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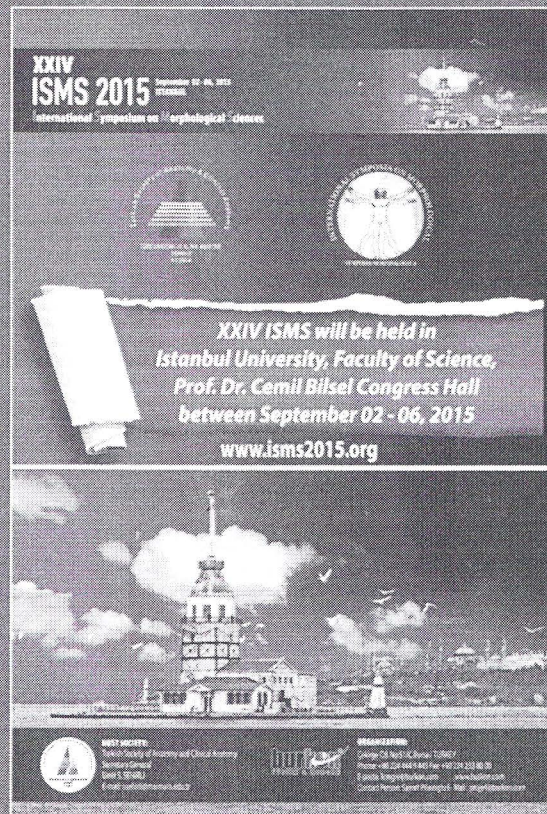
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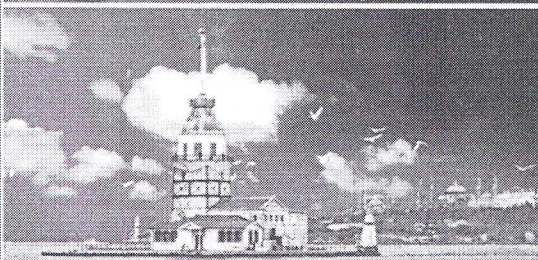


**XXIV
ISMS 2015** September 02-06, 2015
Istanbul, Turkey
International Symposium on Morphological Sciences



*XXIV ISMS will be held in
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First professional anatomy teacher in Turkish medical history

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In the period of the Ottoman Empire, first medical Faculty was "Royal Faculty of Medicine and Surgery" established at 14 March 1827 by Sultan Mahmut II, in where students were educated as in west. In 1838, that Faculty was renamed as "Imperial Medical School" and moved to Galatasaray in 1839. Dr. C. A. Bernard was assigned as dean of the medical school, who had come from Europe. Then Dr. Sigmund Spitzer (1813-1895) came first among 25 participants in the exam that arranged to choose an anatomy teacher for that school. Dr. Spitzer came in İstanbul in 1839, as first professionally educated anatomy teacher who knew dissection techniques. Students of the Imperial Medical School, studied anatomy on models at the first few years. However using only models was not enough to learn effectively. In 1841 Sultan Abdulmecit gave permission to perform dissections in anatomy lessons by an edict. So medical students could observe dissections performed by Dr. Spitzer in his lectures. Dr. Spitzer was confronted by the people's negative reactions because of using cadavers, fortunately resistance suppressed by the support of sultan and other statesmen. Dr. Spitzer worked as anatomy teacher and practised in internal medicine clinic between 1839-1850. He was assigned as dean in 1845. Additionally he was sultan's private doctor. In Turkish medical history Dr. Spitzer is well known for his contributions to modernize and perform appropriate anatomy education. We remember Dr. Spitzer by respect and gratitude.

Keywords: Spitzer, anatomy education, anatomy history

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The innervation pattern of the lumbrical muscles of the foot

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According to the standard text books of anatomy and past research reports, the first lumbrical is innervated by the medial plantar nerve and the remainder three lumbricals are innervated by the deep branch of the lateral plantar nerve. The typical function of the lumbricals is described as flexion of the proximal phalanx and extension of the proximal and distal interphalangeal joints. They have the unique ability to compress the metatarsal-phalangeal and interphalangeal joints. The lumbricals are most active from midstance to pre-swing. The lumbricals, along with the other intrinsic muscles of the foot, play a role in maintaining the medial longitudinal arch of the

foot (6). Along with the interossei, they play a role in stabilization of the forefoot during stance phase and rearfoot during pre-swing (7,8). In injuries of the tibial nerve and in conditions such as the hereditary motor-sensory neuropathies (e.g. Charcot-Marie-tooth disease) lumbrical dysfunction contributes to clawing of the toes (1). Although there are quite a number of studies that have reported variations about the origin of lumbricals, there are currently few studies that have reported variations about the innervation of the lumbricals of the foot. In the study of Brooks (1887), it was reported a variation in innervation of the foot lumbricals only 1 case in 10 cases. In that case, first and second lumbricals have innervated by the medial plantar nerve and third and fourth lumbricals have innervated by the lateral plantar nerve. In this study, we have investigated the innervation pattern of the lumbricals of the foot in 30 cadaveric feet (14 right and 16 left). We aimed to determine the innervation variations of the foot lumbricals and present the percentages of the innervation types. The types and their percentages are shown in diagrams and figures in the poster presentation of the study.

Keywords: Lumbrical muscles, foot, innervation, lateral plantar nerve, medial plantar nerve

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Morphological characteristics of epithelium's proliferative activity in oviduct endometriosis, focused on different localization of endometriotic foci and influence of oviduct condition in endometriosis

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Introduction: Endometriotic tissue, which is similar to endometrium and is present in oviduct as a result of retrograde throwing, retains hormonal activity. These ectopic lesions have hyperproliferative stromal and endometrial epithelium that are accompanied with inflammatory processes. So, it has significant value using both clinical and morphological analysis to determine if the oviduct condition in endometriosis influences on ectopic sites, especially on epithelial proliferative activity.

Objectives: To assess what features of oviduct condition in endometriosis impact on epithelium proliferative activity lining oviduct and to evaluate the nature of the proliferative activity.

Methods: The research investigation was held in the framework of the intrauniversity grant "Morphological and clinical features of adenomyosis". We analysed surgical material derived from 17 patients (27-67 years old) who underwent hysterectomy for uterine leiomyomas (2013-2015) at the Research Center for Obstetrics, Gynecology and Perinatology of the Republic of Kazakhstan. Tissues were stained by hematoxylin and eosin, Van-Gieson stain.

Results: Endometriotic foci of different location were observed. Submucous location was characterized by the pres-