

1. This dissection guide is designed to direct you in an organized dissection of the structures of the body. In it you will find brief but adequate directions for the order and method of displaying the body parts. It will also serve as a pacemaker, the numbered paragraphs representing the work sequence specified in your course schedule. The laboratory guide constitutes a check list for review purposes and will also inform you of the content of the coming assignments for advance study. Blank pages are provided for dissection notes and sketches. A well annotated notebook is very useful in review. (Note to the instructor—This edition of the *Guide* has been somewhat shortened and streamlined to adapt to the current shorter courses in gross anatomy. Paragraph organization has been introduced in order to provide the flexibility to fit any dissection schedule. In designing your own schedule, the order is readily alterable, omissions can be made, or, by assigning appropriate paragraphs, the work can be condensed or expanded.)
2. Dissection is a cooperative affair. The responsibility for displaying the anatomy of the specimen is shared by a table group, a set of partners working on each side of the body. Choose your partner and, indeed, your entire table group with care. These individuals will work closely with you for many months and should be selected not only as cooperative and congenial partners but as persons who will assist you in learning the maximum from your specimen. This is important, for it will appreciably affect your own achievement and your record in the course. Be sure that you are supplied with the best in teaching aids (texts, atlas, etc.) and that your instruments are of such quality as to further, rather than impede, effective dissection.
3. The cadaver is your responsibility from today until the course ends. Treat it with the respect due to the most important factor in your learning of anatomy. It must be kept clean, properly covered, and moistened to prevent drying. When not in use it should be wrapped to retain moisture.
4. **The Back (body prone) Landmarks and Skeletal Prominences** All surface markings are to be identified on the skeleton and in the living, and where the

embalmed body is soft enough, on the cadaver. Always remember that the anatomy of the specimen is like that of yourself and your patients and that, unable to dissect your patient, you will visualize the structures under the skin in relation to the surface markings that you can observe or palpate. Note: Spinous processes of vertebrae (which is vertebra prominens?), spine and acromion of scapula, posterior superior spine and crest of ilium, ribs and intercostal spaces, posterior surface of sacrum, and tip of coccyx.

5. **Integument** Read your textbook account of skin and its appendages and observe the general character of the skin. *Reflection of skin* Make a midline incision through the skin from the back of the skull to the tip of the coccyx. Transverse incisions to divide the back area into segments are to be made (1) from the upper end of the midline incision laterally, stopping at the upper border of the ear; (2) from the vertebra prominens to the acromion of the scapula; (3) from the spinous process of the twelfth thoracic vertebra lateralward to the midaxillary line; (4) from the coccyx upward and laterally to the posterior superior spine of the ilium and along the crest of the ilium to the posterior axillary line; and (5) from the coccyx curving laterally and downward a short distance into the back of the thigh. Begin in the midline and reflect the skin flaps outlined by these incisions (see sketch; intermediate incisions can also be recommended as 2a, 2b). Note the dense character of the skin (epidermis and dermis) and the loose fat-containing tissue deep to it. The latter is the tela subcutanea, or subcutaneous connective tissue. The separation should be made carefully between these layers. The characteristic pigskin appearance of the underside of the dermis is a good guide to the proper dissection plane. The nerves and blood vessels reach the skin by traversing the subcutaneous connective tissue and must not be disturbed or damaged at this time. Observe the variations in skin thickness in different parts of your region of dissection.
6. **Cutaneous Nerves of the Back** The cutaneous nerves of the back are branches of *dorsal rami of spinal nerves*. They are segmentally arranged and enter the subcutaneous tissue through the muscles and deep fascia. Beginning in the shoulder region, incise the subcutaneous connective tissue in the dorsal midline to the deep, or muscular, fascial layer. Reflect the subcutaneous tissue lateralward, watching in the cleavage plane for nerves entering it from below. They are commonly accompanied by small blood vessels. How do you identify an artery? a vein? When a nerve is found, gently elevate and strip it from the connective tissue, noting its distribution and its branching pattern. Dissect one or two upper back nerves as far laterally as possible. When these nerves have been identified, bare the superficial muscles and the muscular fascia by reflecting more completely the subcutaneous connective tissue as far as the midaxillary line. Save the main trunk of your cutaneous nerves during the reflection of the subcutaneous connective tissue. Later, they are to be followed to their origin from the spinal nerves.