



# ANZACA

AUSTRALIAN AND NEW ZEALAND  
ASSOCIATION OF CLINICAL ANATOMISTS

December 1,

# Newsletter



## PRESIDENT'S REPORT

**ANZACA AGM  
TUESDAY 5TH DEC  
5.00-6.00PM  
AUCKLAND, NZ**

Greetings to all of our ANZACA members from around Australia, New Zealand and further afield.

Firstly thanks to Monika for providing a Vice President's report in the last newsletter while I was on long service leave and to the rest of Council for keeping things ticking along in my absence. Jane and I had a fantastic break in Europe, although perhaps more eventful than we had originally planned – but that's a story to tell over dinner at the upcoming ANZACA conference in Auckland! More importantly, the conference subcommittee, including the local organizing committee led by Ali Mirjalili, have been working diligently in my absence to get the conference organized for December and you can read more about it in this newsletter.

We have been very busy on Council with lots of things happening – many of which are related to the conference. We have introduced a new award for students to travel to the ANZACA conference and the first recipients of the award have been determined and will present in Auckland this year – congratulations to you all. Alexandra Webb, with help from other council members, has been very busy putting together comprehensive documentation for our Council and conference procedures to help deal with the myriad issues that arise every year and making these available on a shared drive for future years. We are also looking to a future where our website will no longer be hosted by the University of Otago (as it has been since our inception). We are indebted to Otago and in particular Phil Blyth, Steph Woodley and others who have given us a world wide presence through our website for many years, but as increasing demands on functionality (including activities such as conference registration, abstract submission, subscription payments etc.) have been made it has been tougher for Otago to continue to provide the service. We have a council subcommittee, lead by Jamie Chapman, that is looking at alternatives that will allow us to not just maintain our current functionality, but look to future increased activities and services for our membership. Amanda Meyer has been busy using Twitter to raise the profile of many of our members, starting with council members – so contact Amanda if you want to know how get your research and teaching innovations publicized to a bigger audience.

I hope to see many of you in person in December in Auckland.

**Dr Rodney Green**

# ANZACA 2017 Conference

Faculty of Medical Health Sciences, University of Auckland, New Zealand

At this year's conference, we aim to explore the growing field of anatomical research employing modern imaging techniques and also emphasise the increasing need to integrate these technologies into anatomical education worldwide.

On the first day of the conference we will host two workshops; "Mentorship & Anatomy" and "Surgical Anatomy in Australasia". The first workshop is designed to initiate the ANZACA Mentorship Program to help members meet their professional development goals. The Surgical Anatomy workshop is designed to provide ANZACA members with an opportunity to share their experience, concerns and recommendations for surgical anatomy education. In the evening the University of Auckland will welcome the delegates at the Old Government House right at the heart of our campus. The house is the former residence of the Governor of New Zealand in Auckland.



We are fortunate this year to host three of the most successful and pioneering experts in clinical anatomy & modern imaging techniques. They will share their experience in employing modern imaging techniques in their teaching and research activities. Our speakers are:

1. Prof Anne Agur. Former president of AACA and co-editor of Grant's Atlas & Clinically Oriented Anatomy.
2. Prof Brion Benninger. Co-editor of Netter Atlas, Gray's Anatomy Dissector.
3. Prof Marios Lukas. President of AACA, Dean of St. George's Medical School, Editor-in-Chief of Translational Research in Anatomy, Co-editor of Imaging Atlas of Human Anatomy, Gray's Anatomy Dissector & Netter Atlas.

This year we aim to host seven plenary sessions for oral presentations, including anatomy education, modern imaging related anatomical research and original research within the clinical anatomy field.

The conference dinner will be held at the Fale Pasifika building. Not only is this a beautiful building to host our event in but we hope that it will provide our guests with a taste of our country's rich Polynesian culture (NZ is home to the largest Polynesian population in the world!).

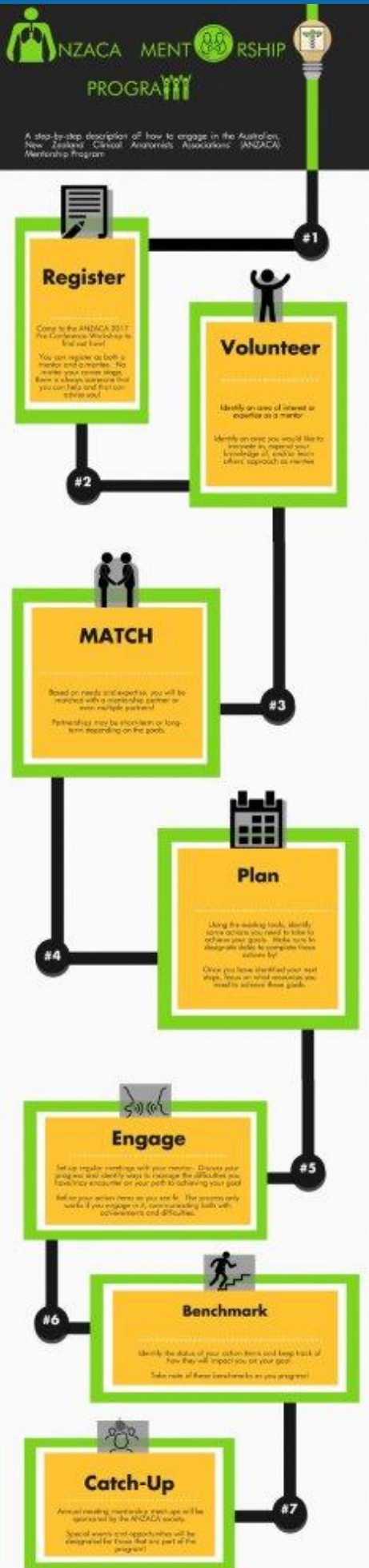


Outside of the conference there are many activities & sights to be enjoyed in Auckland. Situated on the waterfront, our vibrant and multicultural city is host to many culinary delights, green spaces & stunning views (by ascending the Sky Tower or any of the numerous volcanic mounts dotted about the city) and it is well-sized for getting about on foot or by public buses. In addition you are never too far from a

beach by car, whether it is the rugged black sands of the west coast or the chilled-out golden sands of the east coast. The city itself even hosts a few golden sand beaches which are easily accessible by a short bus ride, such as Mission Bay or Takapuna, where you can grab an ice cream & take a dip in our clean and crisp ocean. Alternatively, you might like to take a quick ferry to one of the nearby islands to sample some of the local vineyards (Waiheke) or to enjoy the unique local flora and fauna in one of our many protected scenic reserves (Rangitoto). The choice is yours!



**Sebastien Barfoot and Ali Mirjalili**  
**ANZACA 2017 Conference Organisers**



# ANZACA Mentorship Program

*Are you a HDR student or early career researcher seeking support to navigate a career as an anatomy academic? -Are you looking for some support to develop an application for a new job or for promotion? - Have you found it hard to complete projects? – Do you want to learn a new skill? – Are you finding it challenging to juggle academic demands? - Do you have skills and experience you would like to share with others?*

The inaugural ANZACA Mentorship Program Workshop will be launched at ANZACA 2017 to provide members with the opportunity to broaden & share their knowledge, skills, capabilities and experience to enhance their careers and professional development.

All ANZACA members are invited and encouraged to attend, whether looking to be a mentor and/or a mentee. During the workshop, we will discuss effective mentoring and provide opportunities to identify potential mentors and mentees matched to your area(s) of interest. Post-workshop, we will facilitate the formation and planning of your mentor-mentee relationship. Virtual support will be provided during the year with annual designated face-to-face events at each annual ANZACA conference.

## What is Mentoring?

Mentoring is a process of creating a supporting & encouraging relationship that benefits the mentee & mentor. It is an opportunity for developing new skills, improving performance, sharing ideas & expanding your community of practice.

## Program Objectives

Provide ANZACA members with the opportunity to:

- Expand & share their knowledge, skills, capabilities & experience
- Enhance career & professional development
- Foster engagement in core anatomist activities
- Generate a high performing, professionally competent & collegial national anatomy workforce
- Increase connectedness of those in the anatomy discipline by building a national (and international) support network.

If you are unable to attend ANZACA 2017, there will be opportunities to participate in the Mentorship Program - information to be disseminated electronically in late 2017/early 2018.

If you have any queries, please contact  
**Michelle Lazarus** [michelle.lazarus@monash.edu](mailto:michelle.lazarus@monash.edu)  
**Alexandra Webb** [alexandra.webb@anu.edu.au](mailto:alexandra.webb@anu.edu.au)



# Opening up to Virtual Microscopy Resources through the Virtual Microscopy Database

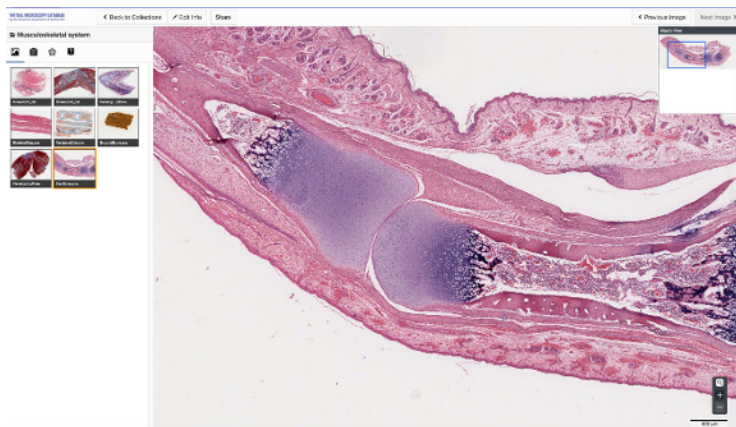
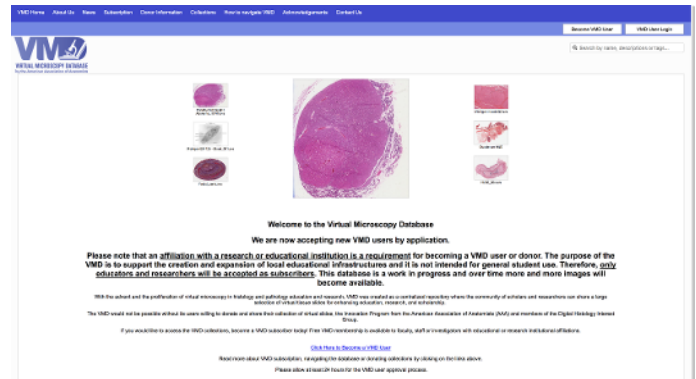
Jamie Chapman, University of Tasmania, Australia

*You've all probably been there. You're lecturing on a new topic and the only image resources you have access to come from your prescribed textbook (if you're lucky) - copyrighted images that you can use for your students while you prescribe the book. But what happens when you change the textbook? Or if a student takes your notes and posts them online for others to use. Could you potentially be in trouble for copyright infringement?*

It's a common conundrum for academics who teach very visual subjects like anatomy (both gross & microscopic) - where to obtain images for use in the development of teaching resources? In the past, in histology, unless copyrighted textbook images were used, generation of micrographs for teaching required expensive camera equipment. With the introduction of virtual microscopy, even more expensive equipment was required or, for those of us without the budget to purchase a slide scanner, you had to send your slides out to a third party for scanning. You then needed software to run the virtual microscopy slides.

With the increasing use of virtual microscopy as a primary tool for histology education (Drake et al., 2014) and/or the shift towards more self-directed learning through the development of online learning modules (e.g. Thompson & Lowrie Jr., 2017), the need for access to, or the ability to generate, high quality images for teaching is increasing.

Luckily, the American Association of Anatomists (AAA) are here to help (well, for histology anyway). This year, following funding through the AAA Innovations Program, Michael Hortsch, Lisa Lee & Haviva Golman developed the Virtual Microscopy Database (VMD; <http://virtualmicroscopydatabase.org/>) and encouraged academics from around the world to register for use and/or to upload their own scanned slides to share with the world. For academics, registration is free and easy, you simply go to the website and click on the "Become a VMD user", complete the form, submit and within a few days you're granted access to an amazing repository of virtual slides. The VMD currently hosts 2288 slides, with 400+ members coming from 48 different countries.



I am proud to say that the University of Tasmania histology slide collection (144 slides, of which I am curator) was uploaded and our collection was the first from a country outside of the northern hemisphere to have its slides shared on this database.

So, how does this get around the copyright issue with the use of images? Curators who upload their digital slides, in doing so, understand that images may be generated from these housed slides and that any images will be immediately licensed under the Creative Commons

Attribution-NonCommercial-ShareAlike 4.0 license

((<https://creativecommons.org/licenses/by-nc-sa/4.0/>). This means that you (as a user) are free to generate an image from this slide but that you must attribute it to its copyrighted owner (the person who uploaded the image - this information can be found in the image information tab), that you cannot use it for commercial purposes and that any resource you create must have the same licence.

*Continued on the next page.....*

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The database is for use only by affiliated academics and researchers so, at this stage, it is not freely available to students. Despite this, it is an astounding resource with a simple search function that allows you to browse through the thousands of slides it hosts. While predominantly normal tissues are represented, more histopathological specimens are being hosted each day and I'm sure, if you're like me, you can finally find that one section you've always wanted in your collection.

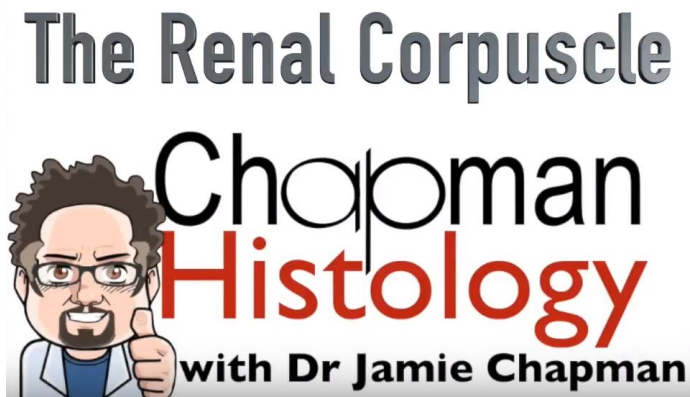
If you're on Twitter, you can follow and/or ask questions of @VMDatabase, @hortschm (Michael Hortsch), @LLCoolProf (Lisa Lee) and @havivag (Haviva Goldman). I'm also on Twitter: @Chapman\_Histo (Jamie Chapman) and I'd be happy to answer any questions about uploading & hosting slides via the VMD.

### References

Drake, R.L., McBride, J.M., and Pawlina, W. (2014). An update on the status of anatomical sciences education in United States medical schools. *Anatomical Sciences Education*, 7: 321-325.

Thompson, A.R., and Lowrie Jr., D. J. (2017). An evaluation of outcomes following the replacement of traditional histology laboratories with self-study modules. *Anatomical Sciences Education*, 10: 276-285.

*Histology Image Attribution: Dr Jamie Chapman*



*Editors Note (AW): have a look at the 3-minute histology videos Jamie has created with VMD images.*

*Visit Chapman Histology on You Tube*

## ANZACA TRAVEL FELLOWSHIP AWARD WINNERS

**TRAVEL FELLOWSHIP** Phil Blyth, University of Otago  
*Executive Meeting of the IFAA, Cordoba, Argentina;  
and 2nd International Congress of Clinical Anatomy  
and Argentine Congress of Clinical Anatomy.*

### STUDENT ANZACA CONFERENCE TRAVEL AWARD

*To attend and present at the ANZACA 2017  
Conference*

- Sally Robinson, Monash University
- Madeleine Marsland, Monash University
- Dunya Tomic, Monash University
- Christian Than, The University of Queensland
- Georga Bruechert, Monash University
- Katie Gaskin, University of Wollongong

## JOB OPPORTUNITY

### Lecturer / Senior Lecturer / Assistant Professor / Associate Professor

Singapore Institute of Technology (SIT) is Singapore's new autonomous university of applied learning. It aims to be a leader in innovative university education by integrating learning, industry and community. SIT offers applied degree programmes targeted at growth sectors of the economy. As a new university, SIT offers its own applied degree programmes with a unique pedagogy that integrates work and study. It also offers specialised degree programmes in partnership with world-class universities.

As a faculty member, you will be responsible for teaching across various **Health Sciences professional courses**. You may also be involved in collaborative research work with clinical and industry partners. The ideal candidate should possess the following skills and experience:

- 1) PhD or equivalent from a reputable university in the relevant discipline
- 2) Strong expertise, knowledge and practical skills in the following specialisations preferred:
  - Anatomy
  - Physiotherapy
  - Radiography
  - Physiology
  - Occupational Therapy
  - Dietetics
- 3) More than 6 years of clinical experience
- 4) Strong network of contacts in the health sector

Interested applicants please send your resume to HealthSciences\_Faculty\_HR@SingaporeTech.edu.sg with the subject header "ANZACA 2017" in the email.

**CHRISTIAN THAN**  
**PHD STUDENT**  
**THE UNIVERSITY**  
**OF QUEENSLAND**

*Oral Presentation at International Society of Biomechanics  
 Brisbane, Australia*



ISB 2017 proved to be critical in my early career development as a researcher. During the conference, I met with numerous other international PhD candidates and researchers who all provided insight into their research, allowing me to gain appreciation of other topics outside my chosen field of mechanomyography and low back pain. This in turned opened my mind to other research avenues to pursue after my doctoral degree. My oral presentation during the conference was met with an overall positive response from the audience, with constructive questions by the spectators and chair Dr Paul Marshall. The success of my presentation was a validation for me personally to indicate that I was on the right path with my research.

During the conference mentorship program, I was provided with 1-on-1 advice on career pathways and the specific details on how to pursue them. I gained integral knowledge on how to apply for post-doctoral positions and how to develop a potential career in academia. At the conference I learnt about a new ultrasound technique, which is of particular interest to me, and has given me ideas on future studies to perform. I was also given the opportunity to meet the president of the conference who has given me the opportunity to perform a practice thesis defense in early 2018 and discuss future employment options.

Based on these discussions, I will begin applying for post-doctoral positions during these final months of my candidature rather than waiting post-graduation as originally intended. In addition, during any post-doctoral appointments I will ask for teaching loads to gain experience in academia. Since the conference I have already initiated a collaborative study which has already begun, with promising results.

**SANGEETA RATHI**  
**PHD STUDENT**  
**LA TROBE UNIVERSITY**

*Oral Presentation at World Confederation of Physiotherapists, Cape Town, South Africa*



WCPT 2017, the largest international congress of physiotherapists, included speakers from all over the world presenting research across a broad area of topics, ranging from basic anatomy & biomechanics to new advances in conservative & post-operative rehabilitation. It provided me with a great opportunity to learn from international leaders, gain new knowledge and discuss my research findings with an expert and relevant audience.

I presented two research studies from my PhD, which investigated the stabilizing role of rotator cuff muscles in a healthy and pathological population. *Findings of these studies indicated that in a healthy population, rotator cuff muscles stabilize the glenohumeral joint by limiting glenohumeral translation in a direction-specific manner, whereas the pathological group demonstrated an impaired motor control in their cuff muscles and increased translation at the glenohumeral joint.*

My research findings attracted much interest from researchers and clinicians, as they have great clinical implications in designing assessment tests and rehabilitation programs for rotator cuff pathology. I attended the rotator cuff symposium, presented by shoulder experts from the UK, USA & Canada. It was a great learning experience that enhanced my understanding about normal shoulder muscle control, mechanisms underlying motor learning or re-learning (post injury), and factors that impact both shoulder motor control and motor learning. I was also able to co-relate my research findings in the context of central (neural) and peripheral (joint-level) factors associated with rotator cuff pathology, and evaluation of the effects of intervention approaches to prevent or rehabilitate these conditions. During the conference I was able to network with shoulder experts and researchers from many universities regarding future research prospects. Since WCPT, I am communicating with these researchers to apply for research grants & collaborate on future projects.

*I would like to extend my deepest gratitude & appreciation to ANZACA for supporting me to attend WCPT 2017. The fellowship helped me to present my work at a prestigious international platform, update my knowledge & network with leading researchers which will benefit my future research career. Thank you kindly for your generous support in helping me gain this invaluable experience.*



## PAPERS PUBLISHED BY ANZACA MEMBERS IN 2017

AbouHashem Y, Dayal M, Serafin S, Štrkalj G. Students' attitudes toward body image donation for 3D printing. *Clin Anat.* 2017 Nov;30(8):1005-1006

Bouzada J, Vázquez T, Duran M, Delmas V, Larkin T, Cuesta MA, Sañudo J. New insights into the morphogenesis of the gubernaculum testis and the inguinal canal. *Clin Anat.* 2017 Jul;30(5):599-607.

Choi-Lundberg DL, Williams AM, Zimitat C. A psychometric evaluation of the anatomy learning experiences questionnaire and correlations with learning outcomes. *Anat Sci Educ.* 2017 Nov;10(6):514-527.

Colibaba AS, Calma AD, Webb AL, Valter K. Exploring deep space - uncovering the anatomy of periventricular structures to reveal the lateral ventricles of the human brain. *J. Vis. Exp.* (128), e56246 (2017).

Fischer NJ, Morreau J, Sugunese gran R, Taghavi K, Mirjalili SA. A reappraisal of pediatric thoracic surface anatomy. *Clin Anat.* 2017 Sep;30(6):788-794.

Mirjalili SA, Tarr G, Stringer MD. The length of the large intestine in children determined by computed tomography scan. *Clin Anat.* 2017 Oct;30(7):887-893

Thank you to ANZACA members who provided information about their publications in 2017. If you have published a journal article on clinical anatomy or anatomy education during 2017 that would be of interest to the ANZACA membership, please send the reference details and PubMed URL to Dr Alexandra Webb or Dr Jamie Chapman

## Human Fascial Net Dissection & Plastination Project

The Fascia Research Group of Ulm University together with the Fascia Research Society and the Plastinarium are aiming to accomplish something that - at least according to our knowledge - has never been attempted: to create a life-size 3D plastination of the human fascial net.

This call addresses health professionals with a prior background in dissection, who are interested in supporting this historical project with their active participation in the creation of this work of art. It offers an unparalleled opportunity to study three-dimensional fascial anatomy on human bodies in a highly educational setting, and under the guidance of some of the world leaders in this dynamic field. The illuminated final art work will be released to the media and public on November 14, 2018, at the 5th International Fascia Research Congress in Berlin. To accomplish this, we are looking for 3 teams of 7 skilled participants to assist in the creation of this anatomical art work. Each group will focus on one of three different body aspects and will be supervised by two highly skilled instructors during two work intensives at the Plastinarium in Guben near Berlin ([www.plastinarium.com/en](http://www.plastinarium.com/en)). For more information

<http://fasciaresearch.de/images/PDF/CallForApplications.pdf>

- Australian and New Zealand Association of Clinical Anatomists (ANZACA) Conference. Townsville, Australia. 3-5 December, 2018
- International Conference on Anatomy and Physiology. Kuala Lumpur, Malaysia. 11-12 December, 2017
- The British Association of Clinical Anatomists (BACA).
  - Summer Meeting University of Cambridge, UK. 26 June 2018.
  - Winter Meeting University of Northumbria. 13 December 2018
- The American Association of Anatomists (AAA). San Diego, U.S. 21-25 April, 2018
- The American Association of Clinical Anatomists (AACA). Atlanta, U.S. 9-12 July, 2018
- 19th International Microscopy Congress. Sydney, Australia. 9-14 September 2018
- Anatomical Society
  - Summer Meeting Oxford, UK. 23-25 July 2018
  - Winter Meeting York, UK. 7-9 December 2018
- 20th International Conference Sports Science and Kinetic Anatomy. Copenhagen, Denmark. 11-12 June 2018.
- Human Anatomy and Physiology Society (HAPS). Columbus, Ohio. 26-30 May, 2018

# IFAA Update - Equality and Diversity in Anatomy (FICEDA)

*Equality and diversity protects against discrimination with respect to sex, gender, disability, sexual orientation, religion, belief, race or age. These have become important societal issues and, increasingly, universities and academic staff are required to be trained in, and to comply with, equality and diversity legislation and proposals. FICEDA is consequently being set up to advise anatomists and inform them of how equality and diversity impacts upon their academic activities. The committee will NOT formulate policy but will produce periodic reports to the IFAA and its member anatomical associations. Where ethical or educational matters are involved, FICEDA will work with the IFAA's Federative International Committee for Ethics in Medicine and/or the Federative International Programme for Anatomical Education. Amongst the issues to be debated are: anatomists' appreciation of equality and diversity issues, gender issues during anatomical education, the representation of the gender, ethnic groups, and age groups in anatomical imagery, the biological determination of gender diversity.*

## TERMINOLOGY: PUDENDAL - PERINEAL

There are **three** main reasons why anatomical terms relating to pudere (suggesting 'shame') may be deemed unacceptable:

- 1.They are unscientific, i.e. not relating to location, attachment, function etc. but to a supposed 'moral' stance that is outside the descriptive objectivity of science;
- 2.As biologists, we should not be concerned with matters relating to 'exposure' or 'private parts' for we cannot regard as 'shameful' the essential functions of micturition, defaecation, conception and parturition;
- 3.The terms have sexist connotations, at least in English (for better or for worse, the international language). For example, the index in recent editions of Gray's says 'for pudenda see vulva'. Furthermore, both the Webster and Oxford dictionaries define pudenda as:

*A person's external genitals, especially a woman's.*

OR

*the external genital organs of a human being and especially of a woman — usually used in plural.*

In this regard, a straw poll of biomedical academics showed that all, without exception, stated that pudenda referred to the female. They may be wrong but that is often the reality on the ground. Additionally, published surveys conducted by Morgan et al. (2014, 2016) found that a significant percentage of medical students and anatomists found terms relating to pudenda to be lacking in liberality (especially for female students and anatomists and those males and females who had sympathy with issues relating to gender equality). It would be remiss if we didn't speak up on their behalf.

Following the decision of FIPAT at its 2016 meeting in Göttingen to remove the terms relating to pudendum from the anatomical terminologies, the following terms need to be changed, although it recognised that it was up to the subgroup concerned with gross anatomy now to consider this matter.

OLD TERM	SUGGESTED ALTERNATIVE TERM
Pudenda	Genitalia
Pudendal canal (aka Alcock's canal)	Perineal canal
Pudendal nerve	Perineal nerve (note that the existing perineal nerve will be a continuation NOT A BRANCH of the pudendal (now perineal) nerve from the sacral plexus: see text below)
Internal pudendal artery	Internal perineal artery
Perineal artery	Superficial perineal branch of internal perineal artery
External pudendal artery from femoral artery	External perineal artery with superficial external and deep external perineal branches
Accessory pudendal artery	Accessory perineal artery
Internal pudendal veins	Internal perineal veins
Superficial external pudendal veins	Superficial external perineal veins
Deep external pudendal veins	Deep external perineal veins

**Continued on the next page.....**



## Cont from page 8....

In order to show how these changes would appear in a text, the following has been modified from Gray's where pudendal has been changed to perineal and where the previously termed perineal nerve is now thought of as a continuation of (not a branch of) the previously termed pudendal nerve.

### The Perineal Nerve

The perineal nerve was previously known as the pudendal nerve. It arises from the ventral divisions of the second, third and fourth sacral ventral rami and is formed just above the the superior border of the sacrotuberous ligament and the upper fibres of ischiococcygeus. It is initially within the pelvis but leaves it via the greater sciatic foramen to enter the gluteal region and cross the sacrospinous ligament close to its attachment to the ischial spine. The nerve lies close to the internal perineal artery on the spine. It accompanies the internal perineal artery through the lesser sciatic foramen into the perineal (Alcock's) canal on the lateral wall of the ischioanal fossa. In the posterior part of the perineal canal it gives rise to the inferior rectal nerve and the dorsal nerve of the clitoris/penis. Note that the dorsal nerve of the clitoris/penis runs anteriorly above the internal perineal artery to reach the corpus cavernosa. Exiting the perineal canal, the perineal nerve continues forward below the internal perineal artery to accompany a superficial perineal branch. The perineal nerve then divides into posterior labial/scrotal and muscular branches.

### The Internal Perineal Artery, the External Perineal Arteries and the Perineal Veins

The internal perineal artery (previous known as the internal pudendal artery) is a branch of the anterior trunk of the internal iliac artery. It arises just below the origin of the obturator artery in the pelvis, leaving this region to enter the gluteal region through the greater sciatic foramen and between piriformis and ischiococcygeus. It gains access to the perineum by passing around the posterior limit of the levator ani at its attachment to the ischial spine. Behind the ischial spine the internal perineal artery as the perineal nerve medially and the nerve to obturator internus laterally. The artery then runs on the lateral wall of the ischioanal fossa in the perineal (Alcock's) canal with the perineal nerve and internal perineal veins. In the female, the internal perineal artery now gives rise to the artery of the bulb of the clitoris and to the vagina before it divides into the cavernosal and dorsal arteries of the clitoris. In the male, the bulbal artery of the penis similarly gives rise to cavernosal and dorsal arteries for the penis. The branches of the internal perineal artery can on occasions be derived from an accessory perineal artery which itself is a branch of the internal perineal artery before it exits the pelvis. Near the anterior end of the perineal canal, the internal perineal artery terminates as the superficial perineal branch of the internal perineal artery. This superficial branch runs through the inferior fascia of the urogenital diaphragm to give rise to a transverse branch and to posterior labial arteries in the female and posterior scrotal arteries in the male.

The external perineal arteries (previously called the external pudendal arteries) arise from the femoral artery in the femoral triangle of the thigh. The superficial external perineal artery arises from the medial aspect of the femoral artery and close to the origins of the superficial epigastric and superficial circumflex iliac branches of the femoral artery. It passes close to the inguinal ligament at the anterior superior iliac spine to supply skin and superficial fascia in this region. The deep external perineal artery arises inferiorly to the superficial external perineal artery and pierces the fascia lata to supply skin covering the labium majus or the scrotum.

The perineal veins, as for the perineal arteries, are designated internal and external perineal veins (formally pudendal veins). The internal perineal veins are venae comitantes of the internal perineal artery and unite as a single vessel to drain into the internal iliac vein. Its tributaries are from the inferior rectal veins and from clitoris and labia or the penile bulb and scrotum. The superficial external perineal veins also drain the labia/scrotum and is joined by the superficial dorsal vein of the clitoris/penis. Deep external perineal veins are tributaries of the long saphenous vein.

Finally, given the increasing importance in the UK (and elsewhere in the world) of matters relating to equality and diversity, it cannot be too strongly stated that we must be very careful for anatomy NOT to be seen as falling significantly behind on these important societal issues. As will be discussed on a later occasion, problems do not just reside with the terminology; there is also inadequate descriptions of female anatomy and the use of images in anatomical textbooks lack gender balance.

*Member Associations of the International Federation of Association of Anatomists (IFAA;<http://www.ifaa.net/>) are invited to suggest topics for consideration and to participate in research into equality and diversity. This article was compiled by the Federative International Committee for Equality & Diversity in Anatomy (FICEDA;<http://www.ifaa.net/committees/equality-and-diversity-in-anatomy-ficeda/>).*

## NEWSLETTER EDITORS

Please email any reports, articles or photos for the next newsletter (to be distributed in March 2018).



alexandra.webb@anu.edu.au

ALEXANDRA  
WEBB



Jamie.Chapman@utas.edu.au

JAMIE  
CHAPMAN