No. 215

THE INSTITUTE OF ANATOMICAL SCIENCES

NOV/DEC
2025

Season's Greetings!

Introducing 'The Threads of Time' - History retold

The Twelve Cranial Nerves of Christmas

Awareness Days in December

How Reindeers Run

HTA and Bequeathals

For Anatomy or Anatomy-related professionals

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Learn.
Educate.

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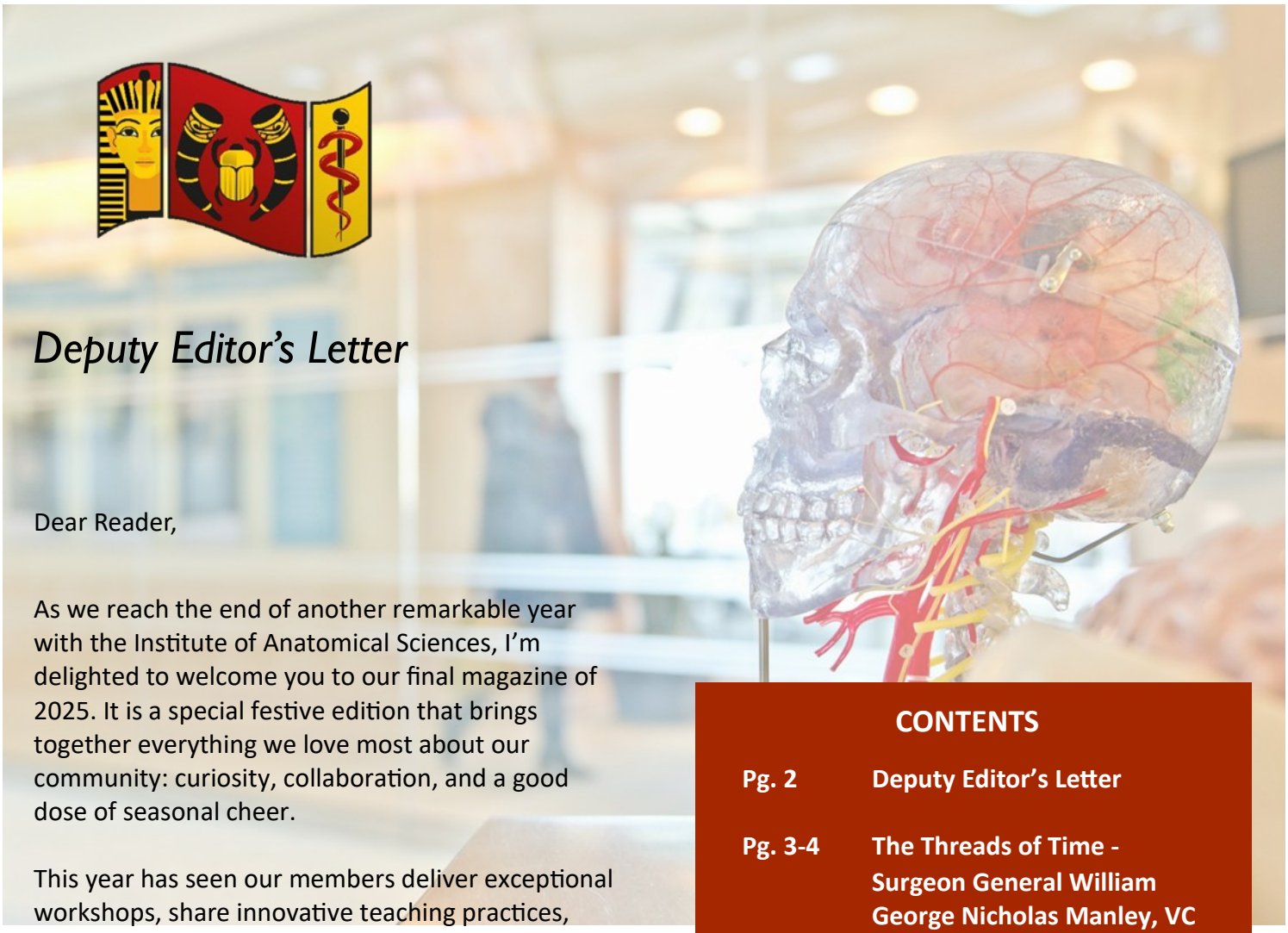

Deputy Editor's Letter

Dear Reader,

As we reach the end of another remarkable year with the Institute of Anatomical Sciences, I'm delighted to welcome you to our final magazine of 2025. It is a special festive edition that brings together everything we love most about our community: curiosity, collaboration, and a good dose of seasonal cheer.

This year has seen our members deliver exceptional workshops, share innovative teaching practices, support one another through challenges, and continue to push the boundaries of anatomical sciences. Your contributions have shaped a vibrant, supportive network that we're incredibly proud of. In this closing issue, you'll find a mix of anatomical insight, creative features, festive fun, and thoughtful reflection. From light-hearted seasonal anatomy pieces to practical teaching ideas and community updates, we hope this edition brings you both inspiration and a well-earned smile as we wrap up 2025.

Thank you to everyone who has shared their enthusiasm throughout the year, and to all who've contributed to this magazine. Your involvement is what keeps the IAS growing. As we head into the festive season, I hope you find time to rest, recharge, and enjoy a peaceful end to the year. I look forward to seeing what 2026 brings for us all.

Rebecca Aitken

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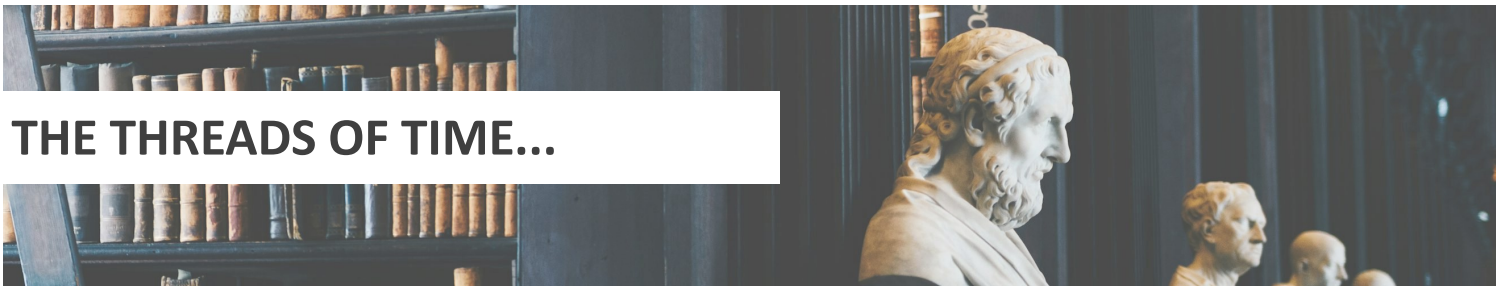


THE THREADS OF TIME...

Surgeon General William George Nicholas Manley, VC CB (1831-1901) by Dave Adams

William Manley has gone down in medical and military history as the only person to receive the VC (Victoria Cross) and the German Iron Cross.

The VC was introduced on 29 January 1856 by Queen Victoria to honour acts of valour during the Crimean War. Since then, the medal has been awarded 1,358 times to 1,355 individual recipients. Only 15 medals, of which 11 were awarded to members of the British Army and 4 to members of the Australian Army, have been awarded since the Second World War. It is awarded *"for most conspicuous bravery, or some daring or pre-eminent act of valour or self-sacrifice, or extreme devotion to duty in the presence of the enemy."*

The **Iron Cross** was a military decoration in the Kingdom of Prussia, and later in the German Empire (1871–1918) and Nazi Germany (1933–1945). The design, a black cross pattée with a white or silver outline, was derived from the insignia of the medieval Teutonic Order and borne by its knights from the 13th century. As well as being a military medal, it has also been used as an emblem by the Prussian Army, the Imperial German Army, and the *Reichswehr* of the Weimar Republic. In contrast, the *Balkenkreuz* (bar cross) variant was used by the *Wehrmacht*. The Iron Cross is now the emblem of the *Bundeswehr*, the modern German armed forces.

Surgeon General William George Nicholas Manley, VC CB

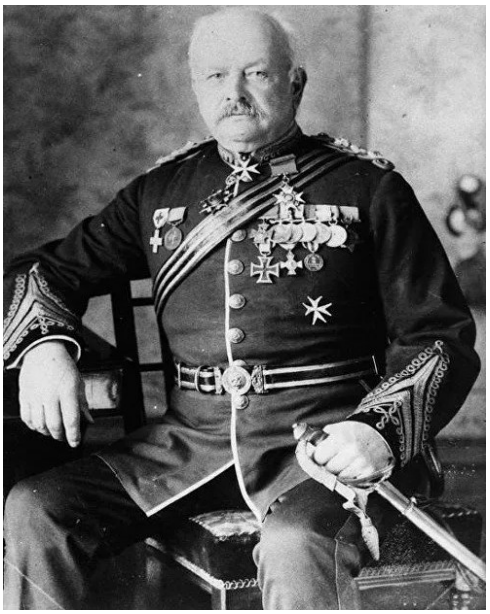
King Frederick William III of Prussia established the Iron Cross award on 17 March 1813 during the Napoleonic Wars. The award was backdated to the birthday (10 March) of his late wife, Queen Louise, who was the first person to receive it (posthumously). The Iron Cross was also awarded during the Franco-Prussian War, World War I, and World War II. During World War II, the Nazi regime made its version by superimposing a swastika on the medal. The Iron Cross was usually a military decoration only, though some were awarded to civilians for performing military roles.

Manley was born in Dublin, Ireland, on 17 December 1831, the second son of the Reverend William Nicholas Manley, his mother being a daughter of Dr Brown of the Army Medical Staff. He was educated at the Blackheath Proprietary School and became a member of the Royal College of Surgeons of England in 1851.

In 1854, Manley joined the army medical staff and was attached to the Royal Regiment of Artillery, serving in Crimea, and he was present for the Siege of Sevastopol. The Royal Regiment of Artillery is commonly referred to as the Royal Artillery (RA) and colloquially known as "The Gunners". He was later posted with his regiment to New Zealand.

Victoria Cross

Manley was 32 years old and an assistant surgeon in the Royal Regiment of Artillery during the Waikato-Hauhau Māori War, New Zealand, when the following deed took place on 29 April 1864 near Tauranga, New Zealand, during the assault on the rebel pā ("pah") Gate Pā, for which he was awarded the VC.



For his conduct during the assault on the Rebel Pah, near Tauranga, New Zealand, on the 29th of April last, in most nobly risking his own life, according to the testimony of Commodore Sir William Wiseman, Bart., C.B., in his endeavour to save that of the late Commander Hay, of the Royal Navy, and others. Having volunteered to accompany the storming party into the Pah, he attended on that Officer when he was carried away, mortally wounded, and then volunteered to return, in order to see if he could find any more wounded. It is stated that he was one of the last Officers to leave the Pah.

During his time in New Zealand, he also received the bronze medal of the Royal Humane Society for rescuing a man from drowning.

When the Franco-Prussian War broke out in 1870, he proceeded with the British Ambulance Corps and was attached to the 22nd division of the Prussian Army. He was present for several battles and received several decorations, including the Iron Cross (second class) on the recommendation of the German Crown Prince:

For services with the British Ambulance Corps caring for the wounded of the 22nd Division in the actions of Chateau-Neuf and Breton Celle, on 18th and 21st December 1870, and the battles of Orleans and Cravant, on 10th December 1870.

Manley was awarded the honorary rank of surgeon general and retired from the army in 1884 with a distinguished service pension. Upon retirement, he was made a Knight of the Venerable Order of Saint John of Jerusalem and a Companion of the Order of the Bath. He died in Cheltenham, Gloucestershire, on 16 November 1901.

TIMELINE

1831

Born on 17th December in Dublin, Ireland

1854

Joined the army as medical staff, served in Crimea.

1864

Victoria Cross awarded for bravery near Tauranga, NZ.

1870

Served with British Ambulance Corps in Franco-Prussian War.

1878

Served in Second Anglo-Afghan War with Quetta Field force

1882

Principle Medical Officer in Anglo-Egyptian War.

1884

Retired as Surgeon General

1884

Honoured as Companion of the Order of the Bath.

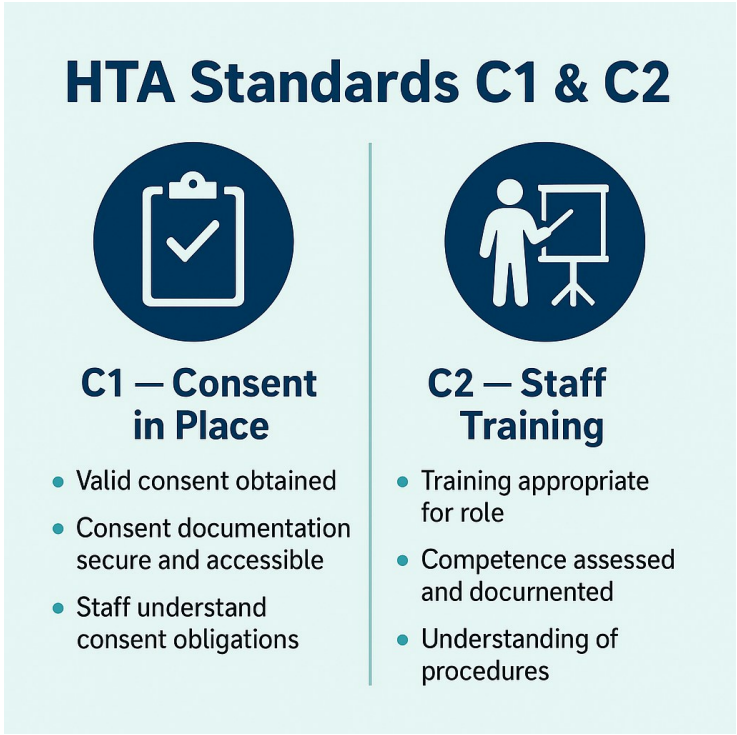
1884

Died on 16th November in Cheltenham, Gloucester.

HTA AND BEQUEATHALS: CONSENT

Whether you're completely new to the Human Tissue Act (2004) or you've been around long enough to appreciate the occasional refresher, it's always helpful to revisit the foundations of how we work with donated anatomical material. Code C of the HTA's Standards and Guidance focuses specifically on Anatomical Examination, and within it, two of the most important standards to understand are C1 and C2.

These standards come from the Human Tissue Authority (HTA), the organisation responsible for ensuring the respectful, safe and lawful use of human bodies donated to science. In short: they're the rules that keep our work ethical, professional and compliant.



C1 — Making Sure Consent Is in Place

Everything we do in anatomical examination is built on one foundation: valid, documented consent given by the donor during their lifetime.

In other words, C1 is all about ensuring we honour the donor's wishes from before they even arrive. It's the *why* behind everything we do.

Standard C1 ensures that:

- We hold properly completed consent forms that meet the requirements of the Human Tissue Act (2004).
- These documents are stored securely, easy to trace, and checked before any activity takes place.
- Staff understand what the donor consented to, for how long, and for what purposes (teaching, research, imaging, etc.).

This standard ensures that everyone seeking consent in bequeathals are trained in what they do. This includes:

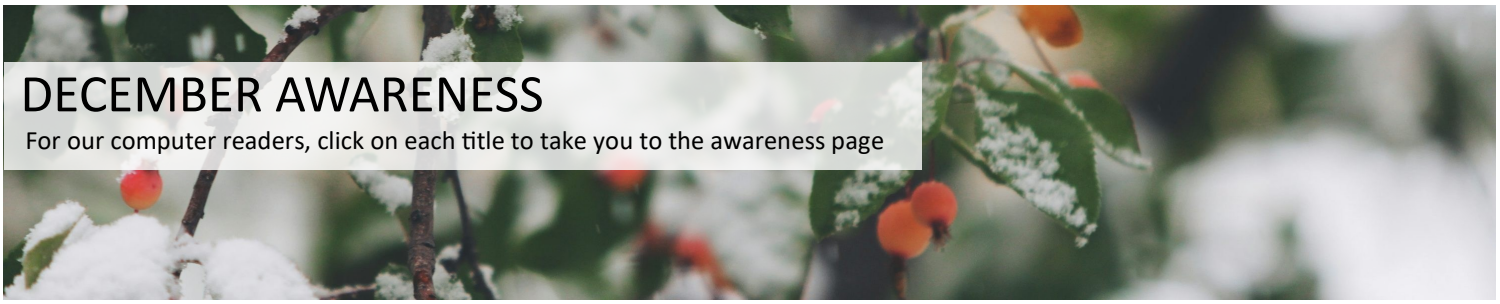
- Understanding local procedures and standard operating procedures (SOPs).
- Being supervised appropriately until you're fully competent.
- Regular training and refresher opportunities.
- Knowing the legal, ethical and safety requirements behind the tasks you carry out.

In short, C2 makes sure the right people, with the right skills, are doing the right things. It's about professionalism, safety, and maintaining the high standards expected in an HTA-licensed environment.

If C1 is about respecting the donor's choice, then C2 is about ensuring staff have the knowledge and skills to act on that choice responsibly.

Together, they help create a respectful, well-governed environment where:

- Donors are treated with dignity
- Staff feel supported and confident
- Teaching and learning take place safely
- The department stays fully HTA-compliant



DECEMBER AWARENESS

For our computer readers, click on each title to take you to the awareness page

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 World Aids Day 	2 International Day for the Abolition of Slavery	3 International Day of Persons with Disabilities Purple Light Up Day	4 International Cheetah Day	5	6
7 International Pearl Harbour Remembrance Day	8	9 International Day of Veterinary Medicine	10 Human Rights Day Celebrating Nobel	11	12	13
14 Start of Hanukkah	15	16 Day of Reconciliation (South Africa)	17	18	19	20 International Human Solidarity Day
21 Winter Solstice	22 End of Hanukkah	23	24	25 Christmas Day	26 Boxing Day Kwanzaa	27
28	29	30	31 New Years Eve Hogmanay (Scotland)			

MEET THE MEMBERS INTERVIEW: JOHN BEN

Meet the Council - The Interview

John Ben

I.A.S. President

R: Hello John, thank you for agreeing to be interviewed for the 'Meet the Members' piece of the magazine

I thought it would be a great opportunity to flip the interview and meet the interviewer.
So John, to begin with, I know that you are now retired, but could you please tell us something of your department at the Nottingham University Hospitals Trust and what your work there involved?

J: Hi Rebecca, it seems very strange to be on this side of the interview after spending so many years as the editor before you and interviewing in the region of 100 members myself over the years!

I moved to Nottingham from London in 1970 when I was asked to join the staff of the new medical school which had been founded the year before. It was the first new medical school to open in the UK for over 100 years, and we felt like pioneers, but it was an opportunity to develop new ideas in teaching while preserving what was best or the traditional teaching methods. My part was to establish and run the Pathology teaching which would have been involved with students from their 3rd year on. This unit was to first just include a pathology museum and a teaching collection of histology, but which in later year grew out of all recognition.

Until 1976 we were housed in 'temporary buildings' which had been built in the war years, but which were known to all university staff as 'the cow sheds' which will give you some idea of what they were like.

But they were happy years, probably the happiest of all my career, as the school was small enough for us to all be friends and before the politics and egos that effect every academic department had a chance to become established.

By the time I retired in 2008 there was less formal pathology teaching but my unit was thriving and well used by medical students, but also by the school of nursing and the school of pharmacology. It covered several hospitals in the East Midlands that took our students with six satellite sites while the main part of the unit was at Queens Medical Centre and consisted of a central general pathology museum of 10,000 fully described specimens, a specialist separate room containing a developmental and embryological collection and a forensic collection used among other things to teach police and paramedics.

A video and projection slide collection numbering over 20,000, a computer lab with almost 100 computers, and a TV link so students could sit in one of the seminar rooms and watch a live transmission from the PM room or operating theatres.

But sadly, as I predicted, after I retired and was not there to defend it, other factions in the faculty gained the space they had long wanted and the entire unit was dismantled piece by piece and the collections incinerated; the main museum gallery was converted into a rest area and lounge for the use of overseas students who were enrolled on one of the many courses run by the school.

R: What led you into working in this field? Was it something you always wanted to do or, like so many of us, did you come to it by chance?

J: Another long answer I'm afraid. I came into this work entirely by accident. My original intention was to be a priest, but as I went on I found myself questioning various teachings of the Catholic church and in light of this I came to realized I would not make a very good priest. So I gained a job as a cinema projectionist at the Astoria, Brixton (now the O2 Brixton!) while I looked around and thought about what career to follow.

I found I loved the work and it gave me a life long love of good, well acted films, but I didn't like the unsociable hours as I was working while my friends were out enjoying themselves, and I was off work while they were working.

So when I saw a post advertised for a projectionist at King's College Medical School to show the slides and films to illustrate the lectures, I applied and was appointed.

This too I enjoyed and I found it fascinating and I think I gained more from it than many of the students who often just seemed bored. But there was the question of what to do with me in 'holidays' between terms when there were no lectures, so I was posted to the pathology department as a trainee in the museum where, as well as making 'pots' I learned about anatomy and dissection. Now this I REALLY enjoyed and after about a year I plucked up my courage and asked the very intimidating Prof of Pathology if I could have a full time post in the museum – and I was given one!! I then started to study for my first professional qualifications in Natural History with Hons in Museum studies.

R: If you had not been doing this work, what other career do you think you would have followed?

J: This is difficult to answer, but it is a question I have asked myself many times over the years.
My career options would have been limited by the fact that I am dyslexic, something I only discovered while working in the path department at King's. Very few people had heard of dyslexia 60 years ago, so at school I had simply been labelled 'difficult'. But I think it comes down to my following one of two quite different paths. I have always been interested in ecology and self sufficiency and at one point I came very close to buying a 12 acre small holding near Oban in Scotland, but my ex-wife changed her mind at the last minute. And the other path I could have followed and considered was to become a monk!

R: Is there a profession or job you would you NOT like to do?

J: This is much easier – as a student I worked as a washer-up in a restaurant and I have never seen such a high-pressured job as being a chef. Also there was FAR more ego and temperament in that kitchen, even more than ANY academic department I have every worked in!

R: Can you tell us how you first heard of the IAS and what then prompted you to join ?

J: In 1984 the young technician named Bari Logan who worked in the Nottingham Anatomy Department told me about a new group that was being set up in London, and he urged me to join with him. I wasn't very interested and not being a 'natural joiner' I left it and didn't bother. Some months later he asked me again and also asked if I would give a talk which I agreed to do, so I joined what was to become the IAS in early 1985 and have been a member ever since.

R: And away from work, what do you like to do in your spare time?

J: This has changed and has been dictated by the autoimmune condition that affects the men in my family. When I was healthy and active my available spare time was split between sport and running two allotments, and believe it or not, in running a UFO investigation group. Not as whacky as it sounds. When I was a child in 1952 I saw and heard and experienced the physical effects of a 'UFO' at quite close range, and I wanted to know what it was I had experienced.

As I wanted to know the truth at the age of about 8 or 9 I started reading everything I could find on the subject and by my teens I realized it was a very deep and complicated subject and an area that was full of official sources giving out misinformation, and civilian lunatics with every kind of ridiculous theory.

So I formed a group of like minded people who wanted to know the truth. If anyone wants to know more, email me at john.emile.ben@mail.com.

As I started to lose my mobility I indulged myself with a couple of classic cars that gave me many a happy time, and now I'm almost flat bound I work through my computer to help friends who are building a now very successful school from nothing in rural Kenya to give some of the world's most disadvantaged children a good, free education to enable them to find a good job and build a successful life rather than a life of poverty and crime. It's very rewarding work.

R: If you could have your choice, where would you choose to live? Now this could be a country, a town, a region or even a style of property.
J: Again this has changed as I have become less mobile, but now I would say I would love to live in either an Art Deco detached house or a magnificent Victorian villa.

R: If you could live in any time of the past, the present or the future which would you choose and why?
J: Unquestionably in either London or Paris for different reasons in The Belle Époque, the 'Beautiful Era' from 1870 to 1914 - - but with access to modern medicine!

R: We now come to a list of questions that deals with your personal 'favourites'. So number one, do you have a favourite food?
J: I love seafood or a good curry, but one food I always come back to is simply eggs, boiled, poached, fried, scrambled, in fact every way.

R: And is there a food that you hate?
J: Rhubarb.

R: What is your favourite type of music, or if you prefer, who is your favourite artist, band or composer?
J: Jazz, classical music and traditional folk.

R: Do you have a favourite colour?
J: No, not really – blue possibly.

R: And your favourite film?
J: FAR too many to name, that come from being a projectionist. But they need to have a good story line and be well acted with none of the cgi and special effects that are used these days to hide a poor plot.

R: Do you have a favourite TV programme?
J: Not one favourite, but the same goes for TV as I said for films. A good costume drama works every time.

R: Do you have a favourite Book or favourite author?
J: Despite being dyslexic I'm an avid reader and yet again it's about having a good plot! So, things such as Agatha Christie and the collected works of Sherlock Holmes through to the French and English classics.

R: And which is your favourite word?
J: Hope!

R: And your least favourite word?
J: Not one word, but three together – Not My Problem.

R: Is there a sound or noise you love?
J: Like most people, Birdsong and the sound of rain.

R: And what sound or noise do you hate?
J: I can't think of anything right now – you wait, at 3am in the morning I'll say Oh I should have said - - -

R: Who or what inspires you?
J: Young people such as Greta Thunberg who are so positive about creating a better, fairer world

R: If you could change just one thing, about the world around us what would it be?
J: Oh where do I begin? Lets start with getting rid of all dishonest, self serving politicians.

R: If you could be given the chance to spend 24 hours with any person, either living or dead, who would you most like to meet and why?
J: My Dad. He was French and never spoke about his family or remarkable war experiences, and I was too young and arrogant to ask.

R: We are nearing the end now John. If I had the power to grant you just one wish, what would you wish for?
J: Again, where do I begin? Let's say everybody regardless of nationality, race or religion begin to care about the wellbeing of all other people on this earth and start to work to put things right.

R: And the final question, if Heaven exists, what do you think God will say to you when you arrive?
J: As I am now 80, I have been thinking about this quite a lot. I have no doubt that we survive death and that there is a supreme power for good that governs this universe, but if that is God and Heaven as traditionally taught to us, I'm not sure. But if it is I think he will say to me "Now just get on those scales while I open the big book of your life" and after a few minutes say "Oh dear, are you sure you should be here?"

R: John, Thank you for the interview and I hope you will continue to enjoy your involvement with the IAS for many years to come!!

THE TWELVE CRANIAL NERVES OF CHRISTMAS: Mnemonics, Rhyme, and Anatomy—The Lighter Side

A fun and festive way to remember the cranial nerves was outlined in a paper by Professor Claire Smith and Professor Scott Border. What follows is my own interpretation, but I encourage you to explore their original article (link at end) and adapt the song in whatever way works best for you and your learners.

Instructions:

Hum to the melody of a carol composed and published by Frederic Austin in 1909, '*The Twelve Days of Christmas*' . *Feel free to add your own actions to make it memorable! 'Five gold rings chant' is replaced with the roar of 'neu-ral-gia' or 'tri-gem-inal' or 'mast-i-cation'*

The first time a nerve is introduced, it is named. But thereafter it then becomes a number with the function associated with it. The following lists the introduction and then the way it changes for later nerves.

Onto The Song!

♪ The first cranial nerve, my anatomy class gave to me, olfactory has a funny kind of smell (action: sniff sniff).

♪ The second cranial nerve my anatomy class gave to me, Optic helps you see (action: point to eyes with hands).

♪ Third: Oculomotor up and down. Three up and down (action: Gesture movement with hands).

♪ Fourth: Trochlear down and out (action: pretend to chew).

♪ Fifth: Chant Tri-gem-in-al/Neu-ral-gia/mast-i-cation.

♪ Sixth: Abducent gives side glances. Six sideway glances (action: gesture movement with hands or eyes).

♪ Seventh: Facial nerve is funny. Seven funny faces (action: pull a face).

♪ Eighth: Vesti-bulo-cochlear. Eight makes you dizzy (action: feign dizziness or do spinning eye gesture with hands).

♪ Ninth: Glosso-pharyng-eal. Nine very tasty (action: expression of eating something delicious).

♪ Tenth: Vagus makes you sick. Ten makes you sick. Action: Feign being sick.

♪ Eleventh: Accessory makes you shrug. Eleven makes you shrug (action: Shrug shoulders).

And finally (with full lyrics),

♪ The twelfth cranial nerve my anatomy class gave to me, Hypoglossal stick your tongue out, eleven makes you shrug, ten makes you sick, nine very tasty, eight makes you dizzy, seven funny faces, six sideway glances, five mast-i-cation/neu-ral-gia/tri-gem-in-al, four down and out, three up and down, two helps you see and one has a funny kind of smell.

Of course, there are many non-festive alternatives! And mnemonics.

As many of us working in anatomical sciences know, mnemonics can be powerful tools for helping students learn and retain complex information. I would like to thank Professor Claire Smith for kindly granting permission to showcase her paper, which highlights a wonderfully creative and festive approach to teaching. Her work, created with colleague Professor Scott Border brings humour and seasonal charm to the cranial nerves through rhyme, rhythm, and playful action cues.

Smith CF, Border S. The Twelve Cranial Nerves of Christmas: Mnemonics, Rhyme, and Anatomy - Seeing the Lighter Side. Anat Sci Educ. 2019 Nov;12(6):673-677. doi: 10.1002/ase.1846. Epub 2019 Jan 3. PMID: 30548125.

CURIO CORNER - John Ben

Not history this month, but sadly something that is still very much with us. Can you diagnose what this condition?

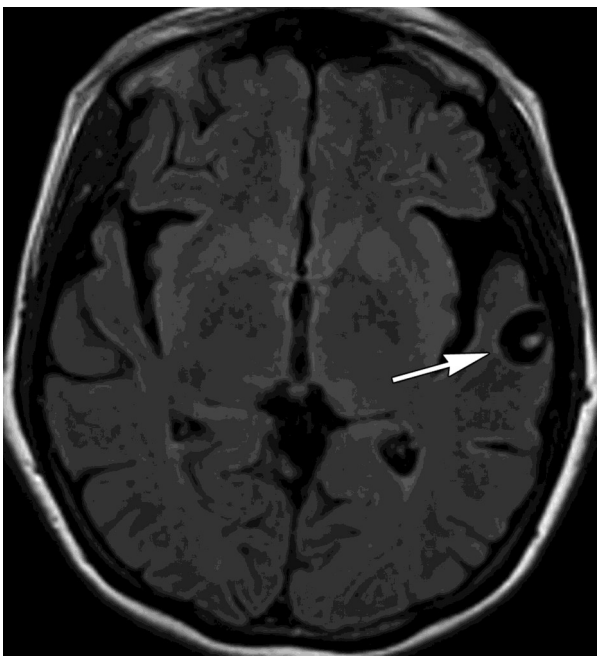
To give you a clue, it is found worldwide and can affect people of all ages, but has never been reported in babies. It is also now rare in the UK and in my 50 year career I saw only two cases, but once seen it will never be forgotten.

This is CYSTICERCOSIS

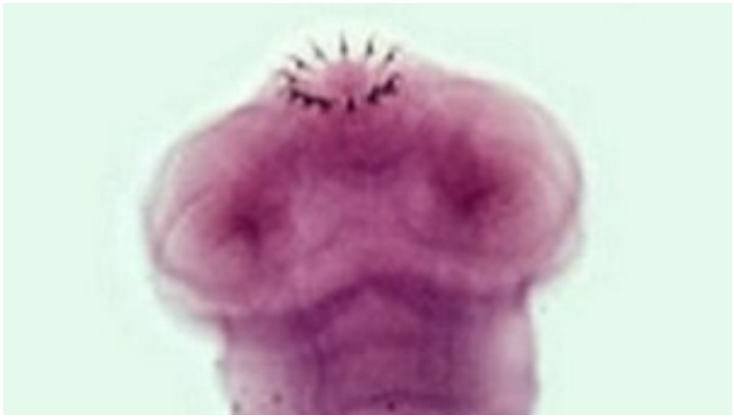
Cysticercosis is a parasitic infection caused by the larval stage of the pork tapeworm, Taenia solium. Humans typically acquire this infection by ingesting eggs of the parasite through contaminated food, water, or hands. Once inside the body, the eggs hatch into larvae, which can migrate through the bloodstream and form cysts of one or two centimeters in various tissues, including muscles, skin, eyes, and the central nervous system. People may have few or no symptoms for years. In some cases, particularly in Asia, solid lumps of between one and two centimeters may develop under the skin. After months or years, these lumps can become painful and swollen and then resolve.

When the cysts develop in the brain, the condition is specifically called neurocysticercosis, which can lead to severe neurological symptoms such as seizures, headaches, confusion, and even life-threatening complications, and was indeed fatal in one of the two cases I have seen .

Diagnosis usually involves imaging techniques like CT scans or MRI, along with serological tests to detect antibodies against the parasite. Treatment depends on the location and number of cysts and may include antiparasitic medications such as albendazole or praziquantel, anti-inflammatory drugs to reduce swelling, and sometimes surgical intervention to remove cysts.



CURIO CORNER - John Ben



Good hygiene, thorough cooking of pork, and improved sanitation are essential measures to prevent cysticercosis, as the infection is strongly linked to areas with poor sanitation and practices that allow fecal contamination. Early detection and treatment are crucial to reduce complications and improve outcomes for affected individuals.

In developed countries there is now a system of having trained and qualified public health meat inspectors in abattoirs whose role is to first inspect the live animals as they are delivered and then inspect the prepared carcass before it is declared fit for human consumption.

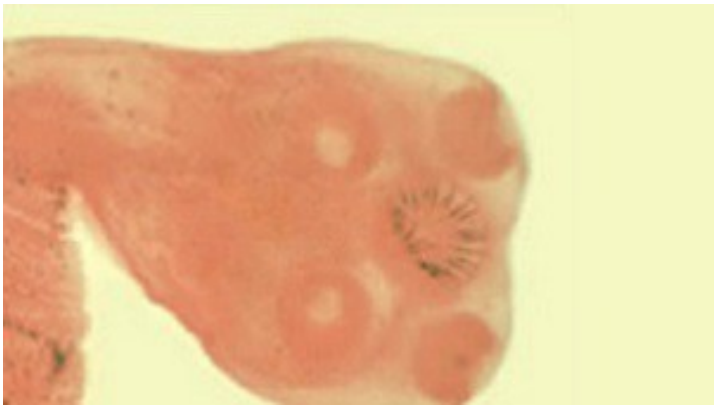
It is thought that this condition is one of the reasons why early 'doctors' and priests in religions such as Islam and Judaism several thousand years ago declared the pig as unclean and banned the eating of its meat. This is an example of how the Halal and Kosher laws made remarkable sense when they were first formulated and can indeed be regarded as the world's first public health rules. Cysticercosis is usually acquired by eating food or drinking water contaminated by tapeworms' eggs from human and animal feces.

The tapeworm uses humans as its definitive host and pigs and boars as the intermediate or secondary hosts. It is transmitted to pigs through human feces that contain the parasite eggs and contaminate their fodder. Pigs ingest the eggs, which develop into larvae, then into oncospheres, and ultimately into infective tapeworm cysts, cysticerci.

Humans acquire the cysts through consumption of uncooked or under-cooked pork and the cysts grow into adult worms in the small intestine, but can on occasions cause Cysticercosis.

The adult worm has a flat, ribbon-like body which is white and measures 2 to 3 meters (6.6 to 9.8 ft) long, or more. Its tiny attachment, the scolex, contains suckers and a rostellum as organs of attachment that attach to the wall of the small intestine. The main body, consists of a chain of segments known as proglottids. Each proglottid is little more than a self-sustainable, very lightly ingestive, self -contained reproductive unit since tapeworms are hermaphrodites.

John Ben



HOW REINDEER RUN

Each Christmas, we see images of reindeer landing on snowy rooftops, hooves tapping and antlers cutting through the cold night air. But behind the festive imagery lies a remarkable reality: reindeer possess highly specialised anatomy that lets them move with speed, stability, and efficiency across ice, deep snow, and the harsh Arctic landscape.

Wide visual field to avoid collisions

Reindeer have a high proportion of slow-twitch muscle fibres, ideal for long-distance running.

Endurance Runners:

Can travel up to 50km per day during migration

Large aerodynamic body

Dense fur: traps warm air, reducing energy lost during long runs

Nasal turbinates: warm and humidify icy air

Highly efficient cardiovascular system

Stifle, hock and fetlock joints act like vertical springs for shock absorption and maintaining balance on uneven icy surfaces

Hooves spread wide as they land increasing surface area. Overall they have excellent traction to navigate icy rooftops.

Sharp edges on hooves can cut into ice for stability

Rubbery textured sole pad becomes firmer in winter for grip.

Why Do Reindeers 'Click'?

This is a unique reindeer feature. Friction occurs from a tendon that slips over the sesamoid bones in the foot during motion, causing an audible click. Experts believe that this is important for communication in reindeer possibly allowing them to:

- Keep track of each other in blizzards.
- Maintain group cohesion in poor visibility.

EDUCATION and DEVELOPMENT

The IAS is committed to helping members to gain further practical experience and develop new skills.

There are a choice of three qualifications:

Certificate in Anatomical Bequeathal Services (CABS) for bequeathal and secretary staff.

Donald Farr Certificate in Anatomical Techology and Science (CATS) for technical staff.

Already done the CATS or want a more in-depth qualification? No problem:

Develop your theoretical, practical and technical experience associated with anatomy. These awards are open to all IAS members.

Unsure about the fees? Your employer may cover the cost!

Thinking about it? Please email education@anatomical-sciences.org.uk for more information

FEES

CABS - £200 total cost, £50 on submission of application and remainder of £150 once viva has been set.

CATS - £200 total cost, £50 on submission of application and remainder of £150 once viva has been set.

DATS - £350 total cost, £50 on submission of application, £150 once first viva is set, remaining £150 once second viva is set.

Your application form needs to be verified by the signature of your supervisor

Application form

Small deposit required on submission of application

Remaining fees due once Viva has been set

Viva voce exam (spoken) is conducted at applicant's workplace

Your employer may cover the fees!

WORKSHOPS

Please visit our Workshop page by following this link: Workshops - The Institute of Anatomical Sciences . Any upcoming workshops will be advertised here.

IAS members are also eligible for the Garry Thomson Educational Grant to cover the costs of the workshop if your workplace are unable to fund it.

Available Workshops:

Potting Course:

1 day training workshop on Anatomical Perspex Pot Renovation and Fabrication was run by the IAS and School of Anatomy, University of Bristol.

Interested? please email us at: info@anatomical-sciences.org.uk and we will let you know as soon as another workshop is booked.

The Institute of Anatomical Sciences is built on the passion, experience, and generosity of its members. Every one of us brings something unique to the field — innovative techniques, creative teaching methods, specialist knowledge, or years of hands-on skill.

Now we're inviting YOU to share it.

Whether you have a proven protocol that transforms teaching, an imaginative dissection approach, a clever lab hack, or a topic you're simply enthusiastic about, the IAS would love to help you turn it into a **workshop for our community**.

Why host a workshop?

Workshops can be:

- Demonstration-based
- Hands-on practical sessions
- Technique-focused
- Discussion/round-table formats
- In-person or online
- Short "bite-size" sessions or half-day events

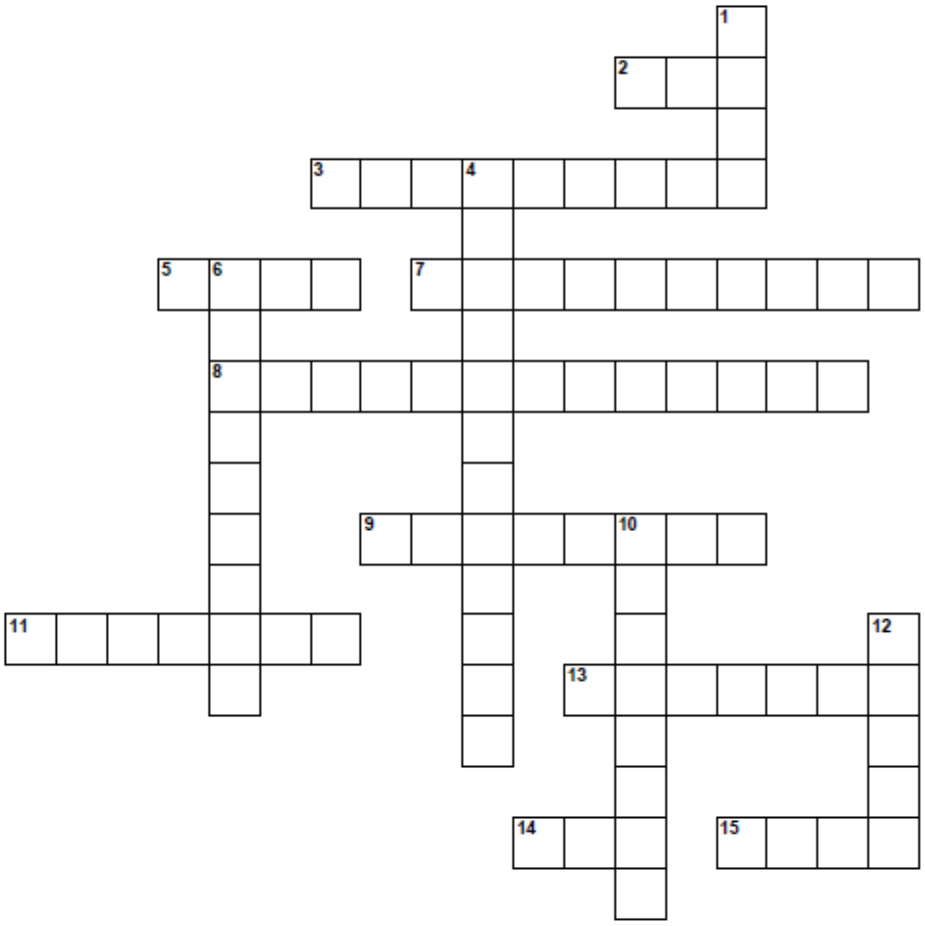
If you've ever thought *"Other teams might benefit from this…"* or *"I wish more people knew how to do this safely/effectively…"* then you already have a workshop topic waiting.

NEW MEMBERS

* **Breeanna Thiele** - Flinders University
* **Eiman Abdel-Meguid** - Queen's University Belfast
* **Michaela Matejova** - Aberdeen University
* **Amber Colins** - University of Lancashire
* **Kat Chalmers** - Ortho consulting Group
* **Louise McKay** - Dignity Funeral Services
* **Ariana Roscoe** - RVC
* **Malcolm Neil** - Cambridge University
* **Chiu Yung Wong** - Cambridge university - student
* **Benedicta Quaye** - Lancaster University
* **David Luk** - Cambridge university - student
* **Allis Lai** - Imperial College London - student
* **Amber Collings** - University of Lancashire
* **Amanda Wilson** - Queen's University Belfast

Let’s extend a very warm welcome to our newest members!

BRAIN BOGGLER



Across

[2] 'Wing' of the ilium (3)

[3] Longest muscle in the body (9)

[5] One of the three societies that the IAS have a memorandum of understanding with (initials) (4)

[7] Process after defleshing to produce osteological samples (10)

[8] Test to assess hip stability in hip abductor muscles. Also name given to the walking abnormality associated with dysfunction of these muscles (13)

[9] The middle meningeal artery runs through this foramen in the sphenoid bone (8)

[11] What type of workshop do the IAS provide, hosted at the University of Bristol? (7)

[13] Anatomical feature of the large intestine, forming pouches separated by folds (7)

[14] Imaging modality commonly used to examine soft tissues and nervous tissues (3)

[15] Who do UK Veterinarians register with to practice legally? (4)

Down

[1] Qualification that the IAS provide to further training to staff who work in bequeathals (initials) (4)

[4] What HTA licensing standard do T1 and T2 fall under? (12)

[6] Internal organs, smooth muscle and glands are innervated
by this division of the nervous system (9)

[10] Small rounded bones that form within tendons (8)

[12] Predominantly parasympathetic nerve that runs in the neck and is also associated with the Roman Numeral X (5)

8				2		9	1	7
			7	8	4	3	2	
	2		5			8	4	
2			4				7	
	3	4					6	
1				5	3	4		2
	8	1	2			6		
		7						1
6	9							4

Unscramble the blocks to produce an anatomical structure

m		s	f	l	e		d	i	u	p	e	c	i	a	g	i	t	o	r	u	x	o	r
l	i	s	r	f	i														

STAY CONNECTED!

Follow Us on Social Media!

The Institute of Anatomical Sciences is now more connected than ever - and we want you to be part of the conversation!

Whether you're a student sketching structures in the lab, a researcher decoding tissue mysteries, or a teacher inspiring the next generation of anatomists, our social media channels are here to bring the anatomical community together in real time.

What can you expect?

· Featured speaker spotlights & conference updates

· Behind-the-scenes peeks at anatomy in action

· Fascinating facts and throwbacks from the history of the field

· Job posts, funding calls, and specialist technical courses

· Member highlights (yes, maybe even you!)

Facebook: @IASAnatomy

X (Twitter): @IASAnatomy

Bluesky: @iasanatomy.bsky.social

We’d love to see your posts too - tag us, share your work, or just say hello! Whether you're sculpting skulls in plasticine or scanning them with spectroscopy, we’re building a vibrant online community where anatomy lives beyond the dissecting room.

The Council would like to thank and acknowledge all of these companies for their generous continuing sponsorship of the IAS!

In alphabetical order:

Adam,Rouilly

SERVING MEDICAL EDUCATION WORLDWIDE

https://www.adam-rouilly.co.uk

LEEC

https://www.leec.co.uk

WOLFVISION

https://wolfvision.com/en

BRAIN BOGGLER ANSWERS:

8	4	5	3	2	6	9	1	7
9	1	6	7	8	4	3	2	5
7	2	3	5	9	1	8	4	6
2	6	9	4	1	8	5	7	3
5	3	4	9	7	2	1	6	8
1	7	8	6	5	3	4	9	2
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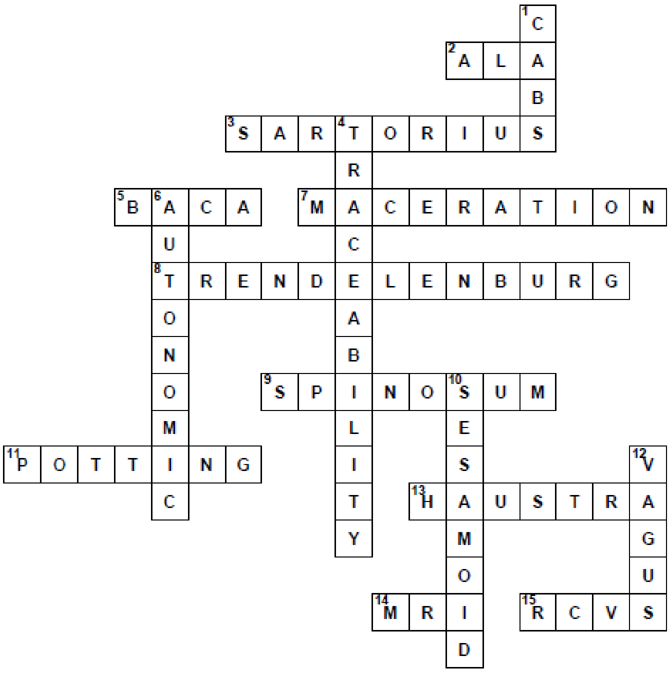
4	5	7	8	6	9	2	3	1
6	9	2	1	3	5	7	8	4



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c i a	l i s						

The views and opinions expressed by contributors in this edition of the magazine do not necessarily represent those of the Council nor those of the Institute of Anatomical Science.

The Editors reserve the right of editorial control to use their discretion on what is published and to edit and / or withhold articles should it be felt necessary to do so.

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