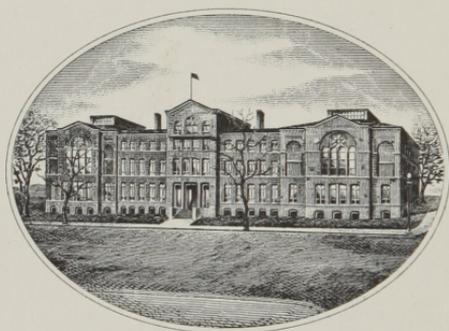




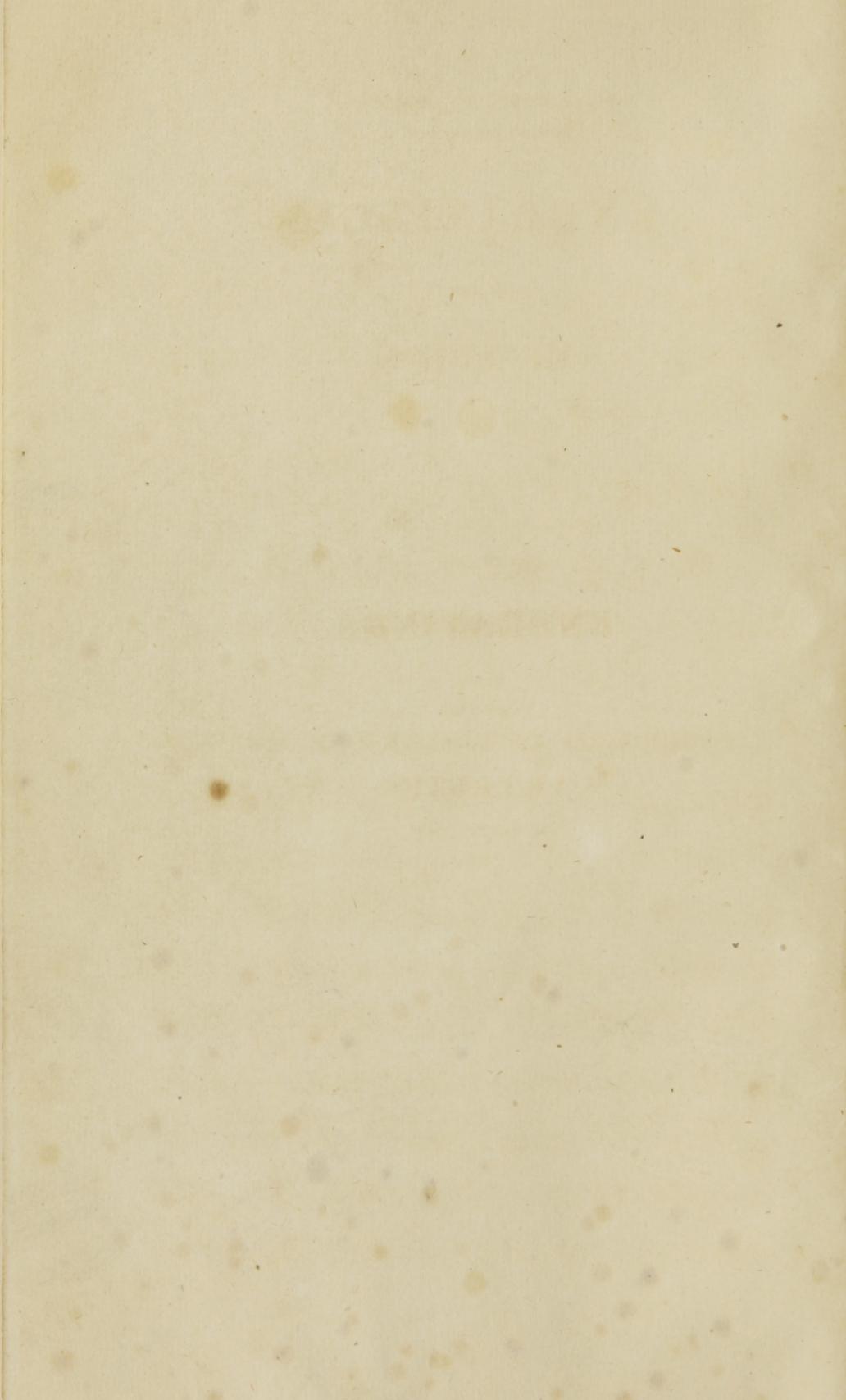
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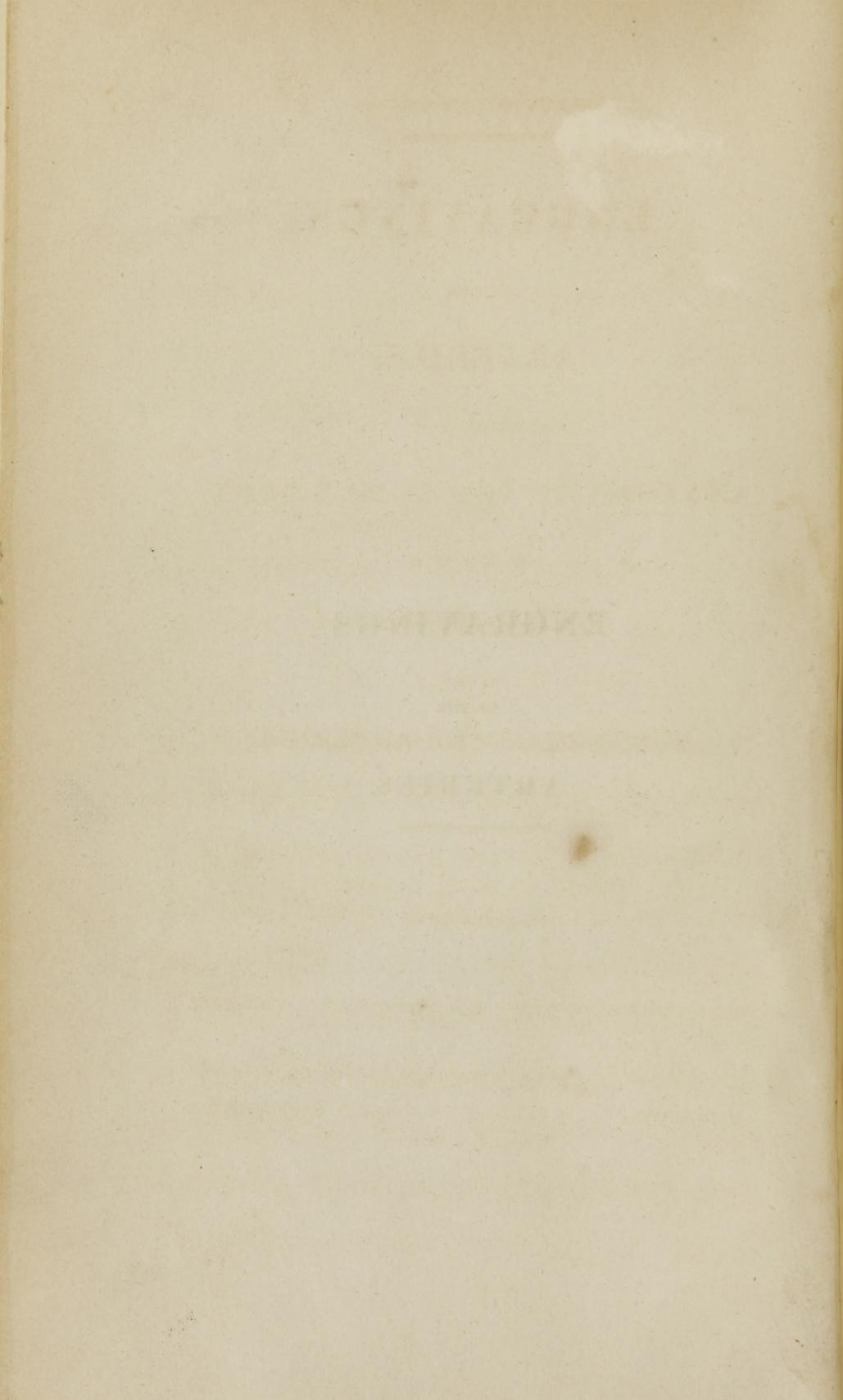




**ENGRAVINGS**

**OF THE**

**ARTERIES.**



FINLEY'S SECOND EDITION.

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# ENGRAVINGS

OF THE

## ARTERIES;

ILLUSTRATING THE

### ANATOMY OF THE HUMAN BODY,

AND SERVING AS

AN INTRODUCTION

TO THE

### SURGERY OF THE ARTERIES.

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BY

CHARLES BELL, SURGEON.

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CH 20N44 MMT

TO

**SIR CHARLES Blicke,**

SENIOR SURGEON OF ST. BARTHOLOMEW'S HOSPITAL,

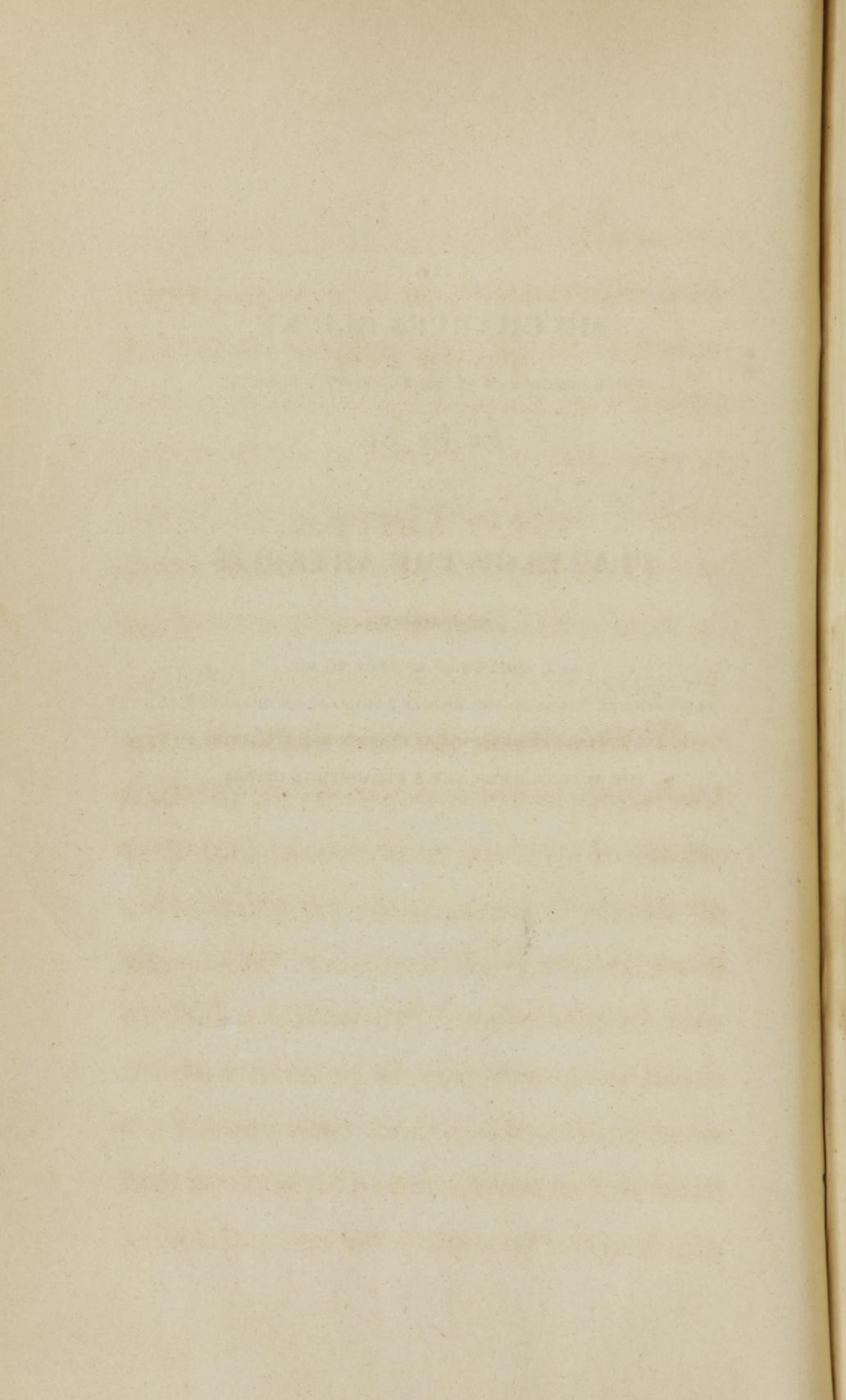
*&c. &c. &c.*

THESE

**PLATES OF THE ARTERIES**

ARE INSCRIBED,

AS A TRIBUTE OF RESPECT TO HIS  
PROFESSIONAL TALENTS, AND EMINENT SKILL AS AN OPERATOR; AND  
IN ACKNOWLEDGMENT OF HIS ATTENTION AND CIVILITIES TO  
THE AUTHOR, WHILE YET A STRANGER IN LONDON.



# PREFACE

TO THE

FIRST EDITION.

---

**T**O facilitate the acquisition of the leading principles ought to be the first object of an elementary book, and most of all ought we to study simplicity in a work treating of Anatomy. When the way is smoothed, the student feels a rapid progress, and is pleased with his own exertions; and it requires only a little self-examination to be assured that much of our partiality for any particular

line or object of study, often results from a real or fancied superiority of knowledge; perhaps in Anatomy, more than in any other pursuit, it is necessary to make the student sensible of his progress, before he can feel any thing like enthusiasm, or even partiality for it.

It is upon the simplicity of these Plates, therefore, more than upon their elegance, or their accuracy, (though I am confident that in this last respect they are not deficient,) that I would place their merit. When the importance of the study of the Arteries is considered—a point so fully enforced and illustrated in the volume of the text to which I mean these plates to be attach-

ed—this book must, I think, be an acquisition to the student, since I am conscious that I should myself have found it to be so in the commencement of my studies; it is with this feeling that I offer it with confidence to the public. I am assured, also, that the study of the Blood-vessels and Nerves from Plates, prepares us better for undertaking any surgical operation than that of bare description, however accurate, however simple, or however constantly the true practical inferences may be kept in view. It is upon the eye that the impression must be made, which is to enable us, in looking upon a limb, to mark the course of the Arteries: Drawings are a kind of notes, too, more easily consult-

ed; and bring to the mind, in a more lively manner, all that was associated in our first studies.

---

In following the course of the Arteries we must have continual occasion to observe, that if one branch deviate from the more general course, or be of an unusual size, the neighbouring branches have also an unusual form. In the arteries of the arm, for example, were we to observe the great Thoracic Artery of an uncommon size, and sending large branches under the Latissimus Dorsi, and under the Scapula; were we to take our drawings of this Artery as an example of a beautiful distribution

of the external Mammary Artery, without attending to the effect of such distribution on the Subscapular Artery; or again, were we to draw the Subscapular Artery of the great comparative size which it not unfrequently takes; we should not give a just representation of the natural and most usual distribution of those Arteries: for, as we find that the distribution of the Thoracic Arteries materially affects the distribution of the Articular Arteries and of the Profunda, although it be absolutely necessary in the text to describe the size and importance of this Artery, because in our operations at this part we must keep in view the more dangerous and unfavourable circumstances, it does not

follow that we are to make our drawings by the same rule; we should by doing so make them monstrous and unnatural.

We thus see the necessity of combining drawing with description. In the latter we mark all the variety of distribution, and the peculiarities of each branch considered individually; but this again naturally produces intricacy, unless, by comparison with the drawings, and their short explanations, we can take a rapid and general view of the course of the vessels. The drawings ought, therefore, to give the representation of the more general distribution, while the varieties and peculiar forms

are left to description. And here comes a question of some consequence—How is a selection from the great variety of distribution of the vessels and nerves of the body to be made?

I am very averse from the ideas most prevalent regarding Anatomical Tables, that it is impossible to make a true representation of the parts from any individual body; for, as we see, in looking over the variety of Anatomical Tables, that those which have the characters of the parts distinctly marked, and have been evidently drawn from the parts dissected and laid out before the artist, are in greatest esteem for the accuracy of the anatomy, and best

bear the only true test of excellence, the immediate comparison with the subject in the dissecting room; so, on the other hand, those made by first drawing the outlines of the parts, and then the vessels, are plans merely, in which the character of the parts, and the peculiar course and turnings of the vessels, are lost.

But I hope I shall not be understood to say, that if a drawing be made accurately from the subject, it will therefore answer all the purposes required. Of twenty bodies, not one, perhaps, will be found fit for drawing; but still I conceive that we are not to work out a drawing by piecing and adding from

notes and preparations; we are to select carefully from a variety of bodies, that which gives largeness of parts, where the characters of parts are well marked, and where there is the most natural and usual distribution of vessels. In making our drawings of such dissections, let us allow ourselves no license, but copy accurately. By noting in the description any little deviation, every necessary end is answered.

By long attention to the subject, I hope that I have been able to make these Plates simple, intelligible, and accurate. While the design of this book of Plates is to present to the student, at one glance, the general distribution

of the vessels, and to fix them in his memory in a way which no description can accomplish, it will be found to give the most usual distribution of the branches; for I have been careful in the selection of my subjects.

In studying the Arteries, or any part of Anatomy, we should, in the first place, run the eye over the corresponding plate, then read the general description in the text; and lastly, proceed to study more closely, step by step.

I know the difficulties which the student must encounter in acquiring a comprehensive knowledge of the

nerves; the books on that subject being more confused and intricate to study, than the most irregular dissection. The next part, therefore, of this work, comprehends the Nervous System, though the present book I conceive to be complete in itself.

The first part of the paper is devoted to a  
 general introduction of the subject and to a  
 statement of the objects of the present  
 investigation. It is then divided into four  
 parts, the first of which is devoted to a  
 description of the general principles of  
 the theory, and the second to a  
 description of the particular cases  
 which have been investigated. The third  
 part is devoted to a description of the  
 results of the investigation, and the  
 fourth to a description of the  
 conclusions which have been drawn  
 from the results.

# PREFACE

TO THE

SECOND EDITION.

---

**I**N this edition, I trust, I have shown my regard for the approbation of the public, already bestowed upon this little work, by endeavouring to improve it.

I have added a Plate of the Aortic System, by my young friend and pupil, Mr. Charles Cheyne, whose steady pursuit of that science to which I am devoted, has gained my esteem and

confidence. I have added some other Plates, in illustration, as of the foot, hand, and jaw, where I thought the smallness of the original scale precluded the possibility of fully disclosing the anatomy.

I have also added some schemes of arrangement, of the more intricate branches, in foot notes.

The most essential addition, however, which I have made, is the introduction of some rules for cutting down upon the Arteries, in cases of dangerous bleedings. They were taken by a pupil, from my public lectures on the Arteries, when I had the subject before

me, and was describing and measuring the depth of parts, previous to my entering upon the rules deduced from the projecting points of bone, and the course of the tendons and muscles in the living body.

LONDON,  
*Leicester Street, Leicester Square.* }

Plate I.

Fig. 1.

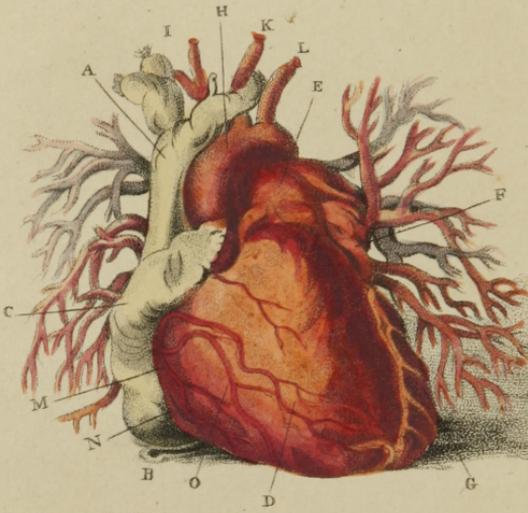
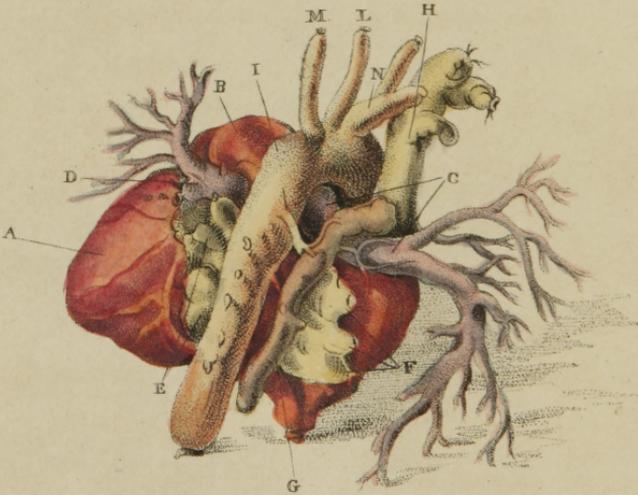


Fig. 2.



C. Bell del.

D. Edwin sculp.

# EXPLANATION

OF

## PLATE I.

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FORE AND BACK VIEWS OF THE HEART.

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### FIG. I.

(See *Wistar's Anatomy*, Vol. II. p. 50—61.)

*A view of the Heart, nearly in the Situation in which it is seen when the Breast is opened.*

- A. The *Superior Vena Cava*, returning the blood from the head and arms.
- B. The *Inferior Cava*, tied where it pierces the diaphragm to convey the blood from the lower parts of the body into the right auricle.

- c. The *Right Sinus*, or *Auricle*.
- d. The *Right Ventricle*.
- e. The *Pulmonary Artery*; it is seen to divide; one branch to pass, under the arch of the aorta, to the lungs of the right side; the other to take an acute turn to those of the left side.
- f. The top of the *Left Sinus* of the *Heart*, or that which is properly the *auricle*.
- g. The *Left Ventricle*; it is seen Fig. II. A.
- h. The *Arch* of the *Aorta*.
- i. The *Subclavian* and *Carotid* of the right side, rising together from the *Aorta*.
- k. The *Carotid Artery* of the left side.
- l. The *Subclavian Artery* of the left side.
- m. A Branch of the *Right Coronary Artery*.
- n. The *Left Coronary Vein*.
- o. A Branch of the *Coronary Vein*.

## FIG. II.

*The Arteries and Veins, which are attached to the Spine, are seen in this View.*

- A. The *Left Ventricle* of the Heart.
- B. The Trunk of the *Pulmonary Artery*.
- C. The *Right Branch* of the *Pulmonary Artery*.
- D. The *Left Branch* of the *Pulmonary Artery*.
- E. The *Buds* of the *Pulmonary Veins* of the left side, entering the left sinus of the heart.
- F. The *Pulmonary Veins* of the right side.
- G. The *Vena sine Pari*, or *Azygos*; this vein lies upon the spine, collects the blood from the back part of the thorax, and conveys it to the superior vena cava.
- H. The *Superior Vena Cava*.
- I. The *Aorta*, where it first touches the Spine.
- L. The *Left Carotid Artery*.
- M. The *Left Subclavian Artery*.
- N. The *Arteria Innominata*, or common origin of the subclavian and carotid of the right side.



# EXPLANATION

OF THE

## PLATE OF THE AORTIC SYSTEM.

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(Wistar's Anatomy, Vol. II. Page 238—300.)

*Principal Divisions of the Arteries.*                      *Branches of the Arteries.*

A. *Valves of the Aorta.*

B. *The Ascending Aorta* { 1. *The Left Coronary Artery.*  
2. *The Right Coronary Artery.*

C. *The Arteria Innominata.\**

{ 1. *The Vertebral Artery.*  
2. *The Internal Mammary.*  
3. *The Lower Thyroid Artery.*  
4. *The Ascendant Branch of the Thyroid.*  
D. D. *The Subclavian* { 5. *The Transversalis Colli.*  
6. *The Transversalis Humeri.*  
7. *The First and Second Intercostals.*  
8. *The Suprascapularis.*

\* *The Arteria Innominata* commonly divides into the *Right Carotid* and *Subclavian*, but here the *Left Carotid* also is given from it.

*Principal Divisions of the Branches of the Arteries.*

E. E. <i>Axillary Artery</i>	<ul style="list-style-type: none"> <li>1. Superior Thoracic Artery.</li> <li>2. Thoracica Longior.</li> <li>3. Thoracica Humeraria.</li> <li>4. Subscapularis.</li> <li>5. Circumflexa Posterior.</li> <li>6. Circumflexa Anterior.</li> </ul>
F. F. The <i>Brachial Artery</i> *	<ul style="list-style-type: none"> <li>1. Profunda Humeri Superior.†</li> <li>2. Anastomoticus Major.</li> </ul>
G. The <i>Radial Artery</i>	<ul style="list-style-type: none"> <li>1. Recurrens Radialis Anterior.</li> <li>2. Arteria Superficialis Volæ.</li> <li>3. Arteria Palmaris Profunda.</li> </ul>
H. The <i>Ulnar Artery</i>	<ul style="list-style-type: none"> <li>1. Recurrens Ulnaris Anterior.</li> <li>2. Recurrens Ulnaris Posterior.</li> <li>3. Arteria Dorsalis Ulnaris.</li> <li>4. Arteria Palmaris Profunda.</li> </ul>
I. <i>Interosseous Artery</i>	<ul style="list-style-type: none"> <li>1. Interossea Superior Perforans.</li> <li>2. Recurrens Interossea.</li> </ul>
K. <i>Carotid Artery.</i>	
L. <i>External Carotid</i>	<ul style="list-style-type: none"> <li>1. Arteria Thyroidea Superior.</li> <li>2. Arteria Lingualis.</li> <li>3. Arteria Labialis vel Facialis.</li> <li>4. Arteria Occipitalis.</li> <li>5. Posterior Auris.</li> <li>6. Arteria Maxillaris Interna.</li> <li>7. Arteria Transversalis Faciei.</li> <li>8. Arteria Temporalis.</li> </ul>

\* On the left side there is a high bifurcation of this Artery.

† The Lesser Profunda is seen at 16, Plate VI.

*Principal Divisions of the  
Arteries.*

*Branches of the Arteries.*

M. <i>Internal Carotid</i>	{	1. Arteria Anterior Cerebri. 2. Arteria Media Cerebri. 3. Arteria Communicans.
N. <i>Vertebral Artery</i>	*	Arteria Cerebelli Posterior and Anterior.
O. <i>Basilar Artery</i>	{	1. Arteria Communicans. 2. Arteria Cerebri Posterior.
P. <i>Thoracic Aorta</i>		1 to 10. Arteriæ Intercostales.†
Q. <i>Abdominal Aorta</i>	{	1. Arteria Phrenica. 2. Arteria Cœliaca. 3. Coronaria Ventriculi. 4. Arteria Hepatica. 5. Arteria Splenica. 6. Mesenterica Superior. 7. Arteriæ Capsularis. 8. Arteriæ Emulgentes. 9. Arteriæ Spermaticæ. 10. Mesenterica Inferior. 11. Arteriæ Lumbares. 12. Arteriæ Media Sacra.
R. <i>Common Iliacs.</i>		
S. <i>Internal Iliac</i>	{	1. Arteria Obturatoria. 2. Arteria Glutea. 3. Arteria Ischiadica. 4. Arteria Pudica.

\* For the Arteries of the Cerebellum, see Plate V. 10, 11, 12.

† The Aorta, when it is behind the root of the lungs, gives three or four arteries to nourish their substance, called Bronchial Arteries. Lying beside the œsophagus, also, it gives to it a few arteries, the œsophagial arteries.

*Principal Divisions of the  
Arteries.*

*Branches of the Arteries.*

*γ. External Iliacs.*

- v. Femoral Artery* {  
 1. Arteria Epigastrica.  
 2. Circumflexa Ilii.  
 3. Profunda Femoris {  
 1. Circumflexa Externa.  
 2. Circumflexa Interna.  
 3. Perforantes.

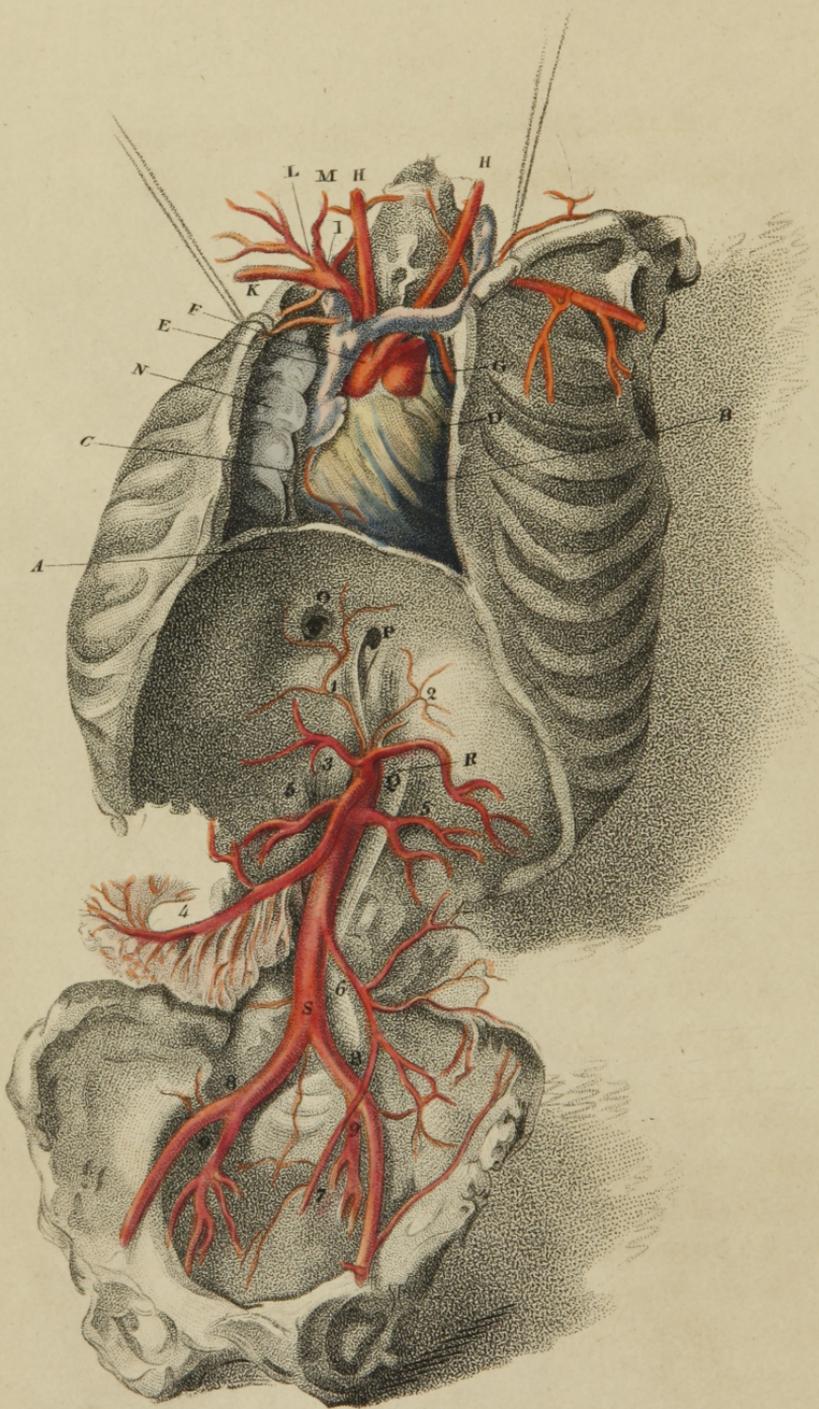
- v. Popliteal Artery* {  
 1. Arteria Articularis Superior Externa.  
 2. ————— Interna.  
 3. ————— Media.  
 4. ————— Inferior Externa.  
 3. ————— Interna.

- x. Anterior Tibial Artery* {  
 1. Recurrens Tibialis Anticæ.  
 2. Malleolaris Interna.  
 3. ————— Externa.  
 4. Arteria Tarsea.

- v. Posterior Tibial Artery* {  
 1. Plantaris Externa.  
 2. ————— Interna.

- z. Fibular Artery* {  
 1. Anterior.  
 2. Posterior.





E. Bell del.

D. Edwin sculps.

# EXPLANATION

OF

## PLATE II.

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*Explaining the Diaphragm, the Situation of the Heart, the Blood-vessels of the Breast, and the Abdominal Aorta.*

(*Bell's Anat. Vol. II. pages 245—252, and 408.*)

(*Wistar, pages 258—261, 276—277, 280, and 285.*)

- A. The *Diaphragm*, dividing the thorax from the abdomen.\*
- B. The *Heart*, lying upon the diaphragm, and with the apex obliquely to the left side.†

\* A thrust made with a small sword on the left side of the chest, immediately above the seventh rib, perpendicularly to the convexity of the chest, will pass through the diaphragm into the stomach, the heart escaping.

† A thrust immediately above the left pap, and above the fifth rib, perpendicularly to the surface of the chest, transfixes

- c. *The Right Auricle.*
- d. *The Left Auricle;* that which receives the blood from the lungs.
- e. *The Superior Vena Cava,* returning the blood from the arms and head to the right auricle.

the body of the left ventricle of the heart, perforating the anterior and extreme margin of the right.

A thrust made perpendicularly to the convexity of the chest, immediately under the anterior head of the fifth rib, will pass through the anterior edge of the right lung, and pierce the apex of the heart.

Perpendicularly to the convexity of the right side of the chest, and immediately below the anterior head of the third rib, the thrust made will pierce the lungs and mediastinum, and pass through the right auricle.

A thrust perpendicularly down by the left side of the sternum, betwixt the fourth and fifth ribs, will pass through the upper part of the heart, near the root of the pulmonary artery.

A thrust perpendicularly to the convexity of the chest, immediately under the right pap, and of course the fifth rib, will pass through the root of the lungs among the great vessels.

A thrust with the small sword, horizontally from the greatest lateral convexity and upper edge of the seventh rib, will pass through the middle of the lower portion of the posterior lobe of the right lung, behind the heart, into the posterior mediastinum, where the aorta and œsophagus are about to pass through the diaphragm.

- F. The *Arch of the Aorta*.\*
- G. The *Pulmonic Artery*.
- H. H. The *Right and Left Carotid Artery*.
- I. The *Subclavian Artery*.
- K. The *Internal Mammary Artery*.
- L. The *Thyroid Artery*, to the shoulder, the neck, and the thyroid gland.
- M. The *Vertebral Artery*.
- N. The *Lungs* of the right side.
- O. The *Perforation of the Diaphragm*, for the transmission of the inferior cava.
- P. The *Hole by which the Œsophagus passes into the abdomen*.
- Q. The *Lesser Muscle of the Diaphragm*. See the text, p. 325, Vol. II.

\* The arch of the aorta lies three fourths of an inch below the level of the upper part of the sternum.

If the assassin strikes within the clavicle, obliquely down, with the stiletto, the point will, at the depth of           , pass into the arch of the aorta, and occasion a more sudden death than if struck into the heart; if the aorta should escape, some of the great branches will be wounded; even if the great branches should escape, and the trachea be wounded, the patient is in danger of instantaneous death, from the blood passing into the trachea suffocating him.

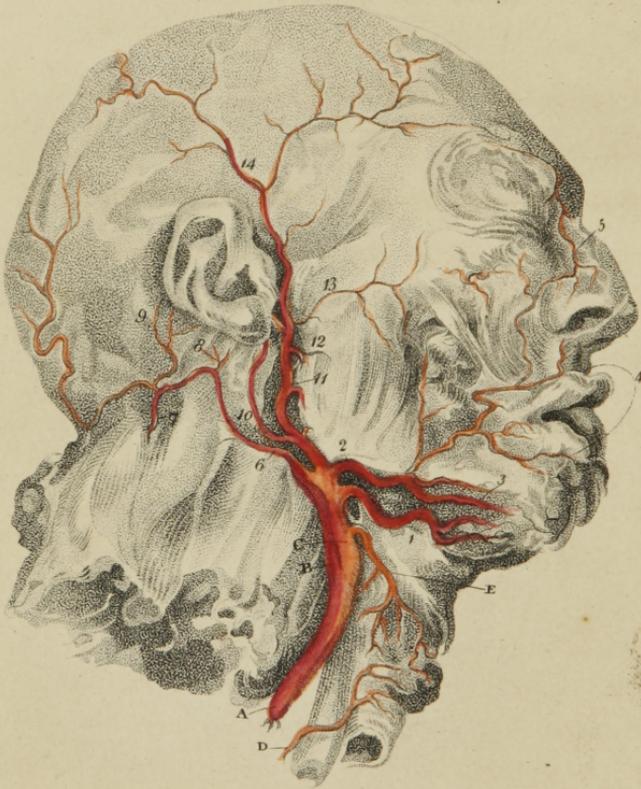
R. S. The whole length of the **Abdominal Aorta**.

It is seen embraced by the diaphragm at R., and immediately giving off the phrenic and cœliac arteries.

1. The *Right Phrenic Artery*.
2. The *Left Phrenic Artery*.
3. The **Root of the Cœliac Artery**, (See Plate VII.)
4. 4. The *Upper Mesenteric Artery*, (See Plate VIII.)
5. 5. The *Emulgent Arteries*.
6. The *Lower Mesenteric Artery*.
7. The *Hæmorrhoidal Artery*, a branch of the last.
8. 8. The *Common Iliac Arteries*.
9. The *Internal Iliac*. It is seen to give off the gluteal, the ischiatic, and obturator artery.



Plate III.



C. Bell del.

D. Edwin sc.

# EXPLANATION

OF

## PLATE III.

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*This and the following Plate illustrate the Text of Bell, from pages 242—294; and Wistar, pages 241—254.*

### A. *The Common Carotid Artery.\**

\* To cut down for this artery, I would turn the chin towards the same side, and then make an incision two inches and a half in length along the anterior edge of the sternoid portion of the cleido mastoideus. In doing this, the firm cellular membrane, and some of the anterior fibres of the platysma myoides must be cut. Having fairly laid bare the edge of the mastoideus, we ought to do no more with the edge of the knife; we ought then to hold aside the mastoideus, and, with the fingers and handle of the knife, we dig down to the artery, and insulate it: We find a small muscle, the omo-hyoideus passing obliquely over the artery, about an inch and a half from the head of the clavicle. The

- B. The *Internal Carotid Artery*, or *Artery of the Cerebrum*.\***
- C. The *External Carotid Artery*.**
- D. The *Lower Thyroid Artery*, being a branch of the *Subclavian Artery*.†**
- E. The *Upper Thyroid Artery*, being the first branch of the *Carotid*.‡**

great internal jugular vein is close on the outside of the artery, the par vagum betwixt them, the sympathetic nerve below, and close upon the vertebræ. If a small nerve be observed running above the artery, it is the descendens noni.

If vessels bleed in making this incision, they are muscular branches of the thyroid artery.

\* Internal Carotid lacerated.—*Abernethy's Surg. Obs.*

† The Inferior Thyroid lies in a situation not to be tied. It lies near the side of the vertebræ, where it is, on the outer side of the carotid artery, fully five fingers breadth from the clavicle. It should be sought for directly under the omo-hyoideus, and betwixt the carotid and the anterior edge of the scaleni. It cannot be taken up there. In cutting for it, I cut the sympathetic, and probably the phrenic nerve. It would be better to endeavour to reach the artery, by turning over the side of the gland which lies before the carotid trunk. By thus stretching the gland, we find the artery as if descending from above, in two branches, to the lower part of the gland.

‡ It may be proposed, previous to the attempt of extirpating the thyroid gland, to tie the four arteries which supply it. We

## BRANCHES OF THE EXTERNAL CAROTID ARTERY.

1. The *Lingual Artery*.\*
2. The *Fascial Artery* or *Labial Artery*.†
3. The *Submental Artery*.
4. The *Upper* and *Lower Coronary Arteries*.
5. The *Inosculation* of the extreme Branches of the *Fascial Artery*, with the *Ophthalmic Artery*.

cannot reach the inferior thyroid artery before it has passed under the carotid: The only possible way is, to lift up the inferior lobe of the tumour, separating the carotid from it; when we find the inferior thyroid artery rising in two branches, to be distributed to the gland. It would appear that these branches were descending from the carotid, by the acute turn they take downwards from their highest point on the neck.

\* The *Lingual Artery* makes its great curve (being tortuous) immediately above the great horn of the *os hyoides*; it then passes under the *mylo-hyoideus*. Were it ever necessary to cut upon it here, let the extreme point of the *os hyoides* be the mark; for it turns just above it to pass under the *mylo-hyoideus*.

† *Fascial Artery*, or *Labialis*, or *Maxillaris Externa*, or *Angularis*, often tortuous before rising over the jaw. This artery

6. **The Occipital Artery.\***
7. **The place where it frequently sends down inosculation to the vertebral artery.**
8. **The Lesser Posterior Artery of the Ear.**
9. **A Branch sometimes called Posterior Temporal Artery.**
10. **Posterior Artery of the Ear.**
11. **The continued Branch of the External Carotid, or sometimes the Temporal Artery; it divides into the submaxillary and proper temporal artery.**
12. **The *Internal Maxillary Artery*. See the distribution of this artery in the next Plate, fig. I. 14, and fig. II.**

left untied in operation, almost suffocated the patient afterwards. See Abernethy's Surg. Observations.

\* The Occipital is found immediately under the mastoid process, from under the insertion of the mastoid muscle; it runs backwards, on a level with the tip of the ear, under the insertion of the trapezius, and, of course, under the superior transverse ridge of the occipital bone, on the side of the neck. On the side of the neck, the internal jugular vein is immediately under it; it is also under the origin of the digastricus, and under the ninth pair of nerves.

13. The *Transverse Artery* of the Face.\*
14. The *Temporal Artery*, dividing into anterior and posterior temporal arteries. There are other branches less superficial. The deep Temporal is a branch of the Internal Maxillary.

\* This artery I have seen bleed very smartly. In cuts of the face, when this or any of the other arteries of the face are opened, we have only to use the twisted suture, taking pains to pass the needle so near the bleeding orifice that it may receive the full operation of the thread when twisted round the needle or pin. This secures the artery, and at the same time brings the lips of the wound neatly together.

Fig. 1.

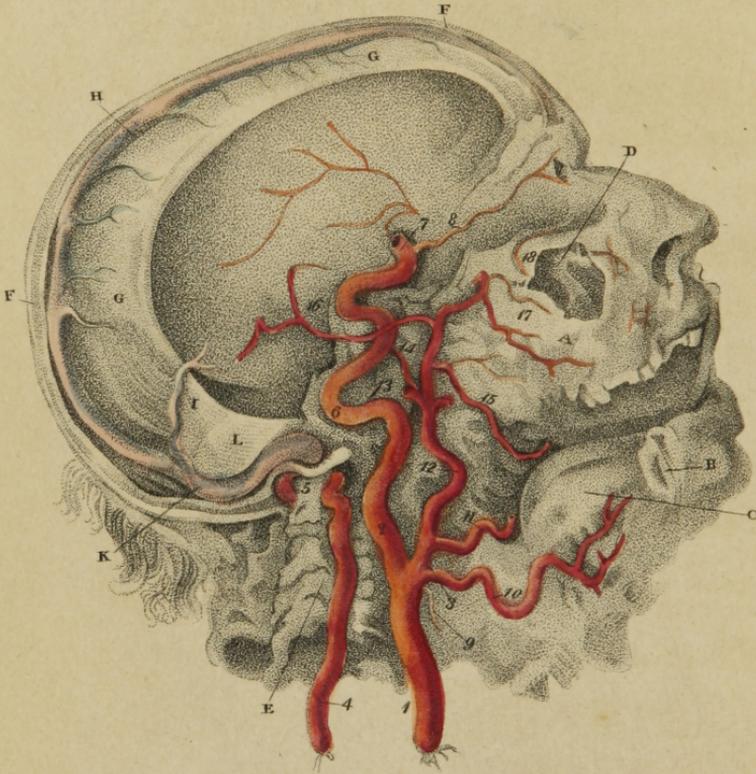


Fig. 2.



# EXPLANATION

OF

## PLATE IV.

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(*Bell*, 242—294. *Wistar*, 241—254.)

*Being the Distribution of the Internal Carotid,  
the Vertebral and Internal Maxillary Arteries,  
as seen upon making a vertical Section of the  
Head.*

### FIG. I.

- A. The Upper Jaw Bone; part of it is torn away.
- B. The Lower Jaw Bone; all the angle of the right side is taken away, to show the internal maxillary artery.
- C. The Tongue.
- D. The Antrum Highmorianum, torn open.

- E. The *Vertebræ* of the Neck, cut to show the passage of the artery, encased in the bones.
- F. F. The Scull-cap, sawn through exactly in the length of the longitudinal sinus.
- G. The Falx, which divides the hemispheres of the Brain.
- H. The Longitudinal Sinus.
- I. The Fourth Sinus, returning the blood from the lower sinus of the falx, and from the vena galeni.
- K. Right Lateral Sinus.
- L. The Tentorium, which covers the cerebellum, and supports the posterior lobes of the cerebrum.

### *ARTERIES.*

1. The *Common Carotid Artery.*
2. The *Internal Carotid Artery.\**

\* *Internal Carotid.* In Dr. Hooper's collection of preparations, there is a curious example of the ulceration of this artery. A man intending to destroy himself, attempted to swallow pins tied together; they stuck in the pharynx, and in time penetrated to this artery, which suddenly cut him off.

3. The *External Carotid Artery*.
4. The *Vertebral Artery*; the processes of the vertebræ being cut away.
5. The last and violent turn of the *Vertebral Artery*, before entering the foramen magnum of the occipital bone.
6. The violent contortions of the *Internal Carotid Artery*, before entering the scull.
7. The point of the *Internal Carotid Artery*, where, after making its turns in its passage through the bone, it appears by the side of the sella turcica. See Plate V. 1.
8. The *Ophthalmic Artery*, derived from the carotid. It is this artery which is seen to inosculate with the *Fascial artery*, in the preceding Plate, at 5.
9. The *Thyroid Artery*.
10. The *Lingual Artery*.
11. The *Fascial Artery* cut short; it is seen in third Plate, fig. 2, passing over the jaw.
12. The *Continued Trunk of the External Carotid Artery*; it is about to divide into the temporal and internal maxillary arteries. See the preceding Plate (11.)

13. The *Temporal Artery*, cut short.
14. The *Internal Maxillary Artery*.
15. That Branch of the *Internal Maxillary Artery*, which passes into the lower jaw.
16. The *Great or Middle Artery* of the *Dura Mater*; a branch of the internal maxillary.\*
17. The *Artery of the Upper Jaw*.
18. The *Infra Orbital Artery*; it is seen to pass out upon the face.

\* It is this artery which rises through the spinous hole in the sphenoid bone, and then runs on the lower angle or spinous process of the parietal bone: here it generally lies in a deep channel, and gives occasion to a kind of rule in surgery, to avoid applying the trephine at this part.

## EXPLANATION OF FIG. II.

(*Bell*, 278—86. *Wistar*, 247—251.)

### *This is a Plan of the INTERNAL MAXILLARY ARTERY.*

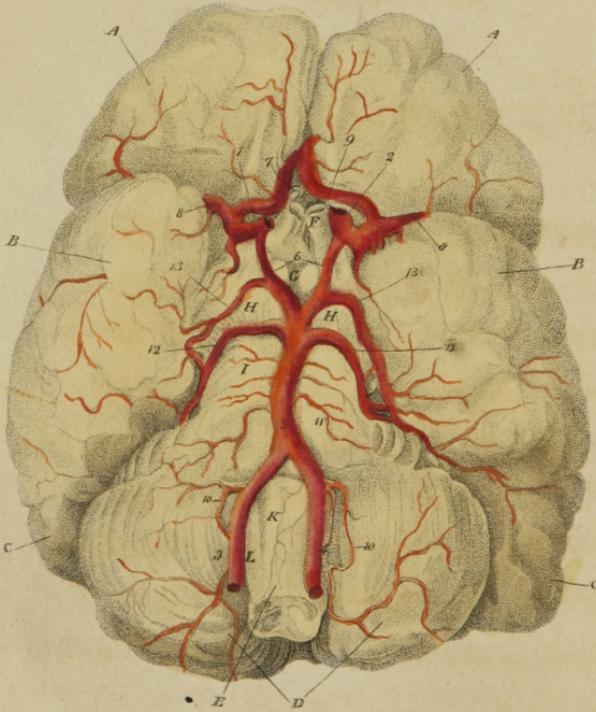
1. The *Meningeal Artery*, or great middle artery of the dura mater.\*
2. The *Lower Maxillary Artery*.†
3. Irregular Arteries: the *Pterygoid Arteries*.
5. The *Deep Internal Temporal Artery*.

\* This artery enters the skull by the foramen spinale of the sphenoid bone, and is the same that makes the deep furrow in the inside of the parietal bone. Mr. Walker, of Edinburgh, communicated a case where an arrow shot into the skull wounded this artery.

† *Lower Maxillary*. This artery enters at the posterior foramen of the lower jaw-bone, and courses within the bone, and appears on the chin, coming out through the mental foramen. See *Op. Surgery*, on the bleeding of small arteries from bone. In pulling the last molaris of the lower jaw, if the inner plate of the bone be broken off, and this artery torn up among the cells of the bone, the patient may die of bleeding.

6. *The Artery of the Cheek.*
7. *The Artery of the Upper Jaw.*
8. *The Infra Orbital Artery.*
9. *The Upper Palatine Artery.*
10. *The Origin of the Upper Pharyngeal Artery.*





C. Bell del.

J. Edwin sculp.

# EXPLANATION

OF

## PLATE V.

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### *ARTERIES OF THE BRAIN.*

(*Bell, Vol. II. pages 295—317. Wistar, 257—261.*)

#### DIVISIONS AND EMINENCES OF THE BRAIN.

- A. A. The Anterior Lobes of the Cerebrum.
- B. B. The Middle Lobes of the Cerebrum.
- c. c. The Posterior Lobes of the Cerebrum,  
which rest upon the tentorium.
- D. The Right and Left Lobes of the Cerebellum.
- E. The *Medulla Oblongata*.
- F. The *Optic Nerves*, cut at their union.

- g. The *Corpora Albicantia*; the *Infundibulum* is seen betwixt these and the optic nerves.
- h. h. The *Crura Cerebri*.
- i. The *Pons Varolii*, or *Tuberculum Annulare*.
- k. The Eminences of the *Medulla Oblongata*, called *Corpora Pyramidalia*.
- l. The *Corpora Olivaria*.

### *ARTERIES.*

1. 2. The Right and Left Carotid Arteries, raised with the brain, and cut off as they rise at the point marked in the preceding Plate (7); that is, as they rise at the side of the *sella turcica*.
3. 4. The Right and Left *Vertebral Arteries*.
5. The Union of the *Vertebral Arteries* to form the *Basilar Artery*.
6. The Communicating Artery, or Anastomosis, betwixt the *Basilar Artery* and *Carotid*.
7. The Union of Communication betwixt the carotids of each side by the anterior arteries of the cerebrum; these anastomoses 6 and 7 form the *Circle of Willis*.

DIVISIONS OF THE INTERNAL CAROTID  
ARTERY.

8. The *Middle Artery of the Brain* passing into the *Fissura Silvii*.
9. The *Anterior Artery of the Cerebrum*.

BRANCHES OF THE VERTEBRAL AND  
BASILAR ARTERIES.

10. The *Posterior Artery of the Cerebellum* from the Vertebral Arteries.
11. A very considerable branch of the Basilar Artery to the pons varolii and cerebellum, which however has no name.
12. The *Anterior Artery of the Cerebellum*.
13. The *Posterior Artery of the Cerebrum*.

The lesser branches of vessels seen in this Plate are mentioned in the text, but are not distinguished by any particular name.

*D. Sclero scalp.*

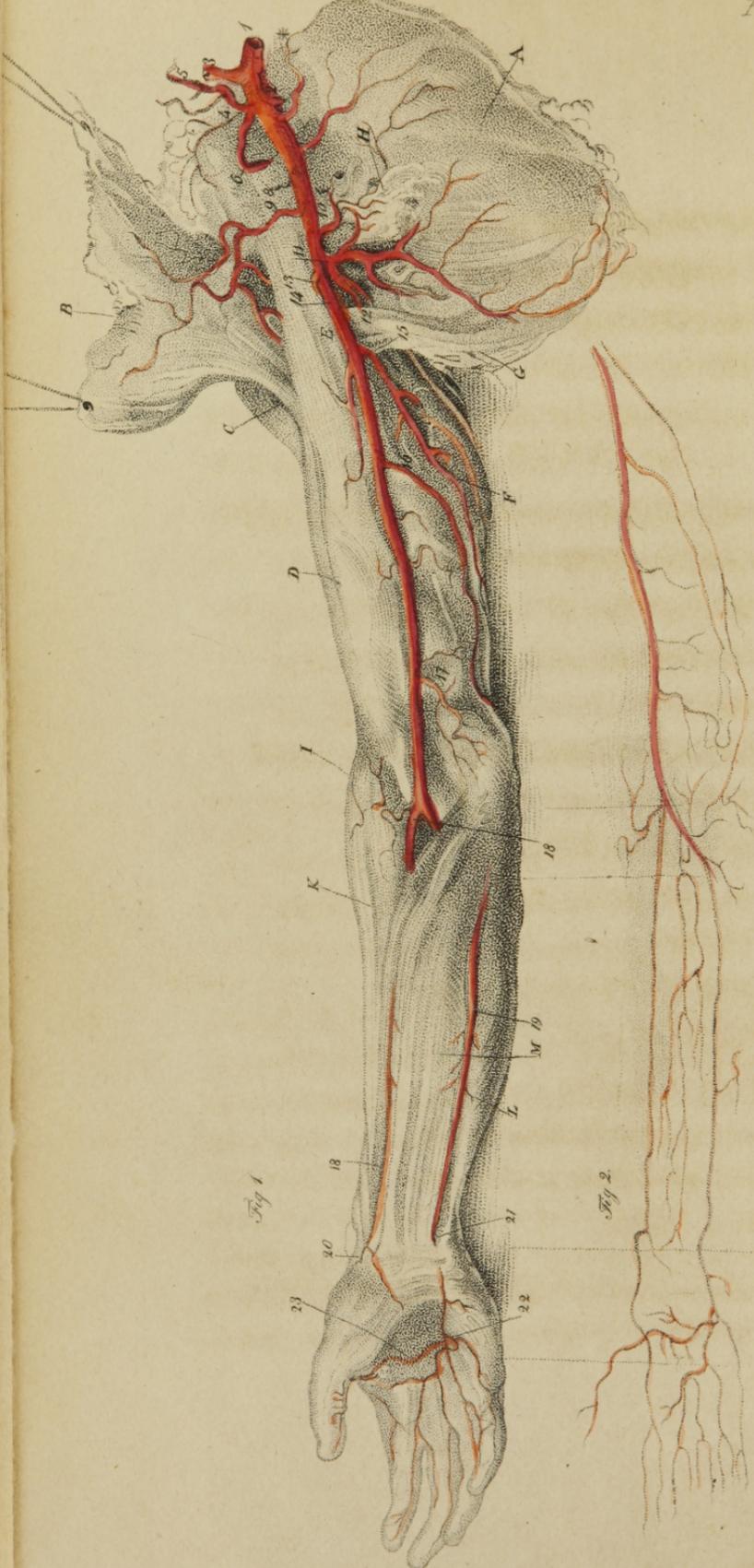


Fig. 1

Fig. 2

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C. Bell del.

# EXPLANATION

OF

## PLATE VI.

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(*Bell, pages 340—402. Wistar, 264—273.*)

### OF THE ARTERIES OF THE ARM.

#### FIG. I.

- A. The *Scapula*.
- B. The *Pectoral Muscle* held up.
- C. The *Deltoid Muscle*.
- D. The *Biceps Muscle*.
- E. The *Coraco-brachialis Muscle*.
- F. The *Triceps extensor Muscle*.
- G. The *Teres Major*.
- H. The *Tendon of the Lesser Pectoral Muscle*.
- I. The *Supinator Longus*.

- K. The *Extensor Carpi Radialis*.
- L. The *Flexor Carpi Ulnaris*.
- M. The *Palmaris Longus* and *Flexor Muscles* of the Fingers.

From the Aorta till the Artery passes over the first rib, it is called,

1. The *Subclavian Artery*. When this artery is injected, and tolerably full, it makes two pretty acute turns, in the form of an italic S, before it escapes under the clavicle. Its larger curve is just where it comes through the anterior and middle portions of the Scalenus muscle. It then descends directly across the first rib. It then comes out under the clavicle, three fingers breadth from the inner extremity of the clavicle. Just at this point, viz. where it passes over the bulging of the rib, it may be compressed in the living body.\* Its branches are,

\* To cut for the Subclavian Artery, begin the incision an inch from the inner head of the clavicle; then carry it in a direction slightly deviating from the line parallel with the clavicle, to-

2. The *Internal Mammary Artery*.\*
3. The *Vertebral Artery*.
4. The *Thyroid Artery*.
5. The *Ascending Thyroid Artery*, a branch of the last. The *Transversalis Colli* is also generally a branch of the *Thyroid*, very irregular in its origin. Sometimes it comes from the *Thyroid*, and then receives the name of *Transversalis Humeri*; sometimes it comes from the place of the *Cervi-*

wards the *Acromion Scapulæ*. The second incision cuts the fibres of the *Pectoralis Major*, where they arise from the clavicle; here we come upon a thick bed of cellular membrane, which being lifted, we find the great subclavian vein, with the cephalic vein joining it; under this vein, and a little further backwards (more under the clavicle) the artery is found.

\* Branches of the *Internal Mammary Artery*. 1. To the *Thymus*. 2. Accompanying the *Phrenic Nerve*. 3. To the *Pericardium*. 4. To the *Mediastinum*. 5. Several branches to the *Pectoral Muscle* and *Mamma*. 6. To the *Diaphragm*. 7. To the *Abdominal Muscles*, inosculating with the *Epigastric Artery*. If a thrust be made with a small sword in any part (below the second rib) in a line parallel with the *Sternum*, and three fourths of an inch from its edge, it will wound the *internal Mammary Artery*.

*calis Superficialis*, or even from the Subscapularis; sometimes from the Subclavian itself.

The *Deep and Superficial Cervical Arteries*.

6. The *Supra Scapular Artery*.

The *Axilla*.

7. The Trunk now assumes the name of *Axillary Artery*. Its branches are, three or four to the chest; three to the scapula and shoulder.\*

8. The *Lesser Superior Intercostal Artery*, or *Superior Thoracic Artery*.

9. The *Greater or Longer Thoracic Artery*, or *External Mammary Artery*.

10. The *Thoracica Acromialis*, or *Humeralia*.

\* *Axillary Artery*. If we have to turn up the edge of the Pectoralis Major, to tie the axillary artery, we find the artery on the inside of the coraco brachialis; the external cutaneous nerve is on the outside of the artery, the radial nerve on the inside, and the muscular spiral below it; the vein is betwixt the artery and the muscle; higher up in the axilla the artery is involved in the plexus.

These descriptions of the exact seat of the arteries, are intended to enable the surgeon to *avoid* them as well as to cut

The *Thoracica Alaris* is not in this subject.

11. The *Subscapular Artery*; it is seen to divide upon the edge of the Scapula, into a deeper and a more superficial branch.
12. The *Posterior Circumflex Artery* of the arm.
13. The *Anterior Circumflex Artery* of the arm.

*In the Arm.*

14. The Trunk now assumes the name of *Humeral Artery*,\* it gives off these branches:

upon them and take them up. By attending to the above circumstances, I cut a ragged ball out from behind the artery and nerves without hurting either. *White's Cases by Gun-shot. Principles of Surgery, 292.*

\* The Humeral Artery does not run a perfectly straight course down the arm. When the subject is laid on its back, the arm by the side, and the palm of the hand flat upon the table, if we push a point horizontally under the arm-bone, one hand's breadth from its head *from without*, the artery escapes. When in the same horizontal direction, two hand's breadth from the

15. The Superior, or *Greater Profunda*.
16. The *Lesser Profunda*.
17. The *Anastamoticus Major*; the lesser anastamosing branch comes off higher up, and follows the same direction round the inner condyle.

*Arteries of the Fore Arm.*

Extremity of the *Humeral Artery*. The Artery divides three fourths of an

head of the bone, the artery is transfixed. LOWER DOWN the arm, it again rises towards the fore part of the humerus.

To find the Humeral Artery before passing over the elbow joint, we make the patient bend his arm against a force, to show the expansion of the biceps. Having marked its place, we put the arm into a relaxed position, and make an incision along the inner edge of the biceps, or rather, we might say, just where it begins to throw off its tendinous expansion, two fingers' breadth from the inner condyle of the os humeri, carrying it upwards. We find here not immediately the artery, but the radial nerve covering the artery; laying this aside, we find the artery lying betwixt its two venæ comites.

I have found on dissection, that the surgeon had included the radial nerve in the ligature of the humeral artery. I have also found that he had put the ligature about the radial nerve, mistaking it for the humeral artery.

inch below the part of the *Medean Basilic Vein*, where we generally bleed.

18. 18. *The Radial Artery.*

19. 19. *The Ulnar Artery.*

*The Interosseous Artery*, which divides into the *Inner* and *Outer Interosseous*.

*The Recurrent Arteries* from these last are, the

*Recurrens Radialis Anterior.*

*Recurrens Ulnaris Anterior.*

*Recurrens Ulnaris Posterior.*

*Recurrens Interossea.*

20. At this point the *Radial Artery* turns under the *supinator tendon* and *extensor tendons of the thumb*.\*

\* To find the *Radial Artery* in its course one-third down the arm, cut on the outer edge of the *supinator longus*, first through the third fascia—then lift the edge of the muscle, and under the second fascia you find the radial artery, passing over the tendon of the *pronator teres*.

1. To take up this artery on the wrist, we cut a quarter of an inch from the radial edge of the *Flexor Carpi Radialis*. N. B. The insertion of the *Supinator Radium Longus* is on the outside, but flat, giving no mark outwardly. The *Extensor Primi In-*

## Superficial Artery of the Palm.

### 21. The *Ulnar Artery* passing over the wrist.\*

#### *Dorsalis Ulnaris.*

*Internodii Policis* comes obliquely over the head of the Radius, and the insertion of the Supinator.

A fascia covers the artery here. A small nerve (from the *external cutaneous*) runs above the fascia.

2. To cut for the Radial Artery, when it has passed from the fore part of the wrist, we carry the knife on the outside of the insertion of the *Extensor Radialis Longior*, and the inside of the *Extensor Tertii Internodii Policis*. Betwixt these tendons the artery lies very deep, and over it the extreme branch of the *Muscular Spiral Nerve*.

\* *Ulnar Artery*. 1. In the middle of the fore arm the artery lies under the fascia, and under the margin of the *Flexor Ulnaris* and *Flexor Digitorum Sublimis*, rather more under the margin of the last. To tie the artery, we would have to cut down betwixt these muscles. The *Ulnar Nerve* lies on the ulnar edge of the artery.

2. To cut for the Ulnar Artery near the wrist. We carry the knife upon the inside of the *Flexor Ulnaris Carpi*; we raise the fascia, which binds down the tendon; but still we have another layer of the fascia, under which the artery and its *Venæ Comites* lie. The *nerve* is lying still more under the tendon of the ulnaris than the artery, but close upon it.

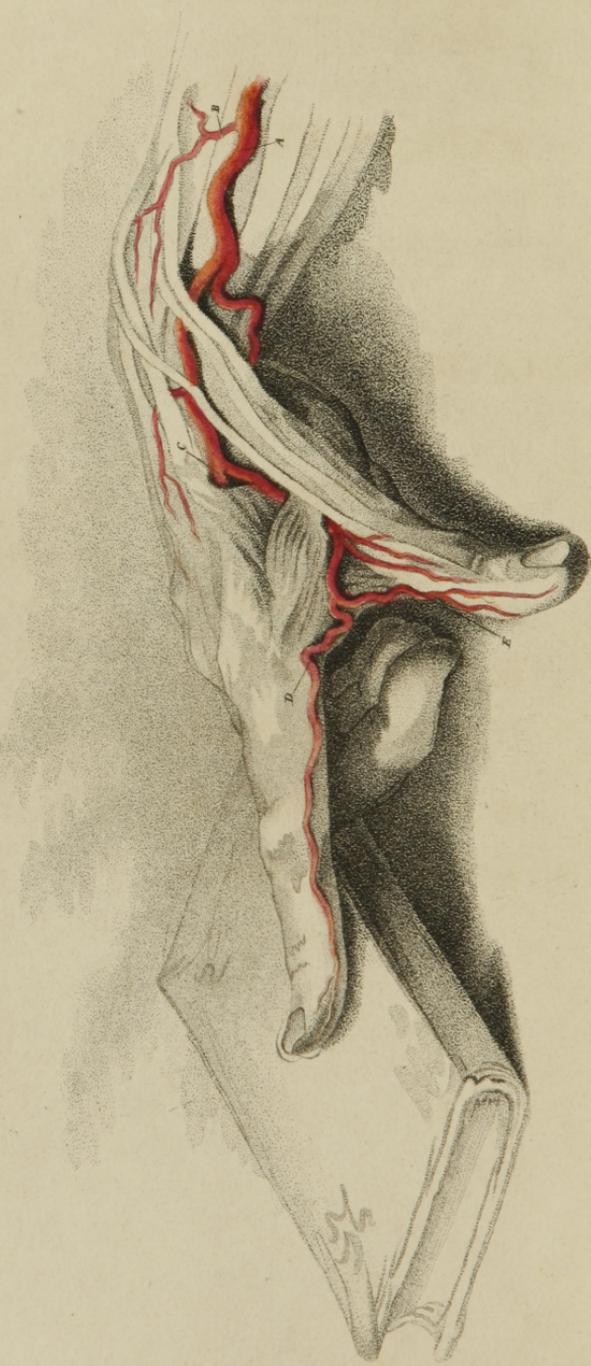
Ulnar Artery tied for wound of the palm. *Principles of Surgery*, 183.

**Arteria Palmaris Profunda Ulnaris.**

22. **The Great Palmar Arch, from which the Arteries of the fingers are seen to proceed.**
23. **This dotted line marks the seat of the Lesser Arch under the tendons.**

**FIG. II.**

**From this Sketch of the Arteries we can follow in idea their continued course among the muscles.**



D. *Edwin sculp.*

Published Nov 1812 by A. Finley Printer.

C. *Chesne del.*

# EXPLANATION

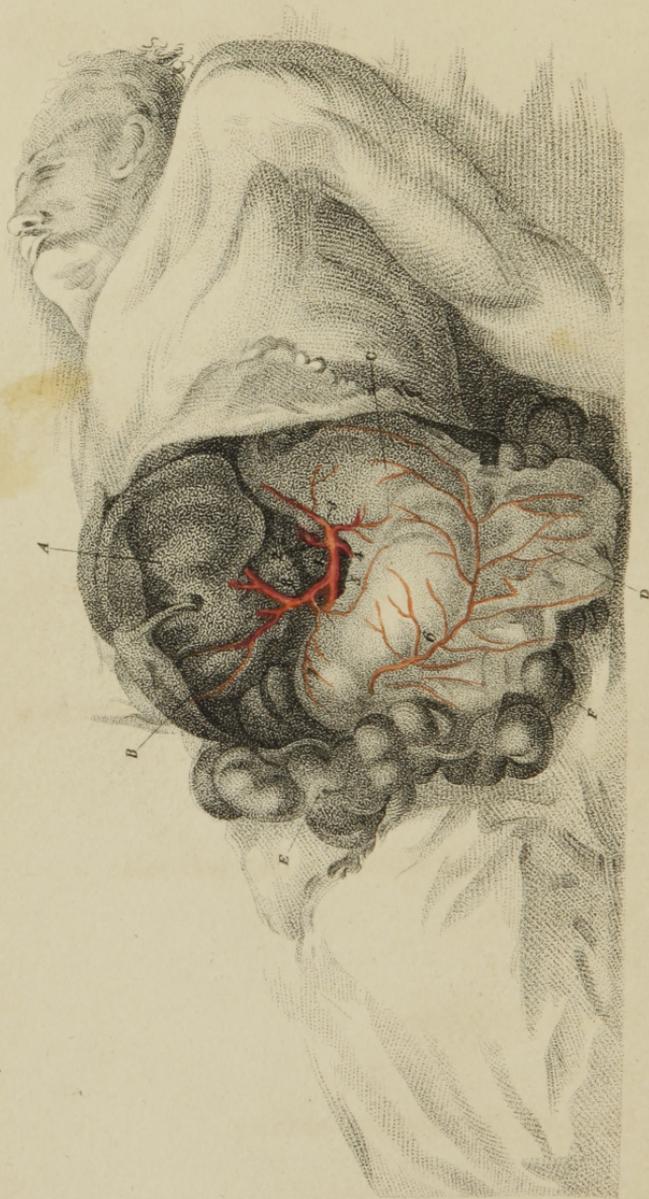
OF

## ADDITIONAL PLATE VI.

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- A. *Arteria Radialis.*
- B. *Ramus Dorsalis.*
- C. *Palmaris Profunda.*
- D. *Ramus ad Indicem.*
- E. *Ramus ad Pollicem.*

Plate VII.



C. Bell del.

D. Edwin sc.

Published Nov. 1802 by A. Foy, Philad<sup>a</sup>

# EXPLANATION

OF

## PLATE VII.

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### ***THE DISTRIBUTION OF THE CÆLIAC ARTERY.***

(*Bell, pages 412—422. Wistar, 276—280.*)

- A. The *Liver* raised so as to show its concave surface.
- B. The *Gall Bladder*.
- c. The *Stomach* laid down to the left side.
- D. The *Omentum*.
- E. The *Colon*.
- F. The *Small Intestines*.
  - 1. The *Aorta*.
  - 2. The *Root of the Cæliac Artery*.

3. The Superior Coronary Artery of the Stomach.
4. The *Splenic Artery*.
5. The *Gastro-Epiploic Artery*.
6. The same Artery running upon the great Arch of the Stomach.
7. The *Pancreatica Duodenalis*, a branch of the last.
8. The *Hepatic Artery*; it is seen to divide into the right and left hepatic arteries; the right hepatic artery is seen to give off the *Cystic Artery*; a small branch is seen passing from the trunk of the hepatic artery to the *Pylorus*, viz. the *Lower Pyloric Artery*.



Plate VIII.



G. Bell del.

D. Edwin sculp.

# EXPLANATION

OF

## PLATE VIII.

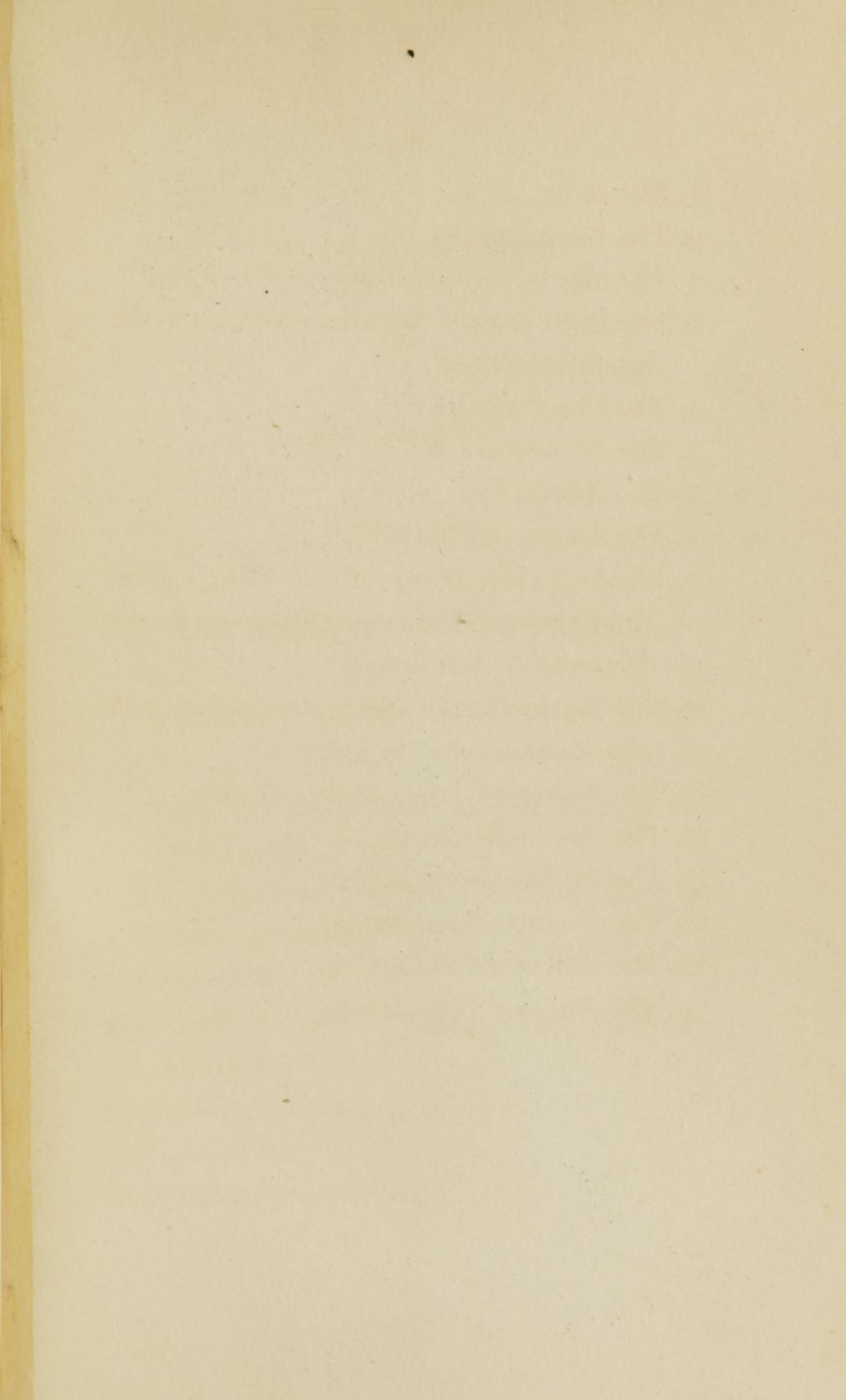
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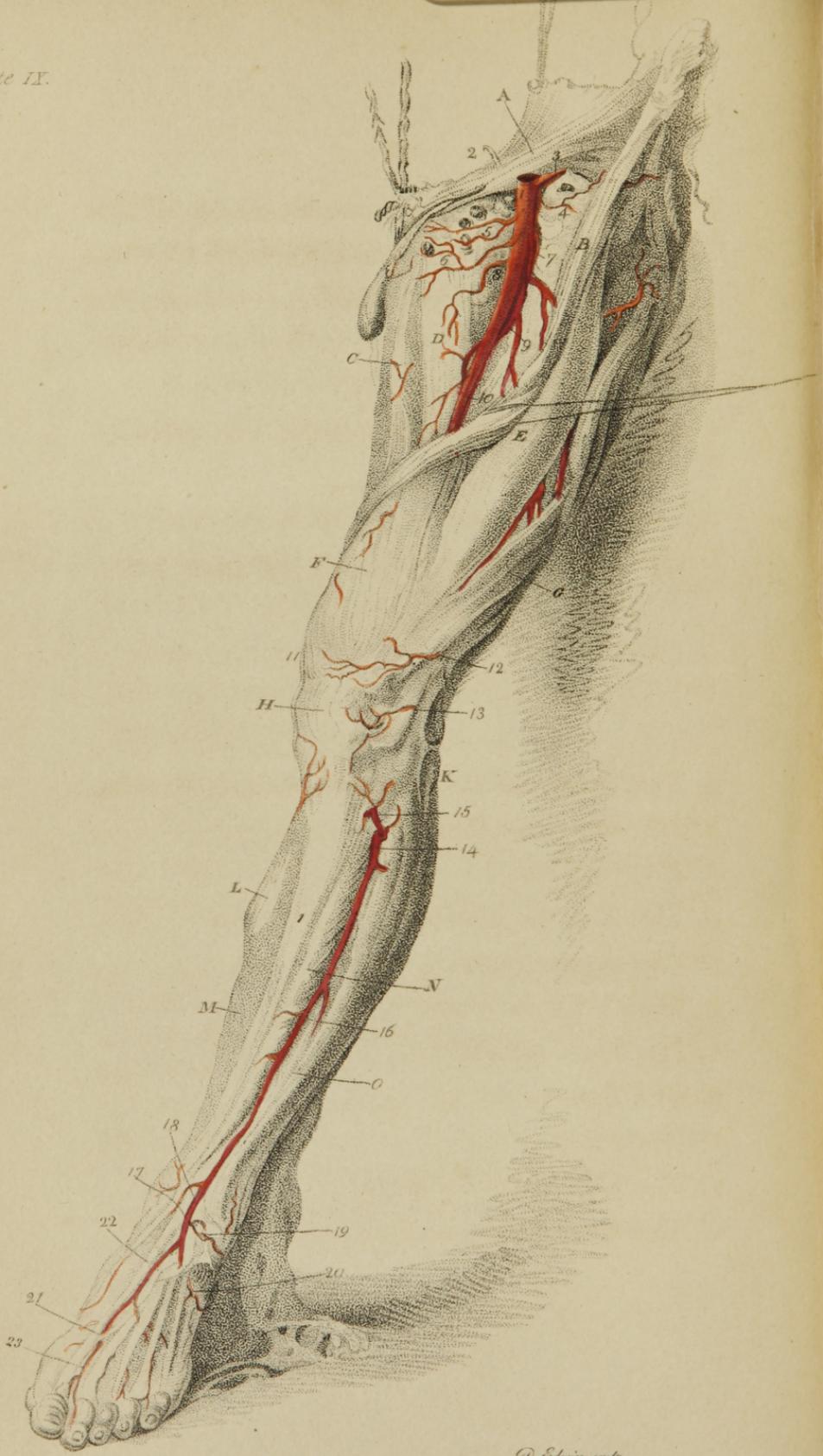
### *THE MESENTERIC ARTERIES.*

(*Bell, page 422. Wistar, pages 280—285.*)

- A. A. The *Omentum* held up, and bearing the great Arch of the Colon.
- B. The termination of the *Intestinum Ileum* in the *Caput Coli*.
- C. *Caput Coli*.
- D. E. The Arch of the Colon, which stretches across the belly.
- F. The *Sigmoid Flexure* of the Colon.
- G. The *Rectum*.
- H. The *Bladder of Urine*.

1. The *Aorta*.
2. The *Cæliac Artery*.
3. The root of the *Upper Mesenteric Artery*.
4. The great Lash of Arteries which go to the small intestines.
5. The *Ileo-Colic Artery*.
6. The *Right Colic Artery*.
7. The *Middle Colic Artery*.
8. The *Lower Mesenteric Artery*.
9. The *Left Colic Artery*; this forming a great inosculation betwixt the Upper and Lower Mesenteric Arteries.
10. The *Hæmorrhoidal Artery* descending with the Rectum into the Pelvis.
11. The *Emulgent Artery* of the left side.
12. The *Spermatic Artery*.
13. The *Middle Sacral Artery*.
14. The *Common Iliac Artery*.
15. The *External Iliac Artery*.
16. The *Internal Iliac Artery*.





G. Bell del.

D. Edwin sculp.

# EXPLANATION

OF

## PLATE IX.

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### OF THE ARTERIES OF THE LOWER EXTREMITY.

(*Bell, page 452. Wistar, pages 291—300.*)

- A. The Tendon of the External Oblique Muscle.
- B. The *Sartorius Muscle*.
- C. The *Gracilis*.
- D. The *Triceps Muscle*.
- E. The *Rectus Femoris*.
- F. The *Vastus Internus*.
- G. The *Vastus Externus*.
- H. The *Patella*.
- I. The *Tibia*.
- K. The Head of the *Fibula*.
- L. The *Gastrocnemius Muscle*.

M. The *Soleus Muscle*.

N. The *Tibialis Anticus*.

O. The *Extensor Tendons of the Toes*.

## ARTERIES.

1. The *Femoral Artery*.

2. The *Epigastric Artery*.\*

\* *Epigastric Artery*. This artery passes in a direction towards the *Rectus Abdominis*, behind the spermatic cord; it is consequently behind the neck of the sac in bubonocoele. Though rarely, yet sometimes it happens that the hernia comes down behind the spermatic cord, or nearer to the pubes, or even so as to split and separate the vas deferens, from the other spermatic vessels; in this case the epigastric artery lies on the inside of the sac. I have seen this artery cut in the operation for hernia. It has been opened in the operation of *Paracentesis Abdominis*, and the patient lost by a hæmorrhage into the belly.

Very often a considerable branch of this artery courses along the edge of the Poupart ligament, towards the pubes. Its common distribution is thus:

1. To the cord and cremaster muscle.
2. Towards the back of the os pubis.
3. Principal branch ascending upon the rectus.
4. Inosculating with the internal mammary.

3. The *Reflexa Ilii*.
4. A Cutaneous Branch to the head of the Sartorius, and glands, and fat.
5. To the Inguinal Glands, and Fat; it sends out a pudic branch also.
6. The *External Pudic Artery*.\*
7. The *Profunda*.
8. The *Internal Circumflex Artery*.
9. The *Profunda*, proceeding deep into the flesh of the thigh before it gives off the perforating branches.

The Branches of the Profunda are seen in the interstices of the Rectus and Vastus Externus.†

\* The largest of these External Pudic Arteries gives out its blood freely, when cut in the operation of Scrotal Hernia, or extirpation of the testicle.

† They are these:

Arteria Circumflexa	{	To the Dorsum Ilii.
Externa		To the outside of the hip.
		The greater and lesser descending branches.
Internus.		

10. The *Femoral Artery*, where it lies betwixt the triceps and vastus internus muscle, before it perforates the triceps.\*
- 11,† 12, 13. *Articular Arteries*, branches of the Popliteal Artery.
14. The *Anterior Tibial Artery*.‡

\* *Femoral Artery*. This artery, near the place of its perforating the triceps, is the subject of one of the most important surgical operations, for popliteal aneurism. In dissection it may be well to make this experiment: Place a string so as to reach from the superior spine of the os ilii to the prominent part of the inner condyle; mark the middle of the string; make an incision a very little towards the inside of it, in the direction of the string; first, you come to the sartorius muscle; next, laying that aside, to a fascia, which stretches from the triceps to the vastus internus; when this is slit up you may see the artery; observe its situation in regard to the *vein*, the *nervus longus*, and the *sheath* which surrounds it.

† This branch (the first perforating branch of the Popliteal Artery) is remarkably enlarged in Popliteal Aneurism.

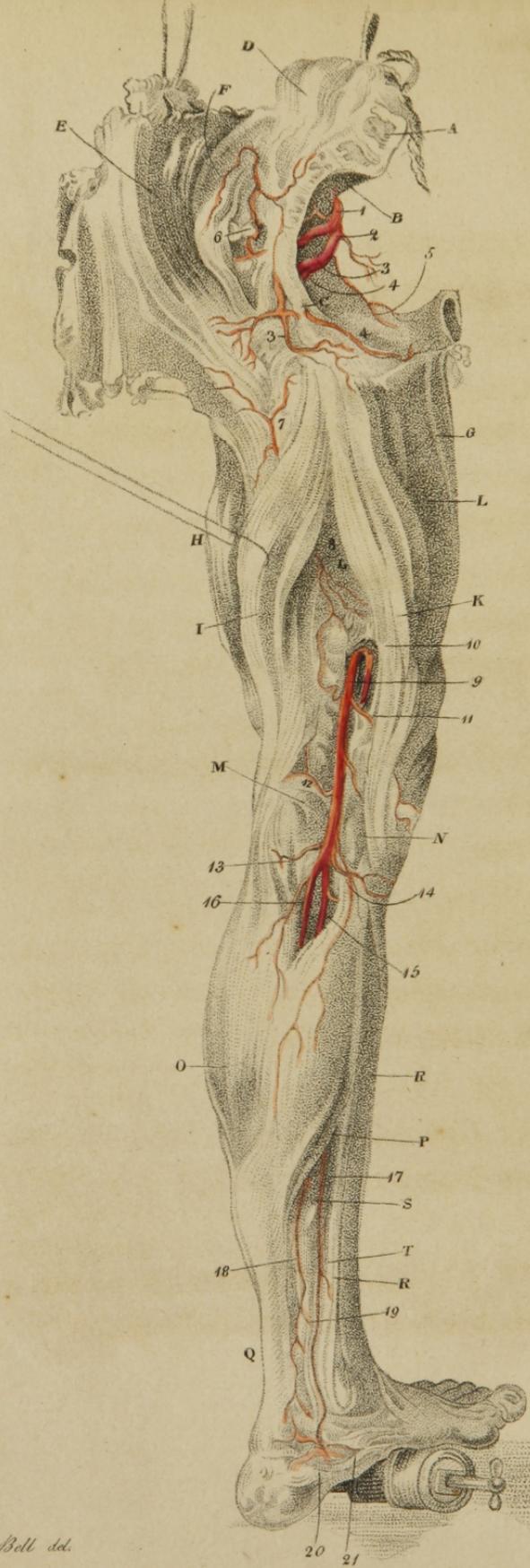
‡ The Anterior Tibial Artery lies so under the projection of the Tibia, that it is not often wounded; yet it may be cut by a deep wound, and the student should observe how it lies under the fascia and muscles.

“ The Anterior Tibial Artery comes through betwixt the bones, one inch below the projection of the knob of the Fibula; we then cut by the edge of the *Peroneus Longus*, and fol-

15. The Reflected Branch of the Anterior Tibial Artery.
16. The *Anterior Tibial Artery*, continuing its course, and distributing small branches to the surrounding muscles.
17. At this part it passes under the Annular Ligament.
18. The *Internal Maleolar Artery*.
19. The *External Maleolar Artery*.
20. The *Tarsal Artery*.
21. The *Anterior Tibial Artery* descending on the fore part of the foot.
22. The part at which the Anterior Tibial Artery sinks into the sole of the foot, forming communications with the Plantar Arteries.
23. The last branch of the Anterior Tibial Artery, the *Arteria Dorsalis Pollicis*.

“low the partition fascia, which is betwixt this muscle and the head of the *Extensor Digitorum Communis*. This partition carries us deep, and we find the artery lying on the interosseous ligament.”

When the artery is to be tied lower down, after slitting up the fascia, we must cut betwixt the *Tibialis Anticus*, and *Extensor Pollicis*.



C. Bell del.

D. Edwin sculp.

# EXPLANATION

OF

## PLATE X.

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(*Bell, page 442 to the end. Wistar, 291—300.*)

- A. The body of the last Lumbar Vertebra sawn through.
- B. The *Sacrum*.
- C. *Ischiatic Ligaments*.
- D. The *Lumbar Muscles*.
- E. The *Great Gluteus Muscle*.
- F. The *Lesser Gluteus Muscle*.
- G. The *Gracilis Muscle*.
- H. The *Vastus Externus Muscle*.
- I. The Outer Hamstring Muscles; i. e. the *Biceps*.
- K. The Inner Hamstring Muscles, i. e. the *Semi-tendinosus* and *Semi-membranosus*.

- L. L. The *Triceps*.
- M. The *Outer Condyle* of the Thigh bone.
- N. The *Inner Condyle*.
- O. The *Belly* of the *Gastrocnemius Muscle*.
- P. The *Soleus Muscle*.
- Q. The *Achilles Tendon*.
- R. The *Tibia*.
- S. The *Great Flexor Pollicis*.
- T. The *Flexor Digitorum Communis*.
  1. The *Internal Iliac Artery*; giving off,
    2. *Hypogastric Artery*.
    3. *Ischiatic Artery*.\*
    4. *The Pudic Artery*.

\* To hit upon the Ischiatic Artery as it COMES OUT from the Pelvis, begin the incision by the side of the Sacrum, three fingers breadth from the posterior spinous process of the Ilium, and carry it down, in the length of the fibres of the Gluteus Maximus, to the outside of the tuberosity of the Ischium. Even in a thin man, the artery lies two inches deep. Now, pushing in the finger as if under the sacrum, we there feel the acute edge of the sacro-sciatic ligament; on the lower margin of the sacro-sciatic hole, (which is distinctly felt with the finger amongst the looser parts,) the ARTERY is felt CROSSING the LIGAMENT OBLIQUELY; near it, upon its OUTER side, are some LESSER nerves; the great Sciatic Nerve is removed an inch from it.

5. The *Obturator Artery*.\*
6. 6. The *Gluteal Artery*.†
7. A branch from the *Internal Circumflex Artery*.
8. Branches of the *Perforating Arteries of the Profunda*.
9. The *Popliteal Artery* after it has pierced the *Triceps Muscle*.‡

\* We see here what would be the situation of the *Obturator Artery*, if a *Hernia* should descend under *Poupart's ligament* in a person having this distribution of the vessel. See *Cooper on Hernia*.

† To strike upon the *GLUTEAL ARTERY*, we cut in the direction of the fibres of the *Gluteus Maximus*, beginning about two fingers' breadth beneath the posterior spine of the *Ilium*; we cut through the *Gluteus MAXIMUS* and *MEDIUS* just upon the lower edge of the *Ilium*; we find the trunk of this artery rising to mount upon the back of the *Ilium*; we must observe, too, that *CONSIDERABLE* branches are carried *OUTWARDS* through the muscle, into which we must cut to arrive at the seat of the trunk.

In case of a wound in this artery, and the consequent formation of a false *Aneurism*, the surgeon, after puncturing the tumour, has to push his finger deep amongst the blood until he arrive at the trunk over the notch of the *Ilium*—compressing it there, he may gain time.

‡ The *Popliteal Artery* wounded by a sabre; *Principles of*

10. Those branches sent off from the main artery as it is passing the Tendon; they are called the perforating branches of the Popliteal Artery.
11. The *Upper and Internal Articular Artery*.
12. The *Upper External Articular Artery*.
13. The *Lower External Articular Artery*.
14. The *Lower Internal Articular Artery*.
15. The *Posterior Tibial Artery*; the *Anterior Tibial Artery* (Plate IX. 16.) is a branch sent off from this.\*
16. The *Peroneal Artery*, or *Fibular Artery*.†

*Surgery*, 328—wounded by the sharp projection of the femur after fracture: *Operative Surgery*, ii. 357.

\* *Posterior Tibial Artery* gives off the outer Tibial; piercing betwixt the heads of the bones exactly four fingers' breadth below the upper end of the Tibia; lying upon the Popliteus Muscle, it is about two fingers breadth removed from the inner edge of the *Tibia*.

† *Fibular Artery*. It comes through the bones one inch below the projection of the knob of the Fibula. To hit upon it, 1. We cut through the strong fascia. 2. Betwixt the heads of the *Extensor Digitorum Longus*, and of the *Peroneus Longus*, we find it lying on the interosseous ligament. N. B. We must cut through some of the fibres of the *Extensor Digitorum Longus*.  
To cut for the *Fibular Artery* lower in the leg than a hands'

**17. The *Posterior Tibial Artery* appears here again from under the *Soleus Muscle*.\***

breadth from the head of the Fibula. 1. The fascia, 2. By the outside of the *Tibialis Anticus*; betwixt it and the *Extensor Proprius Pollicis*.

It seems a shocking alternative to be obliged to saw out the Fibula, in order to tie this artery. To find this artery two hands' breadth from the heel, cut down on the outside of the *Gastrocnemius*, where it is becoming tendinous; turn up the edge of the tendons; you then find the *Flexor Pollicis Magnus* covered with its sheath. If you seek for the Fibular Artery, by going deep into the leg without piercing this fascia, you find the *Tibial Nerve*, and may come on the *Tibial Artery*. To find the Fibular, then, we cut down by the side of the bone (fibula), and raise the fibrous origins of the *Flexor Pollicis*. We then find the artery by the acute edge of the bone, lying on the ligament, accompanied only by its *Venæ Comites*.

\* The *Posterior Tibial Artery*. For complicated wounds in the sole of the foot, this artery may require to be taken up behind the ankle joint, and before it pierces under the *Flexor brevis pollicis pedes*. We shall be directed to the exact place, by observing the lowest projecting part of the Tibia. The tendons, which run close upon this tuberosity of the bone, are the *Tibialis Posticus*, and *Flexor Communis*; the first lies so closely braced to the bone in its particular sheath, that it will not be observed; the artery runs a little nearer the heel than the tendon of the *Flexor Communis*; a fascia braces down the artery, the nerve is under the artery.

18. **The *Fibular Artery***; it is seen to form large inosculations with the **Tibial Artery**.
19. **A remarkable inosculation betwixt the *Tibial and Fibular Arteries***.
20. **The *External Plantar Artery***.
21. **The *Internal Plantar Artery***.





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