<i>Abductor</i>	Plate VII.
<i>Pollicis</i>	<i>Phalangien</i>	<i>Pollicis</i>			<i>Pollicis.</i>	Fig. 1.
<i>Pedis.</i>	<i>du Pouce.</i>	<i>Pedis.</i>				

INSERTED, fleshy, into the inside of the root of the protuberance of the os calcis, where it forms the heel, and tendinous into the same bone, where it joins with the os naviculare, and is

INSERTED tendinous, into the internal os sesamoideum and root of the first phalanx of the great toe.

USE. To move the great toe from the rest.

211—						
<i>Abductor</i>	<i>Calcaneo</i>	<i>Abductor</i>	<i>Abductor.</i>	<i>Parathenar *</i>	<i>Abductor</i>	Plate VII.
<i>Minimi Digiti</i>	<i>Phalangien</i>	<i>Minimi</i>		<i>Major.</i>	<i>Minimi</i>	Fig. 1.
<i>Pedis.</i>	<i>du Petit Doigt.</i>	<i>Digiti Pedis.</i>			<i>Digiti.</i>	

INSERTED, tendinous and fleshy, into the semicircular edge of a cavity on the inferior part of the protuberance of the os calcis, and into the root of the metatarsal bone of the little toe, and is

INSERTED into the root of the first phalanx of the little toe near its basis externally.

USE. To move the little toe from the other toes.

212—						
<i>Flexor</i>			<i>Massa Carnea</i>	<i>Flexor</i>		Plate VII.
<i>Digitorum</i>			<i>& Musculosæ</i>	<i>Digitorum</i>	<i>Carnea Massa</i>	Fig. 2.
<i>Accessorius, seu</i>			<i>Carnis Portio</i>	<i>Accessorius.</i>		
<i>Massa Carnea</i>			<i>Jacobi Sylvii.</i>			
<i>Jacobi Sylvii.</i>						

INSERTED, fleshy, into the lower side of the os calcis, and into the anterior tuberosity on that side, and into the neighbouring ligament, which joins this bone to the astragalus. These two portions run obliquely to the middle of the sole of the foot, and there unite in a flat, long, irregular square muscular mass, which is

INSERTED into the tendon of the flexor longus, at its division into four tendons.

USE. To assist the flexor longus.

213—						
<i>Lumbricales</i>	<i>Plantæ Tendino</i>	<i>Lumbricales</i>	<i>Lumbricales</i>	<i>Lumbricales</i>	<i>Lumbricales.</i>	Plate VII.
<i>Pedis.</i>	<i>Phalangien.</i>	<i>Pedis.</i>	<i>Pedis.</i>			Fig. 2.

INSERTED, fleshy, into the four tendons of the flexor profundus, near the insertion of the massa carnea, is

INSERTED, tendinous, into the inside of the first phalanges of the four lesser toes, it is also

INSERTED into the tendinous expansion that is sent from the extensors which covers the upper part of the toes.

USE. To increase the flexion of the toes, and draw them inwards.

214—						
<i>Flexor Brevis</i>	<i>Tarso</i>	<i>Flexor Brevis</i>	<i>Flexor Brevis.</i>		<i>Flexor Brevis</i>	Plate VII.
<i>Pollicis</i>	<i>Phalangien</i>	<i>Pollicis</i>			<i>Pollicis.</i>	Fig. 3.
<i>Pedis.</i>	<i>du Pouce.</i>	<i>Pedis.</i>				

INSERTED, tendinous, into the under and fore part of the os calcis, where it joins with the os cuboides, into the os cuneiforme internum, (the largest of the three cuneiforme bones) and is inseparably united with the abductor and adductor pollicis, and is

INSERTED into the internal os sesamoideum and root of the first phalanx of the great toe.

USE. To bend the first joint of the great toe.

* Winslow divides this muscle into two, viz. Parathenar Major and Metatarsius.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

Plate VII.
Fig. 3.

215—	—	—	—	—	—
<i>Adductor</i> <i>Pollicis Pedis.</i>	<i>Tarso</i> <i>Metatarsi</i> <i>Phalangien</i> <i>du Pouce.</i>	<i>Adductor</i> <i>Pollicis Pedis.</i>	<i>Adductor.</i>	<i>Antithenar.</i>	<i>Adductor</i> <i>Pollicis.</i>

INSERTED by a long thin tendon into the os calcis; into the os cuboides; into the third cuneiforme bone;* and into the root of the metatarsal bone of the second toe, and is

INSERTED into the external os sesamoideum, and root of the metatarsal bone of the great toe.

USE. To bring this toe nearer the rest.

Plate VII.
Fig. 3.

216—	—	—	—	—	—
<i>Transversalis</i> <i>Pedis.</i>	<i>Metatarso</i> <i>Phalangien</i> <i>du Pouce.</i>	<i>Transversalis</i> <i>Pedis.</i>	<i>Transversalis</i> <i>Pedis.</i>	<i>Transversalis</i> <i>Digitorum.</i>	<i>Transversalis</i> <i>Pedis.</i>

INSERTED, tendinous, into the under part of the anterior extremity of the metatarsal bone of the great toe, and into the external os sesamoideum, adhering to the adductor pollicis, and is

INSERTED, tendinous, into the under and outer part of the anterior extremity of the metatarsal bone of the little toe, and ligament of the next toe.

USE. To contract the foot, by bringing the great toe and two outermost toes nearer each other.

Plate VII.
Fig. 3.

217—	—	—	—	—	—
<i>Flexor Brevis</i> <i>Minimi Digiti</i> <i>Pedis.</i>	<i>Metatarso</i> <i>Phalangien</i> <i>du Petit Doigt.</i>	<i>Flexor Brevis</i> <i>Minimi Digiti</i> <i>Pedis.</i>	<i>Flexor Primi</i> <i>Internodii</i> <i>Minimi Digiti</i>	<i>Parathenar</i> <i>Minor.</i>	<i>Flexor Primi</i> <i>Ossis Minimi</i> <i>Digiti.</i>

INSERTED, tendinous, into the os cuboides, near the fulcus or furrow for lodging the tendon of the peroneus longus; fleshy into the outside of the metatarsal bone that sustains this toe below its protuberant part, and is

INSERTED into the anterior extremity of the metatarsal bone, and root of the first phalanx of this toe.

USE. To bend this toe.

Plate VII.
Fig. 4.

218—	—	—	—	—	—
<i>Abductor</i> <i>Indicis</i> <i>Pedis.</i>	<i>(The Four</i> <i>External</i> <i>Interossei) sus</i> <i>Metatarso lateri</i> <i>Phalangien.</i>	<i>Interossei Pedis</i> <i>Externi,</i> <i>Bicipites.</i>	<i>First.</i>	<i>Interossei.</i>	<i>Interossei.</i>

INSERTED, tendinous and fleshy, by two insertions, into the root of the inside of the metatarsal bone of the fore toe; into the outside of the root of the metatarsal bone of the great toe, and into the os cuneiforme internum, and

INSERTED, tendinous, into the inside of the root of the first phalanx of the fore toe.

USE. To move the fore toe towards the great toe.

Plate VII.
Fig. 4.

219—	—	—	—	—	—
<i>Adductor</i> <i>Indicis Pedis.</i>			<i>Second.</i>		

INSERTED, tendinous and fleshy, into the roots of the metatarsal bones of the fore and second toes, and is

INSERTED, tendinous, into the outside of the root of the first phalanx of the fore toe.

USE. To move the fore toe from the great toe.

Adductor

* On removing this muscle you see the lower insertion of the peroneus longus, No. 203.

† Nos. 218, 219, 220, and 221, are the four external interossei.

INNES. DUMAS. ALBINUS. DOUGLAS. WINSLOW. COWPER.

220—

*Adductor Medii
Digiti Pedis.*

Third.

Plate VII.
Fig. 4.

INSERTED, tendinous and fleshy, into the roots of the metatarsal bones of the second and third toes, and is
INSERTED, tendinous, into the outside of the root of the first phalanx of the second toe.

USE. To move this toe from the last.

221—

*Adductor Tertii
Digiti Pedis.*

Sixth.

Plate VII.
Fig. 4.

INSERTED, tendinous and fleshy, into the roots of the metatarsal bones of the third and little toes, and is
INSERTED, tendinous, into the outside of the root of the first phalanx of the third toe.

USE. To move the third toe from the second.

222—

*Abductor Medii
Digiti Pedis.*

(The Three
Internal
Interossei) sus
Metatarso lateri
Phalangiens.

*Interossei Pedis
Interni.*

Fourth.

Plate VII.
Fig. 4.

INSERTED, tendinous and fleshy, into the inside of the root of the metatarsal bone of the middle toe internally, is
INSERTED, tendinous, into the inside of the root of the first phalanx of the middle toe.

USE. To pull the middle toe towards the great toe.

223—

*Abductor Tertii
Digiti Pedis.*

Fifth.

Plate VII.
Fig. 4.

INSERTED, tendinous and fleshy, into the inside and inferior part of the root of the metatarsal bone of the third toe, and is

INSERTED, tendinous, into the inside of the root of the first phalanx of the third toe.

USE. To move the third toe towards the great toe.

224—

*Adductor
Minimi Digiti
Pedis.*

Seventh.

Plate VII.
Fig. 4.

INSERTED, tendinous and fleshy, into the inside of the root of the metatarsal bone of the little toe.

INSERTED, tendinous, into the inside of the root of the first phalanx of the little toe.

USE. To move the little toe towards the rest.

ENUMERATION

OF THE

BONES MENTIONED IN THE DESCRIPTION OF THE MUSCLES,

AND OF THE

MUSCLES INSERTED INTO EACH BONE.

OS FRONTIS.

Temporalis. Corrugator Supercilii.

OS PARIETALE.

Temporalis.

OS TEMPORIS.

Temporalis. Masseter. Digastricus. Sterno Cleido Mastoidæus. Trachelo Mastoidæus. Stylo Glossus. Stylo Pharyngeus. Stylo Hyoidæus. Pterygoideus Externus. Pterygoideus Internus. Circumflexus or Tenfor Palati. Constrictor Pharyngis Superior. Splenius. Levator Palati. Tenfor Tympani. Laxator Tympani. Stapedius.

OS SPHENOIDES.

Temporalis. Pterygoideus Internus & Externus. Circumflexus, or Tenfor Palati.

OS OCCIPITIS.

Trapezius. Sterno - Cleido - Mastoidæus. Splenius. Complexus. Rectus Capitis Posticus Major. Rectus Capitis Posticus Minor. Obliquus Capitis Superior. Constrictor Pharyngis Medius. Constrictor Pharyngis Superior. Rectus Capitis Internus Major. Rectus Capitis Lateralis. Rectus Capitis Internus Minor.

OS MALÆ.

Temporalis. Masseter. Zygomaticus Major & Minor.

OSSA PALATINA.

Azygos Uvulæ. Circumflexus, or Tenfor Palati.

OS NASI.

Corrugator Supercilii.

MAXILLA SUPERIOR.

Compressor Naris. Levator Labii, Superioris Alæque Nasi. Levator Anguli Oris. Buccinator. Orbicularis Palpebrarum. Depressor Labii Superioris Alæque Nasi.

MAXILLA INFERIOR.

Platysma Myoides. Masseter. Temporalis. Digastricus. Mylo Hyoidæus. Genio Hyoidæus. Genio Hyo Glossus. Buccinator. Depressor Anguli Oris. Depressor Labii Inferioris. Levator Labii Inferioris. Pterygoideus Internus. Pterygoideus Externus.

OS HYOIDES.

Digastricus. Mylo Hyoidæus. Genio Hyoidæus. Genio Hyo Glossus. Hyo Glossus. Stylo Hyoidæus. Omo Hyoidæus. Sterno Hyoidæus. Thyreo Hyoideus. Constrictor Pharyngis Medius.

VERTEBRÆ COLLI.

Trapezius. Rhomboideus. Serratus Posticus Superior. Splenius. Complexus. Trachelo Mastoidæus. Levator Scapulæ. Cervicalis Descendens. Intertransversalis Colli. Semi Spinalis Colli. Multifidus Spinæ. Scalenii. Levatores Costarum. Rectus Capitis Posticus Major. Rectus Capitis Posticus Minor. Obliquus Capitis Superior. Obliquus Capitis Inferior. Longus Colli. Rectus Capitis Internus Major. Rectus Capitis Lateralis. Rectus Capitis Internus Minor.

VERTEBRÆ DORSI.

Trapezius. Latissimus Dorsi. Rhomboideus. Serratus Posticus Superior. Serratus Posticus Inferior. Splenius. Complexus. Trachelo Mastoidæus. Spinalis Dorsi, Semi Spinalis Dorsi. Multifidus Spinæ. Longissimus Dorsi. Transversalis Dorsi. Se-

Spinalis Colli. Levatores Costarum. Longus Colli. Psoas Magnus. Psoas Parvus. Diaphragma.

VERTEBRÆ LUMBORUM.

Latissimus Dorsi. Serratus Posticus Inferior. Obliquus Ascendens Internus Transversalis. Spinalis Dorsi. Semi Spinalis Dorsi. Multifidus Spinæ. Quadratus Lumborum. Intertransversalis Lumborum. Psoas Magnus. Psoas Parvus.

OS SACRUM.

Gluteus Maximus. Longissimus Dorsi. Pyriformis. Coccygeus.

OS COCCYGIS.

Gluteus Maximus. Coccygeus. Levator Ani.

STERNUM.

Sterno-Cleido-Mastoideus. Sterno Hyoidæus. Sterno Thyroidæus. Pectoralis Major. Obliquus Ascendens Internus. Transversalis. Rectus. Triangularis, or Sterno Costales. Diaphragma.

COSTÆ.

Latissimus Dorsi. Serratus Posticus Superior. Serratus Posticus Inferior. Sacro Lumbalis. Longissimus Dorsi. Quadratus Lumborum. Scaleni. Subclavius. Pectoralis Major. Pectoralis Minor. Serratus Magnus. Obliquus Externus. Levatores Costarum. Obliquus Internus. Transversalis. Rectus. Intercostales Externi & Interni. Triangularis or Sterno Costalis. Sub Costalis.

OS ILIUM.

Obliquus Descendens Externus. Obliquus Ascendens Internus. Transversalis. Latissimus Dorsi. Sacro Lumbalis. Longissimus Dorsi. Quadratus Lumborum. Iliacus Internus. Gluteus Maximus. Gluteus Medius. Gluteus Minimus. Obturator Internus. Sartorius. Tensor Vaginæ Femoris. Rectus. Psoas Parvus.

OS PUBIS.

Obliquus Descendens Externus. Obliquus Ascendens Internus. Rectus Abdominis. Pyramidalis. Psoas Parvus. Pectineus. Obturator Externus. Obturator Internus. Gracilis. Adductor Brevis Femoris. Adductor Longus Femoris.

OS ISCHIUM.

Erector Penis. Transversus Perinei. Obturator Internus. Gemini. Quadratus Femoris. Adductor Magnus Femoris. Biceps. Semitendinosus. Semimembranosus. Levator Ani.

SCAPULA.

Trapezius. Rhomboideus. Levator Scapulæ. Omo Hyoidæus. Deltoides. Supra Spinatus. Infra Spinatus. Teres Minor. Teres Major. Subscapularis.

Pectoralis Minor. Biceps Flexor Cubiti. Coraco Brachialis. Triceps Extensor Cubiti. Serratus Magnus.

CLAVICULA.

Sterno-Cleido-Mastoideus. Trapezius. Deltoides. Pectoralis Major. Subclavius.

OS HUMERI.

Deltoides. Pectoralis Major. Latissimus Dorsi. Teres Major. Supra Spinatus. Infra Spinatus. Subscapularis. Coraco Brachialis. Biceps. Brachialis Internus. Triceps Extensor Cubiti. Anconeus. Supinator Radii Longus. Extensor Carpi Radialis Longior & Brevior. Extensor Digitorum Communis. Extensor Carpi Ulnaris. Supinator Radii Brevis. Flexor Carpi Ulnaris. Palmaris Longus. Flexor Carpi Radialis. Pronator Radii Teres. Flexor Sublimis Perforatus. Flexor Longus Pollicis Manus.

ULNA.

Brachialis Internus. Triceps Extensor Cubiti. Anconeus. Extensor Carpi Ulnaris. Supinator Radii Brevis. Extensor Ossis Metacarpi Pollicis Manus. Extensor Primi Internodii. Extensor Secundi Internodii. Indicator. Brachialis Internus. Flexor Carpi Ulnaris. Flexor Carpi Radialis. Pronator Radii Teres. Pronator Quadratus.

RADIUS.

Biceps. Supinator Radii Longus. Supinator Radii Brevis. Pronator Radii Teres. Pronator Radii Quadratus. Flexor Longus Pollicis Manus. Flexor Sublimis Perforatus. Flexor Profundus Perforans.

BONES OF THE CARPUS.

Flexor Carpi Ulnaris. Adductor Metacarpi Minimi Digiti. Abductor Minimi Digiti. Palmaris Brevis. Flexor Parvus Minimi Digiti. Extensor Ossis Metacarpi Pollicis Manus. Abductor Pollicis Manus. Flexor Brevis Pollicis Manus. Flexor Ossis Metacarpi Pollicis. Abductor Indicis Manus.

BONES OF THE METACARPUS.

Interossei. Extensor Carpi. Extensor Ossis Metacarpi Pollicis Manus. Adductor Pollicis Manus. Abductor Pollicis Manus. Flexor Brevis Pollicis Manus. Flexor Ossis Metacarpi Pollicis Manus, seu Opponens Pollicis. Adductor Indicis Manus. Abductor Metacarpi Minimi Digiti Manus. Radialis Longior & Brevior.

FIRST PHALANX OF THE THUMB.

Flexor Brevis Pollicis Manus. Adductor Pollicis Manus. Abductor Pollicis Manus. Extensor Primi Internodii.

SECOND PHALANX OF THE THUMB.

Flexor Longus Pollicis Manus. Extensor Secundi Internodii.

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TIBIA.

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FIBULA.

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