

The Proper Teaching of Anatomy.*

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ANATOMY should be taught with more care, and forethought, and patience, than almost any other branch. One may pick up other things afterwards, but not a knowledge of anatomy. Restrict rigidly the ground, and then cover it thoroughly. If taught in an applied manner, if made practical and suggestive, it may be made an interesting subject. Occasionally facts, not immediately connected with nursing, may be introduced to serve as aids to memory. Geology, and comparative anatomy, and optics, and music, may all be culled from, for pegs on which to hang other things in the mental wardrobe of the pupil. There are perhaps no available books at present designed on this plan, so that the chief labour will fall on the teacher, but no one, zealous of results, will refuse to undertake the additional study and preparation involved, in order to make the course in anatomy distinctively one for nurses, in being absolutely restricted to what is needed, to what can be illustrated, and to what has a practical bearing on their work; to make the mastery of this limited range perfect; to make it, as it can be by association of other facts, interesting from beginning to end. Any details which the teacher might insist upon in the study of the vertebral column, would be more willingly memorised, if the importance of this part of the bony framework were illustrated by such reference as the following, briefly outlined: First, significance of vertebræ in animal kingdom, c. f. corals, sponges, jelly-fishes, sea horses, worms, snails, clams, oysters, cuttles, lobsters, insects (invertebrates), fishes, birds, mammals—man (vertebrates). Man's position in geological story.

Second, divisions into regions, cervical, dorsal, lumbar. Natural curves and lateral deflections. Mobility as a whole. Sacrum and coccyx, c. f. similar divisions in animals. Immobility of dorsal region to give a *point d'appui* for wings in birds of flight. Relative mobility of dorsal region in ostrich, &c. Attachment of muscles. Protection of nervous central axis. Points of similitude to vertebral curves of some monkeys. Spinal curves as influenced by disease. Tubercular disease of vertebræ. *Modus operandi* of jury mast, and plaster jacket, in spinal diseases of children. How to help in applying them. Deformities bearing on obstetrics. Sacral and coccygeal vertebræ of animals. Tail feathers of birds. Results of injury to vertebræ: paralyzes. Erosion from pressure of aneurism. Mobility of coccyx in parturition. Odontoid process—

developmental changes—podalic deliveries involving torsion. Articulations with skull, ribs, iliac bones. Marsupial bones of animals.

A nurse needs anatomy in order to understand other subjects. If at a *post-mortem* examination she has been shown the size of a child's stomach, and that of an infant, the relatively large liver, the various remains of foetal circulation, it will be fair to require her to learn what the physiological function and capacity of these organs are. The anatomy of rectum, bladder, uterus, vagina, and urethra, are of maximum importance, because douches, enemata, and catheterisations may become her daily tasks, and because many fine points in nursing, which the physician will expect of her, turn on an appreciation of the relation of these parts. It is superfluous for a nurse to know the character of the renal epithelium, while she is ignorant of the influence of a full bladder, or rectum, on parturition, of the danger of a glass catheter towards the end of labour, of the proper method of introducing the nozzle of a syringe in the rectum. Without anatomy a nurse cannot be a really valuable adjunct in a surgical operation, but this must be a real and practical anatomy. I remember a nurse who could talk intelligently of Peyer's patches and leucocytes, but who was utterly bewildered when an attending physician, in examining a patient for some surgical disease, directed her to flex, rotate, circumduct, &c., a limb. She was not sure which was flex and which was extend! Not least important is a thorough acquaintance with the ordinary phraseology of anatomy. Expressions like "lateral aspect," "antero-posteriorly," "internal," and "external," the names of regions, such as epigastric, lumbar, umbilical, inguinal, axillary, axillary line, interscapular, plantar, palmar, should be rendered perfectly familiar by some special drill, not necessary with students of medicine, who fall into them by long practice. It is true that physicians would do better not to use technical terms, except among themselves, but if they will do so, nurses must be prepared to understand them, and often such a code is useful, where it is best for a patient not to understand everything that is said.

Again, every subcutaneous bony structure, and the various conspicuous points, and landmarks, should be rendered familiar. In surgical and medical manipulations, where a nurse is assisting this knowledge will be of extreme service. Every prominent muscle, as the deltoid, the sternocleido mastoid, the pectorals, the rectus abdominis, at least the groups—as interior femoral, gluteal, &c.—of the thigh, the biceps, the tendo Achilles, tibialis anticus, should be known, at least, so that they can be located and pointed out, &c. On account of the extreme

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