

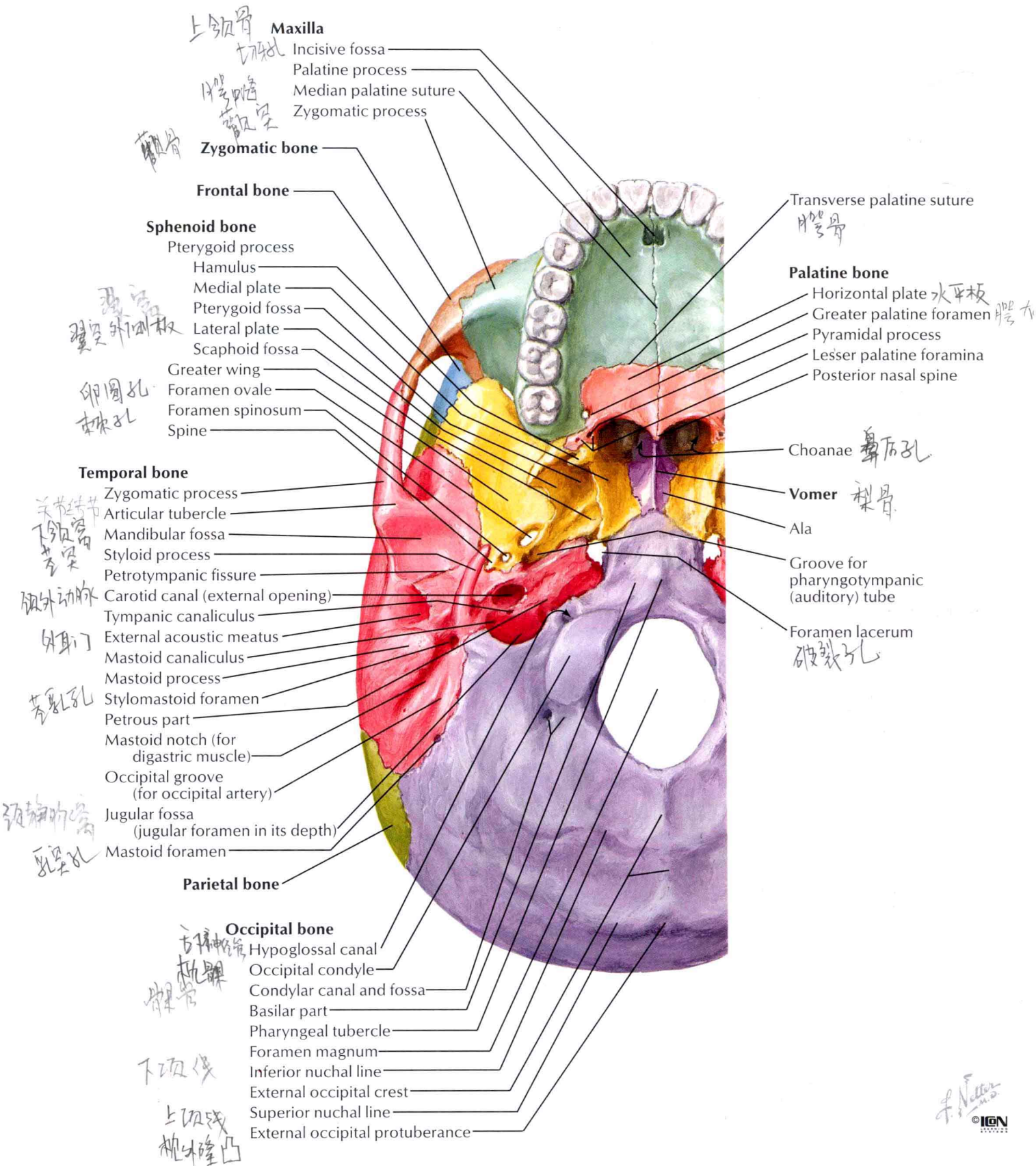
Dr. Machado has made changes on a number of plates to correct anatomical errors and especially to update anatomical detail consistent with current knowledge, gained largely through the use of medical imaging techniques in studying the anatomy in the living. In particular, the section on the pelvis and perineum has been extensively revised, replacing the outdated concepts of the trilaminar “U.G. diaphragm” or “deep perineal pouch” and the planar external urethral sphincter with current concepts.

Labeling has also been improved by making the terminology consistent throughout the book and updating it to the most current standard for anatomical terminology. I am grateful to have had the assistance of Dr. Duane Haines (central nervous system), and especially Dr. Robert Leonard (everything else!) in this formidable task. Internationally, the Latin form of terminology has been replaced with more user-friendly anglicized forms (English equivalents), in both common usage and scholarly endeavors. Where the new terminology is a marked change from that previously employed, we have retained the previous term in parenthesis to ease the transition (e.g., fibular (peroneal) nerve). While most anatomists favor use of descriptive anatomical terminology, many clinicians are reluctant to forego the tradition of the eponym. Thus the more common eponyms have also been retained parenthetically. The index—which, as Dr. Netter remarked in reference to the first edition, “is a book in itself”—has been thoroughly revised and updated to reflect the consistently applied, revised terminology. Accuracy of leader line placement has been increased even further, and leaders have been modified where necessary to delineate more clearly the labeled structures. The efforts of proofreader Nicole Friedman, who worked with me as we sacrificed our eyesight verifying the accuracy of the 32,000 leader lines running from as many labels, are also greatly appreciated.

Thanks to project editors Gina Dingle and Thomas Moore for their oversight (and insights), and to “the boss,” team leader Sandy Purrenhage, for cracking that whip and getting the job done mostly on schedule (reason be damned!). Special thanks to my wife, Muriel Dalley (still Dalley), for keeping the home fires burning, and for the patience she and our boys have had with me, my projects, and my office hours.

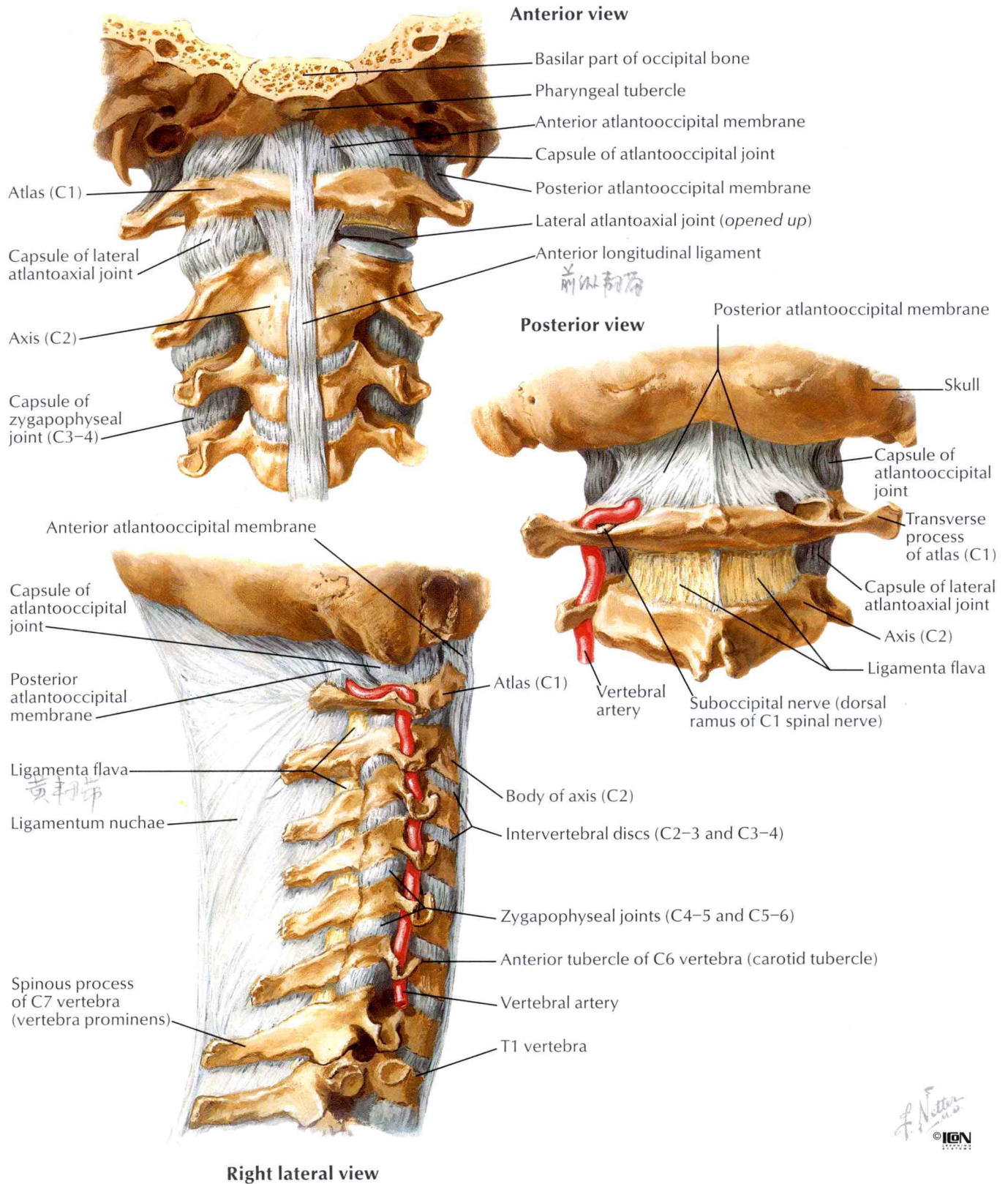
Arthur F. Dalley II, Ph.D.
Professor of Anatomy

Cranial Base: Inferior View



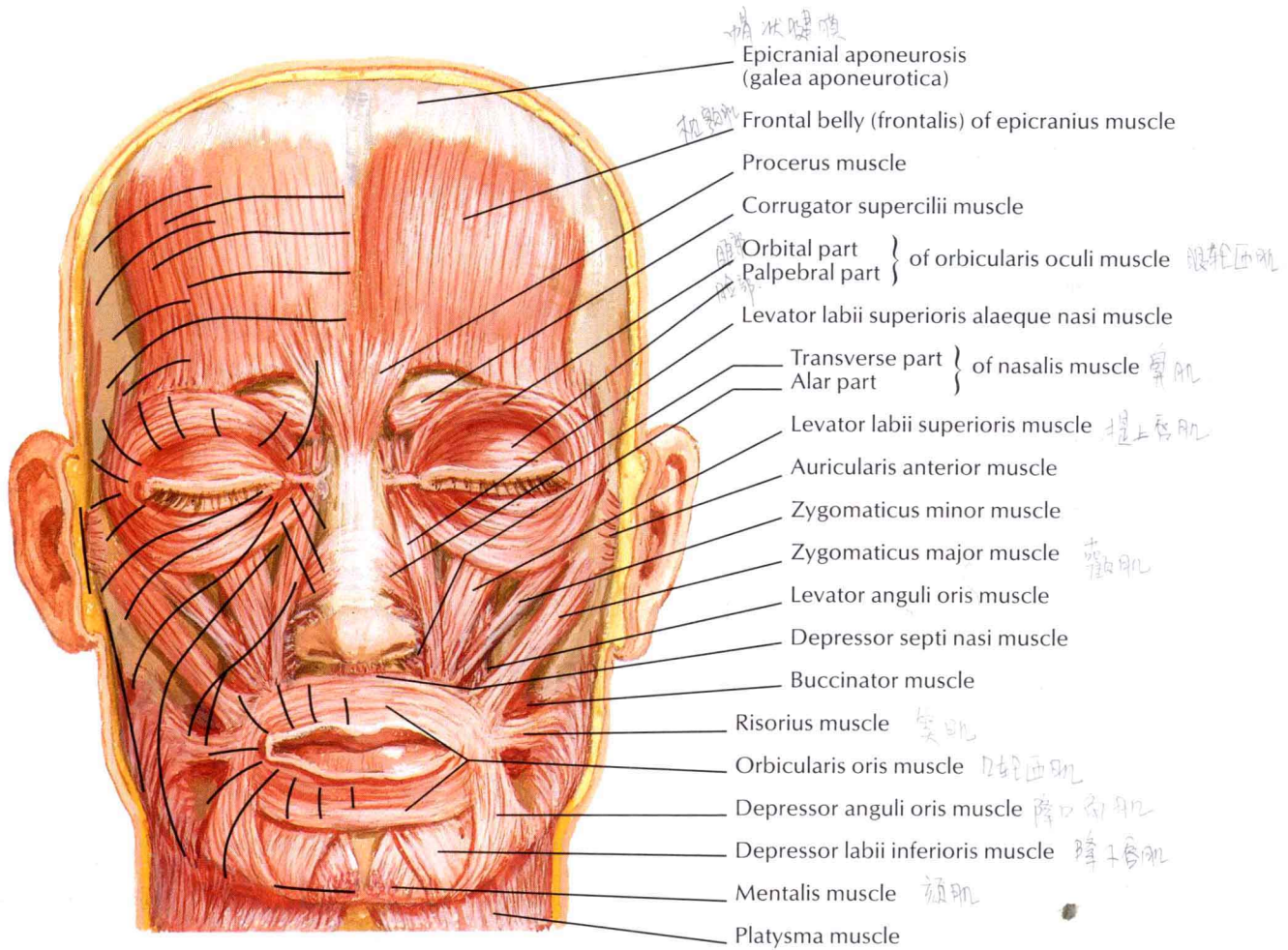
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External Craniocervical Ligaments

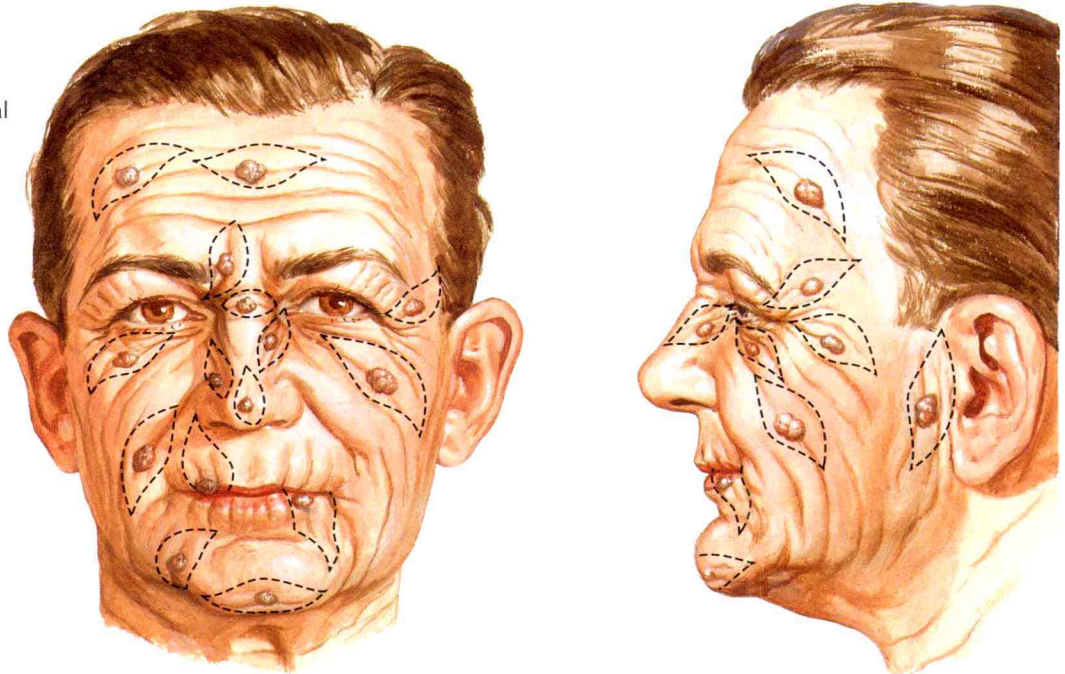


Muscles of Facial Expression: Anterior View

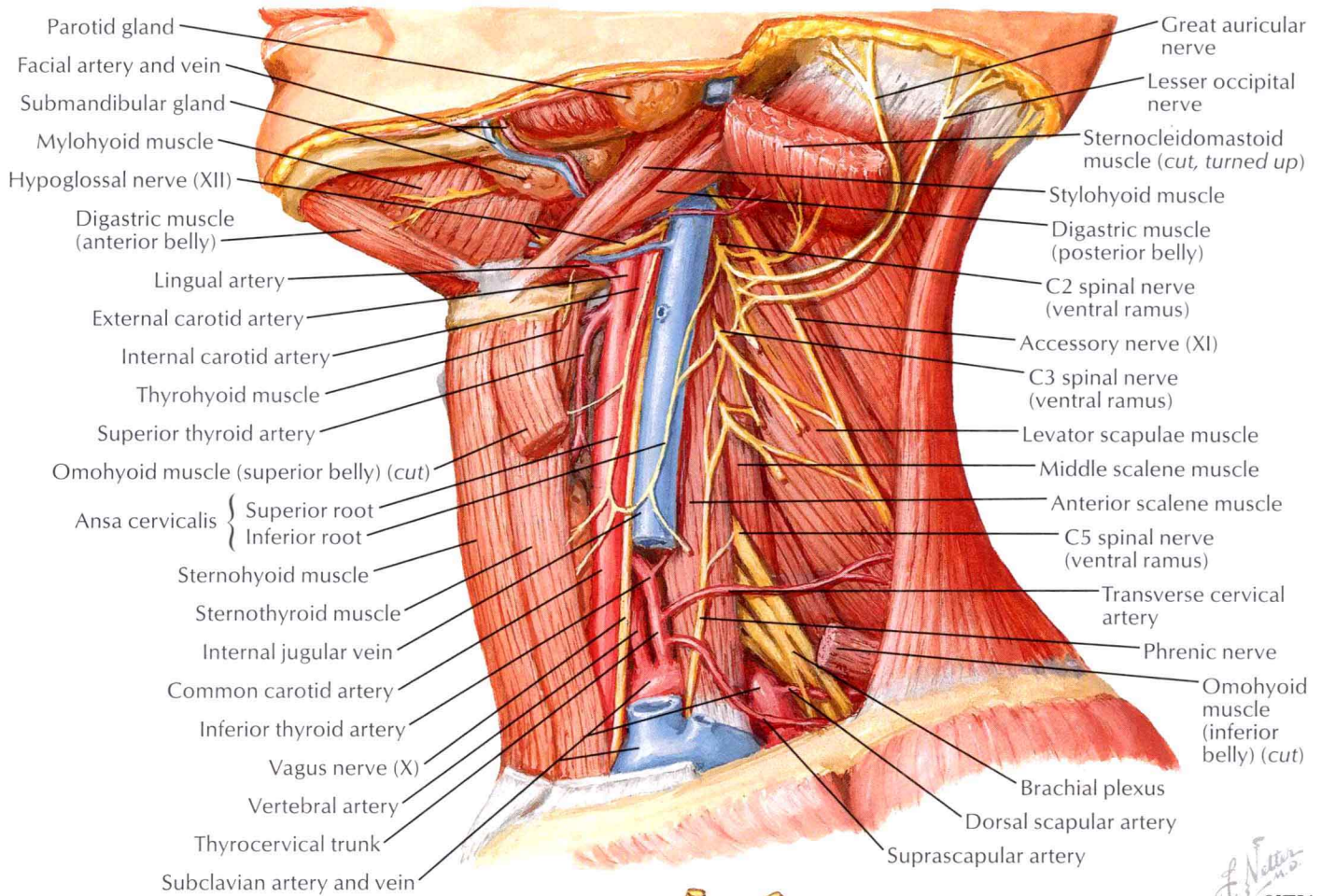
SEE ALSO PLATE 48



Course of wrinkle lines of skin is transverse to fiber direction of facial muscles. Elliptical incisions for removal of skin tumors conform to direction of wrinkle lines



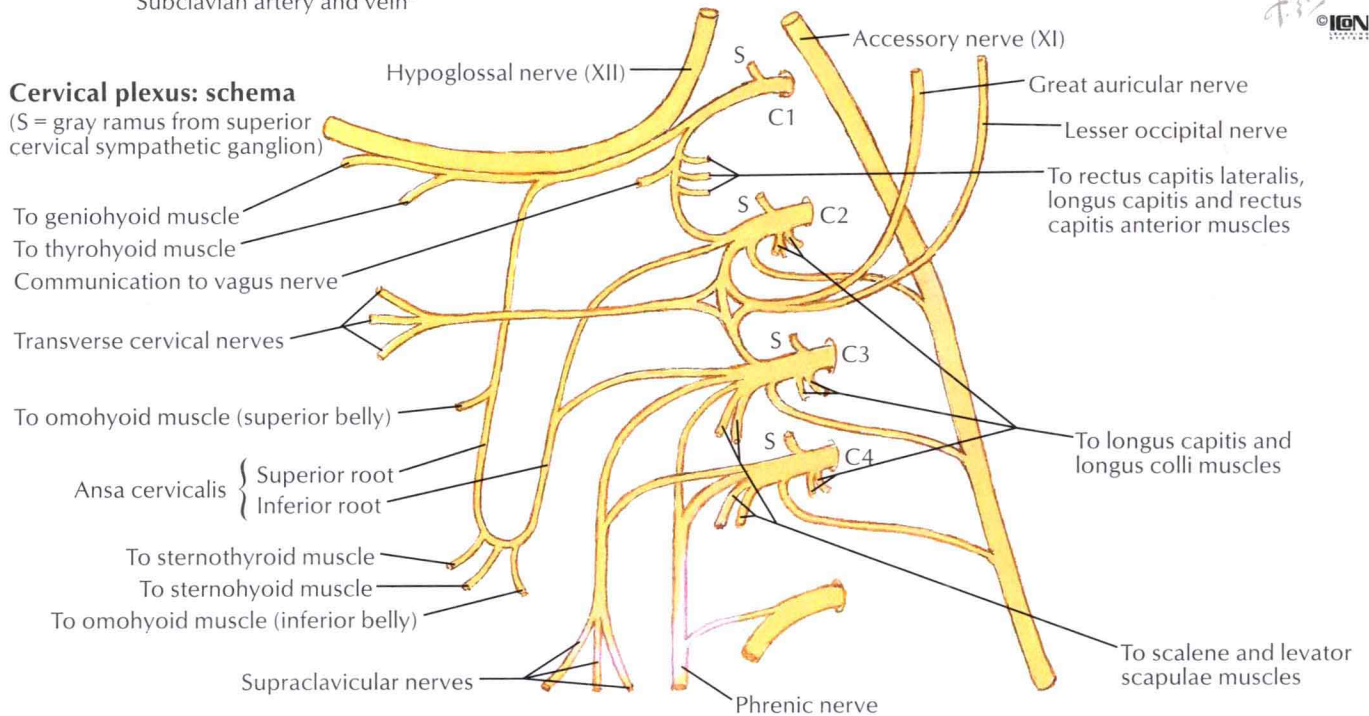
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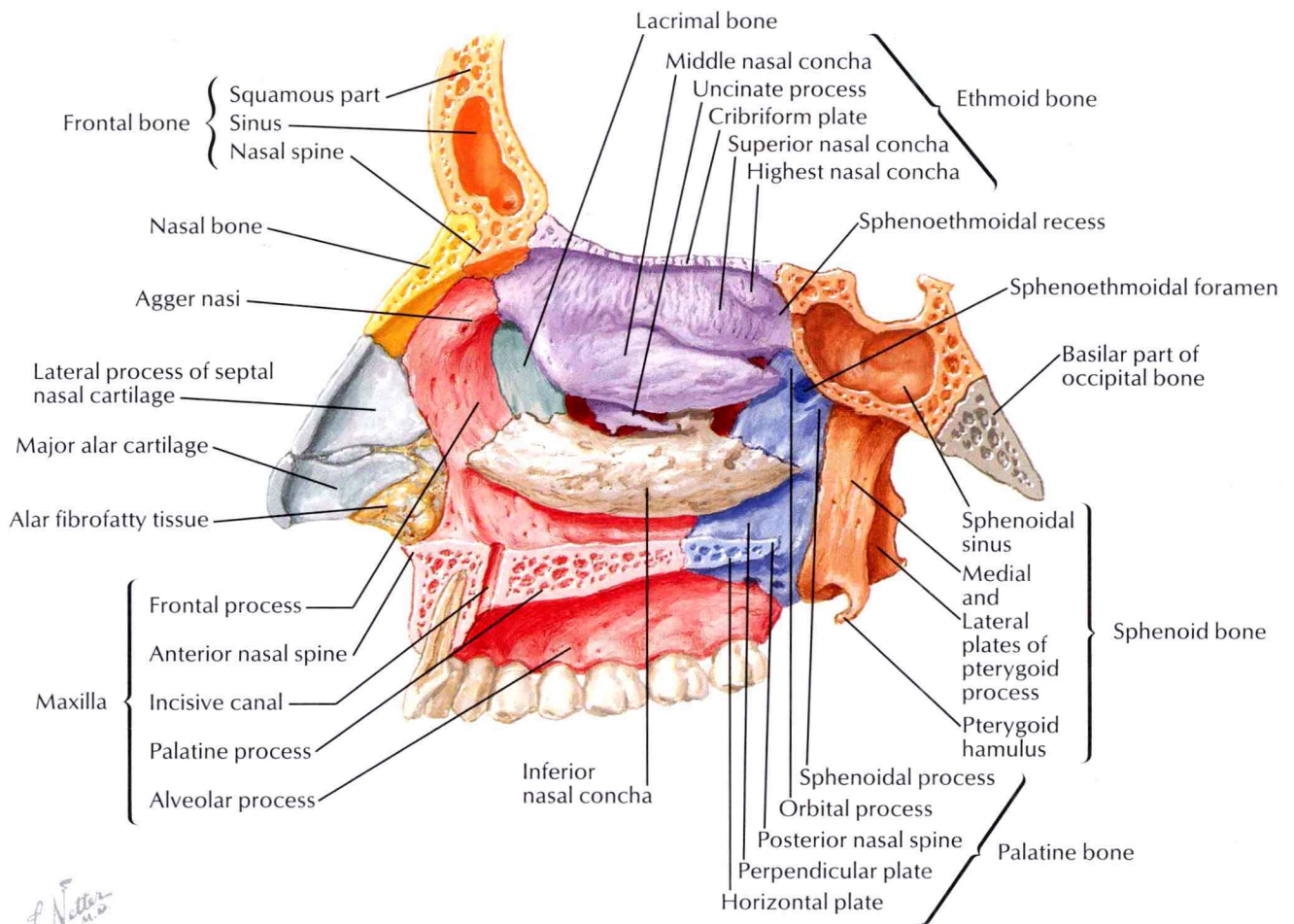
Cervical plexus: schema

(S = gray ramus from superior cervical sympathetic ganglion)

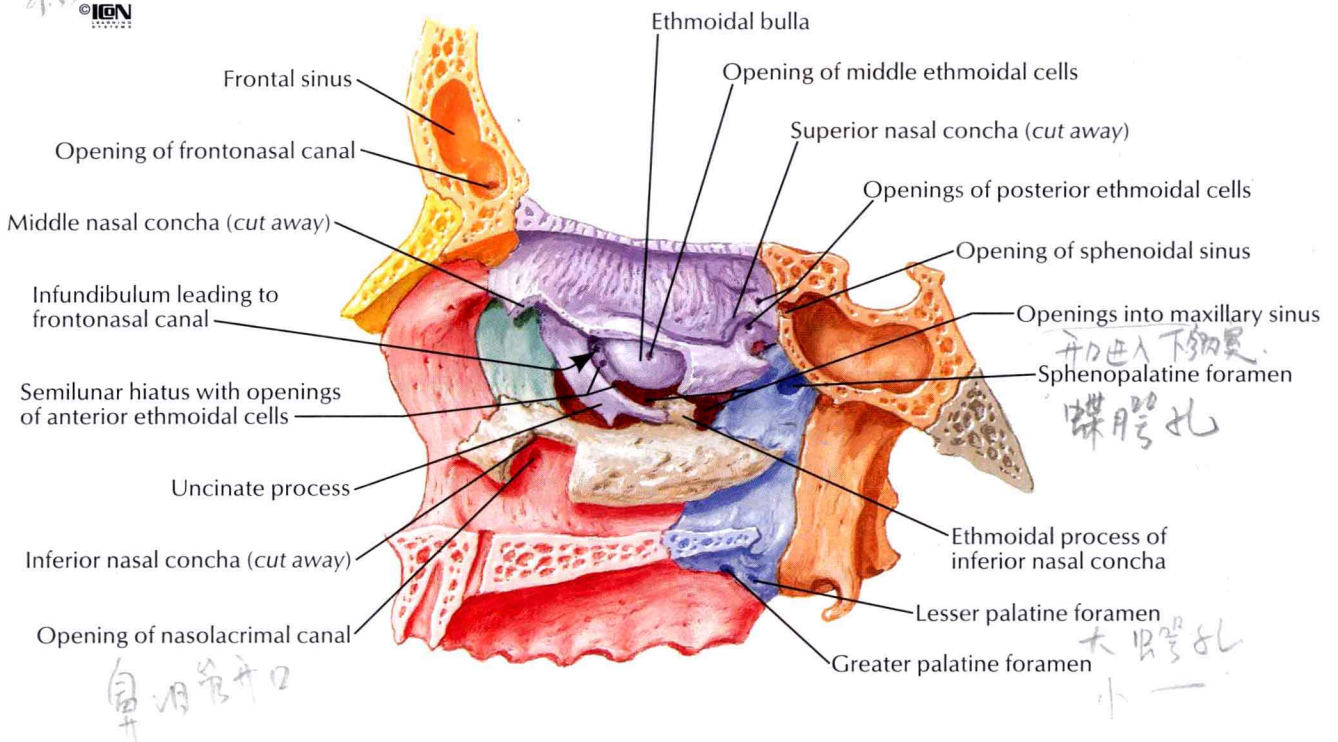


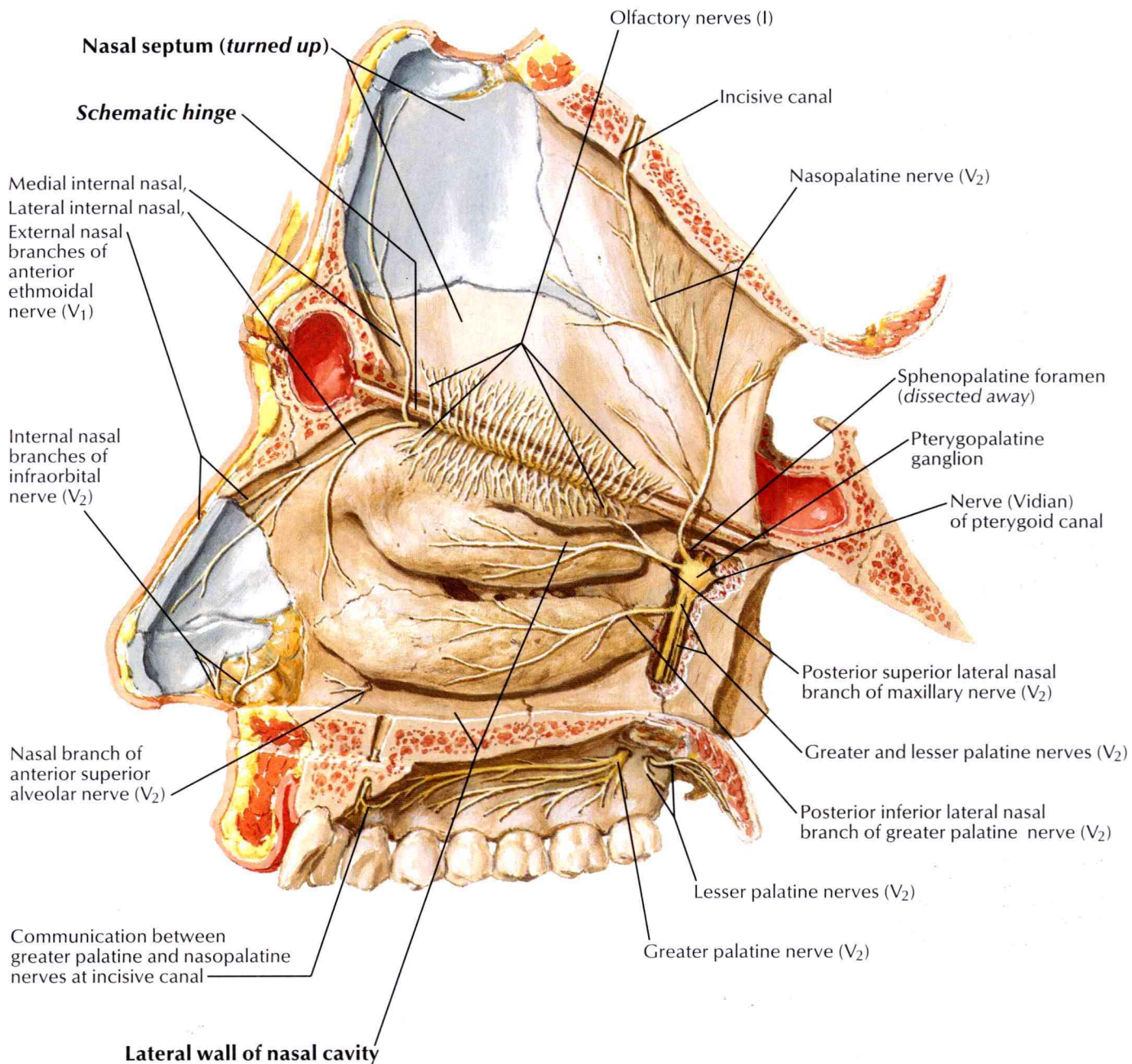
Lateral Wall of Nasal Cavity (continued)

SEE ALSO PLATE 3



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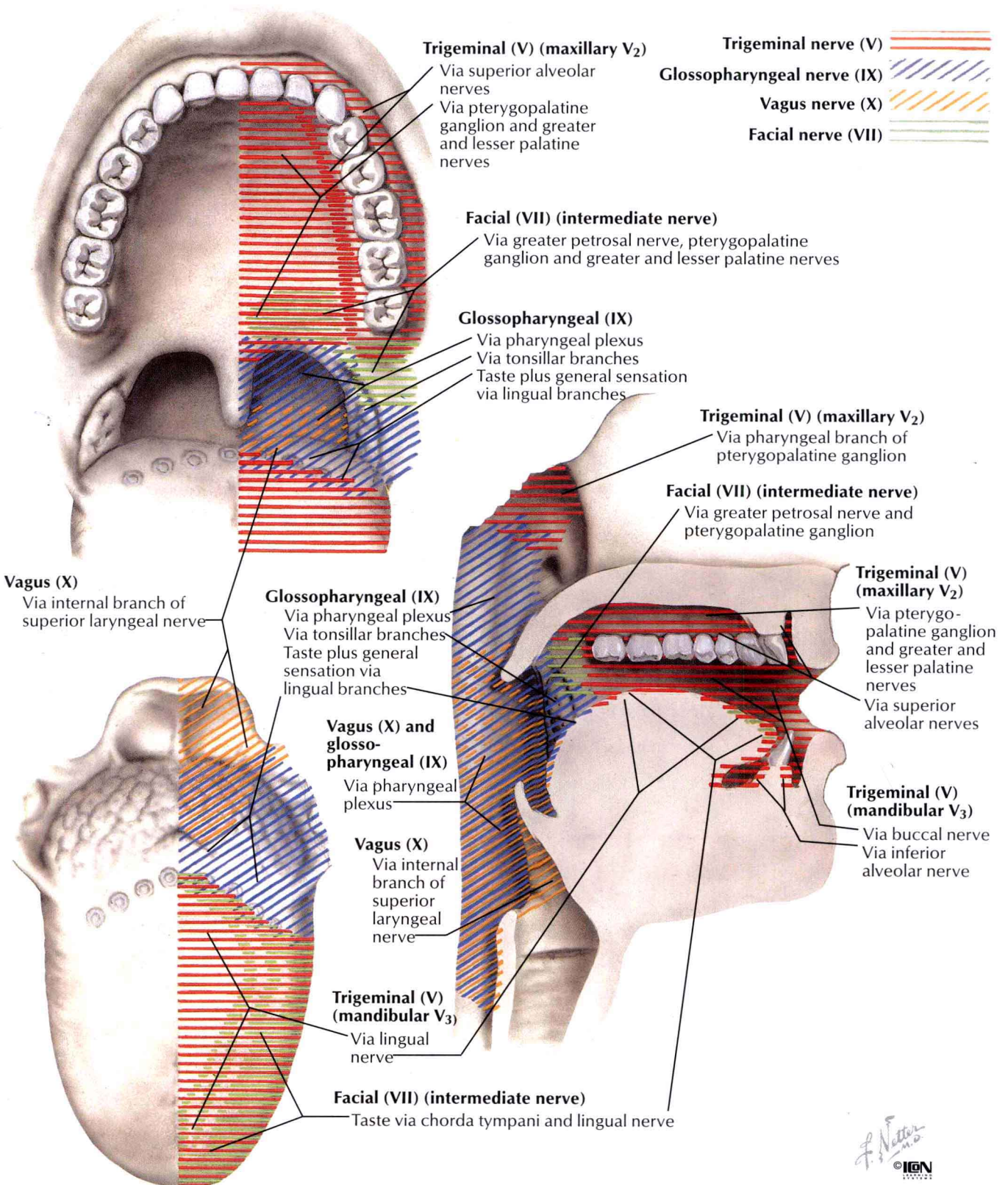




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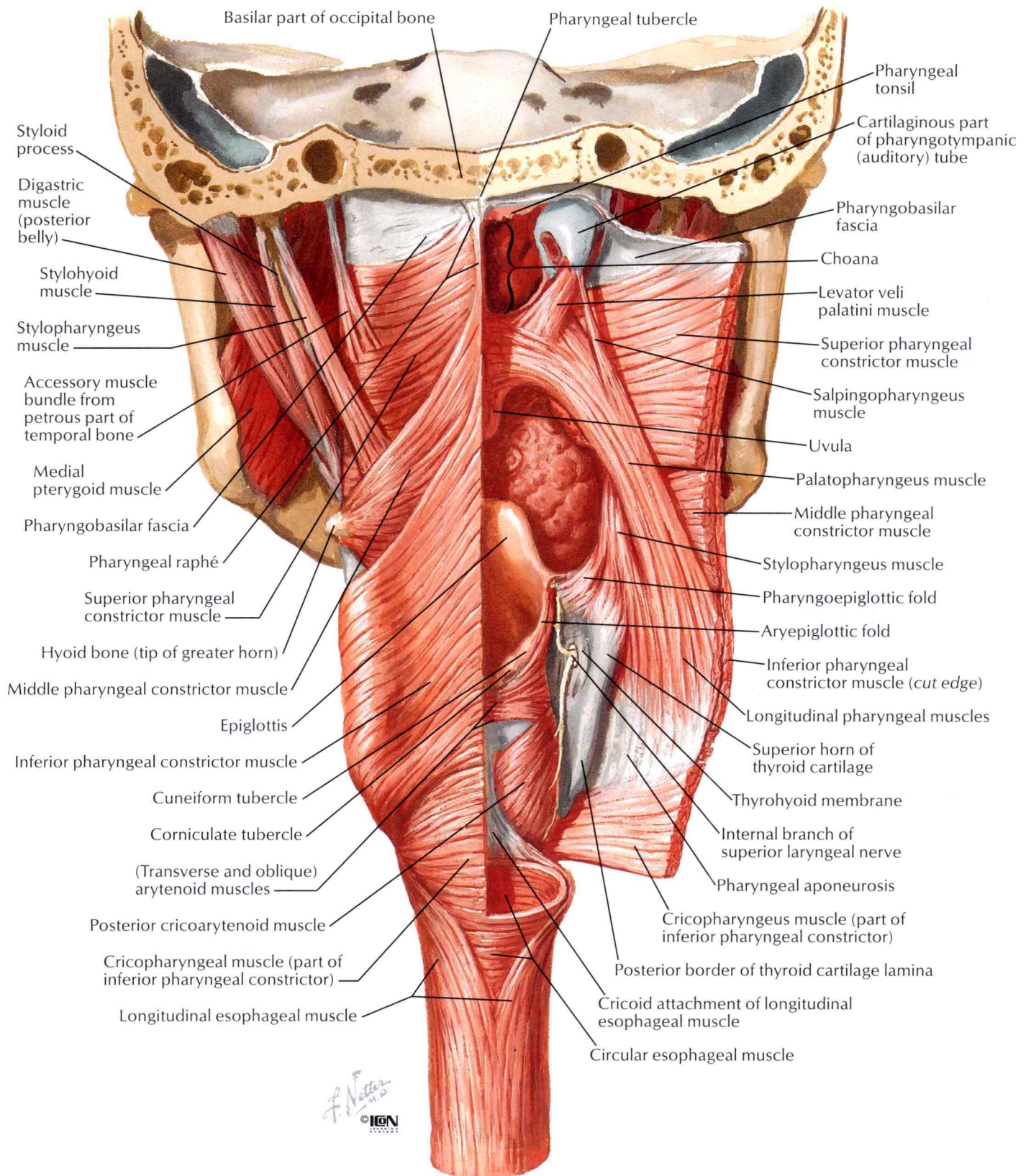
Afferent Innervation of Mouth and Pharynx

SEE ALSO PLATES 41, 46, 53, 58, 116, 117, 119, 127, 129

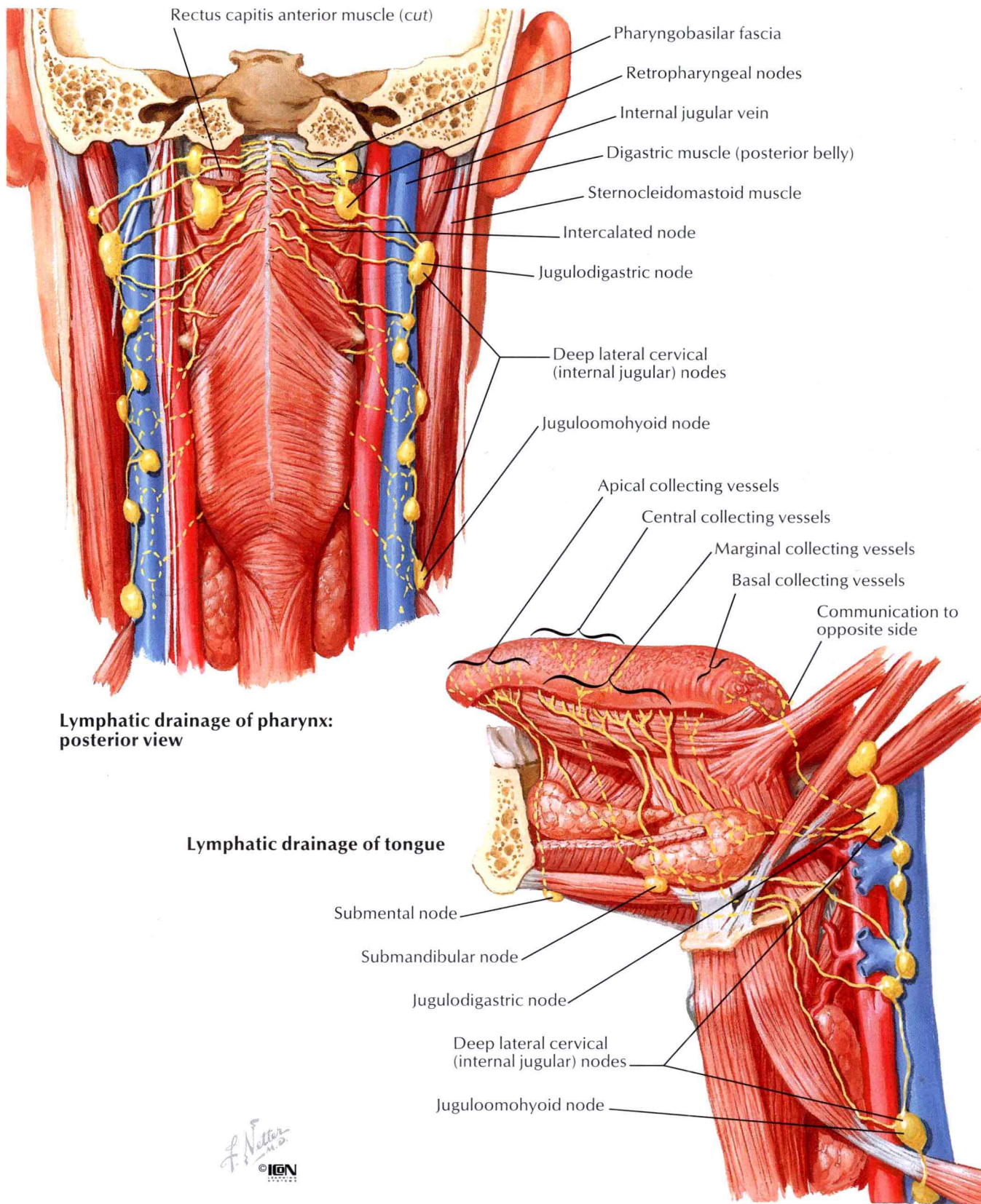


Muscles of Pharynx: Partially Opened Posterior View

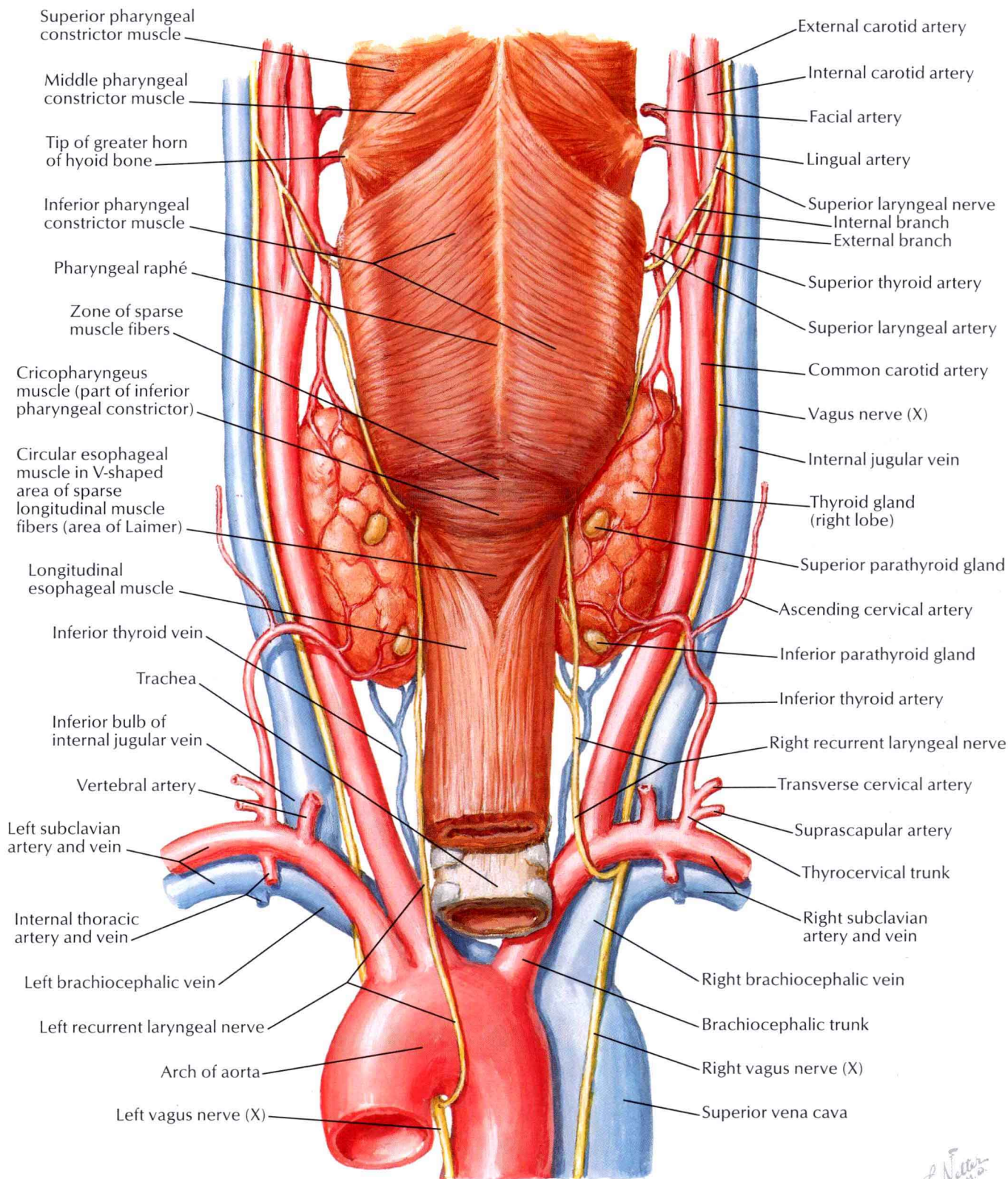
SEE ALSO PLATE 223



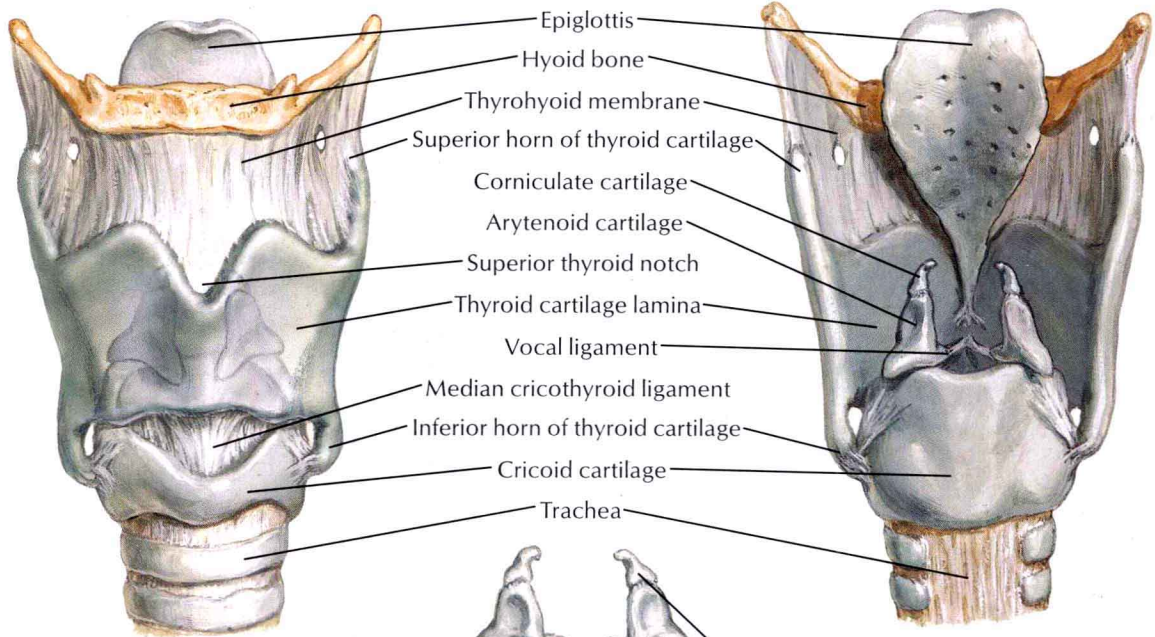
Lymph Vessels and Nodes of Pharynx and Tongue



Thyroid Gland and Pharynx: Posterior View



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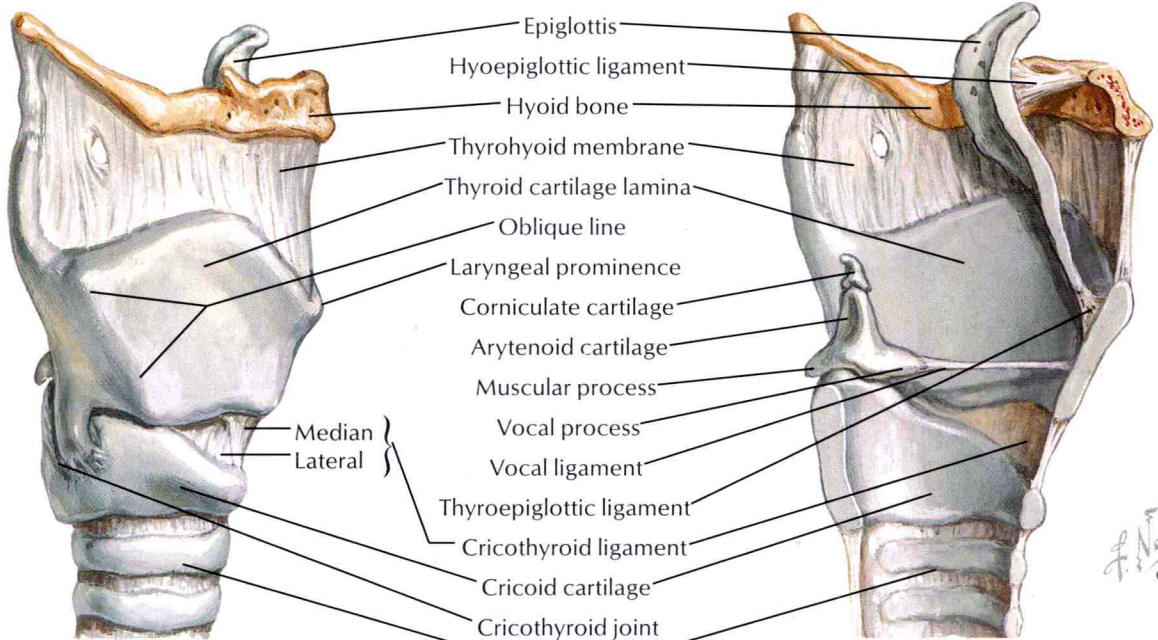


Anterior view

Posterior view



Anterosuperior view



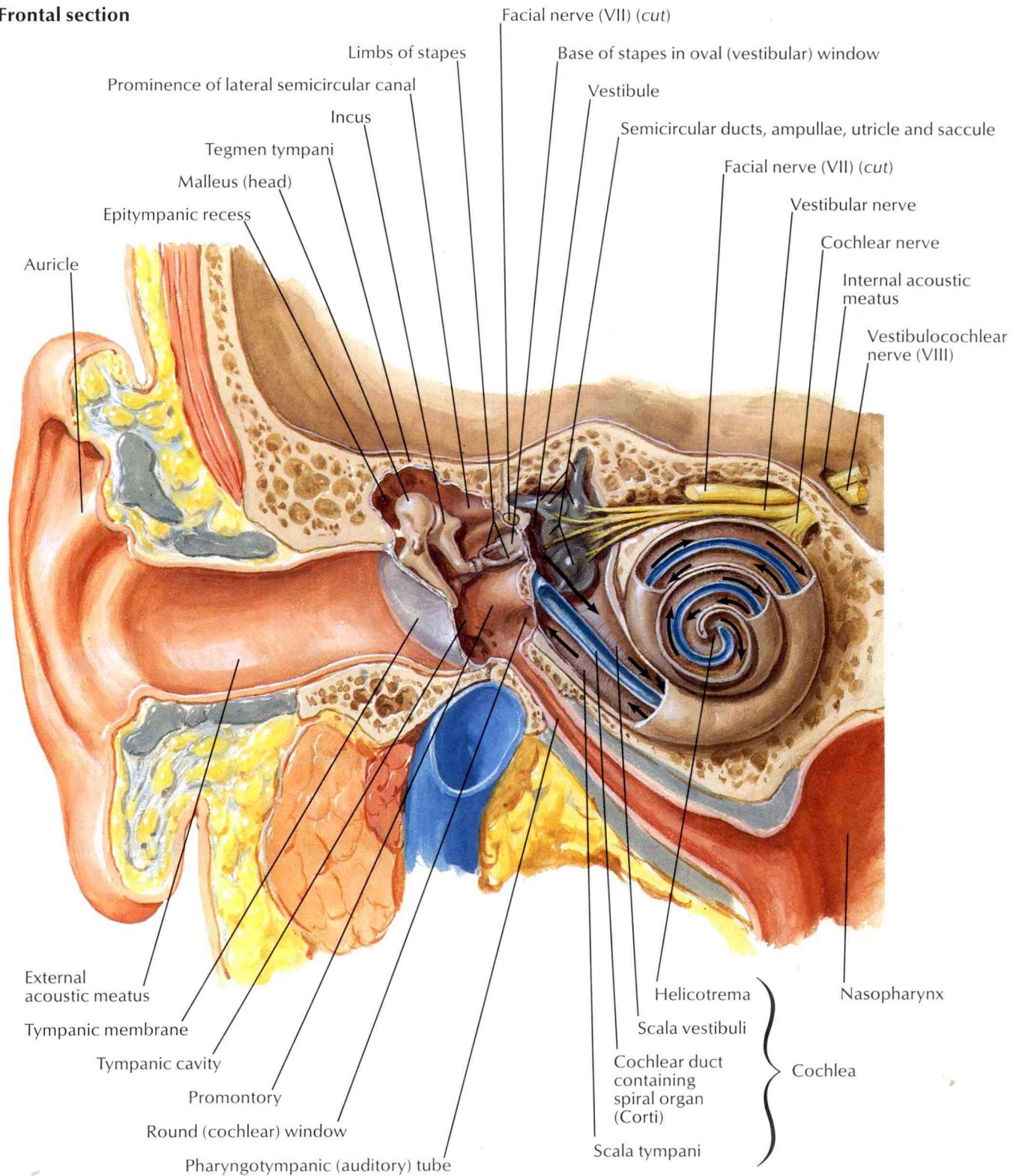
Right lateral view

Medial view, median (sagittal) section

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Pathway of Sound Reception

Frontal section

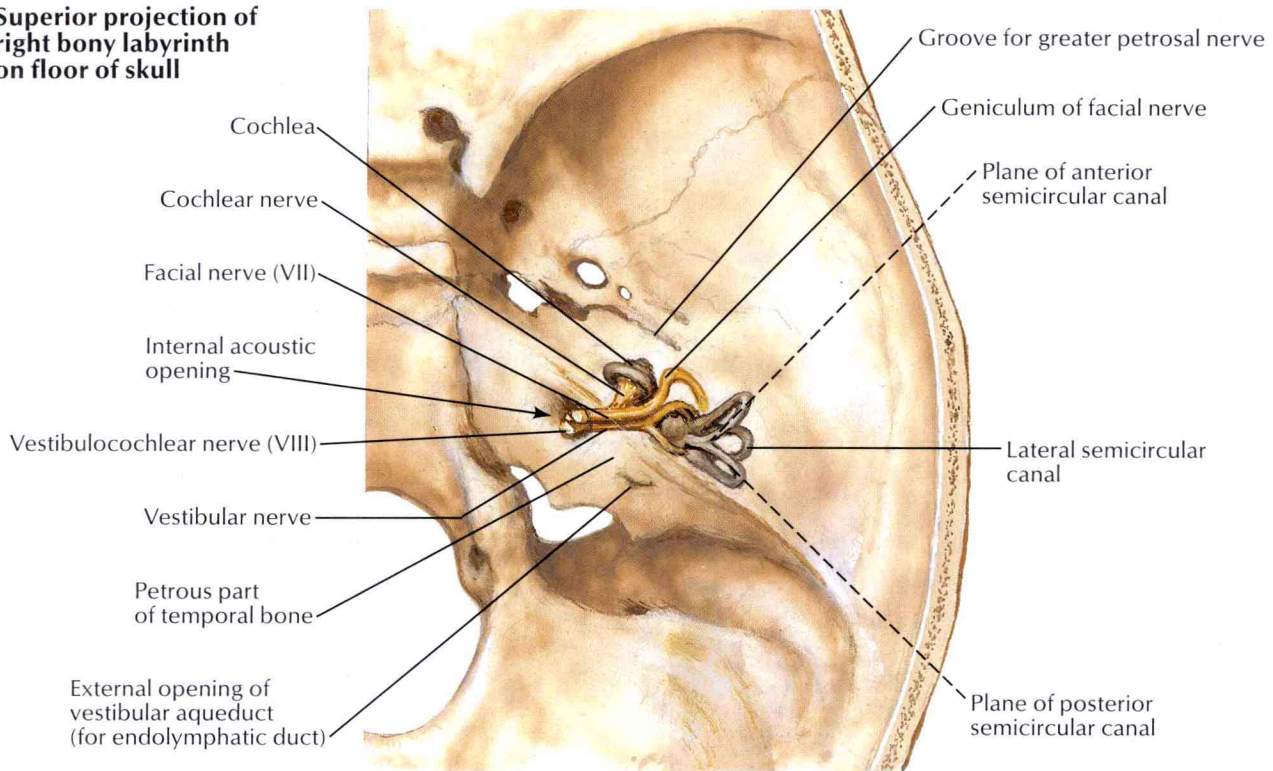


Note: Arrows indicate course of sound waves

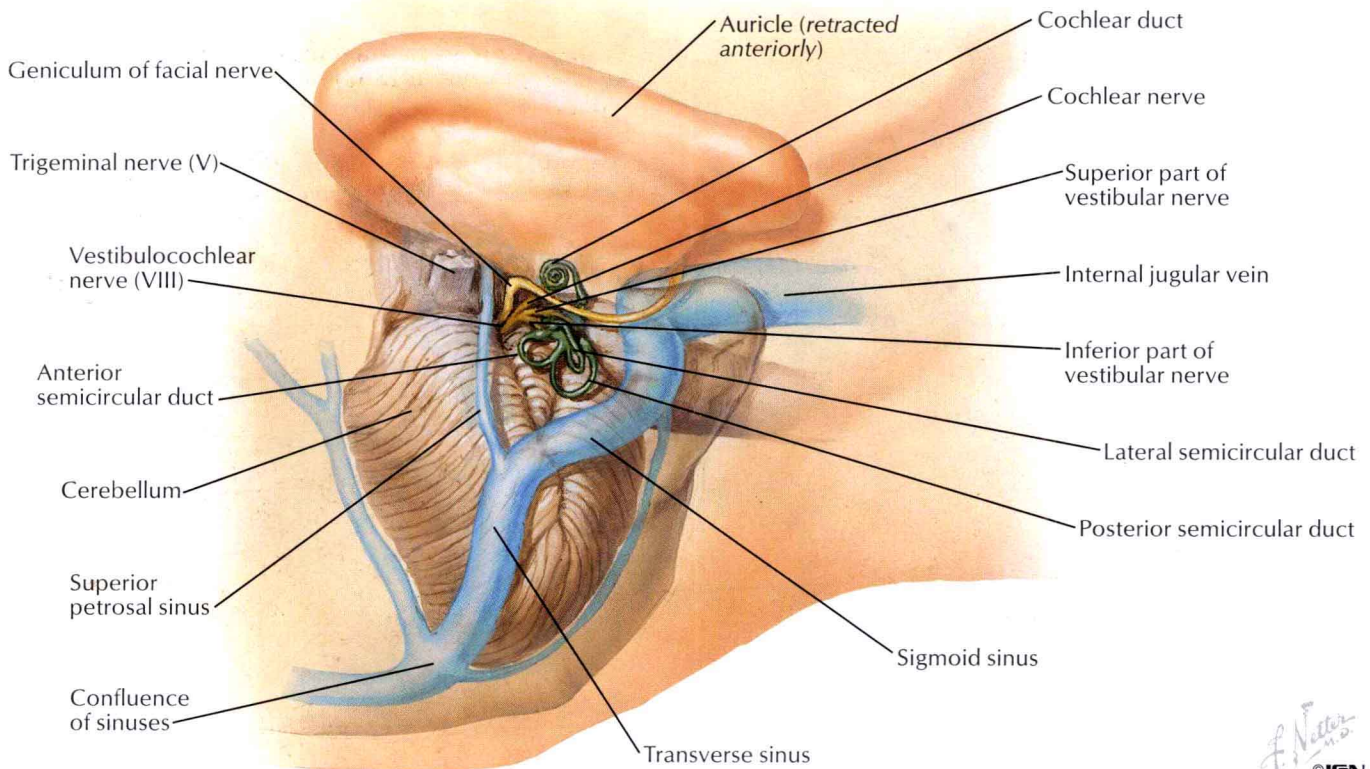


Orientation of Labyrinth in Skull

Superior projection of right bony labyrinth on floor of skull

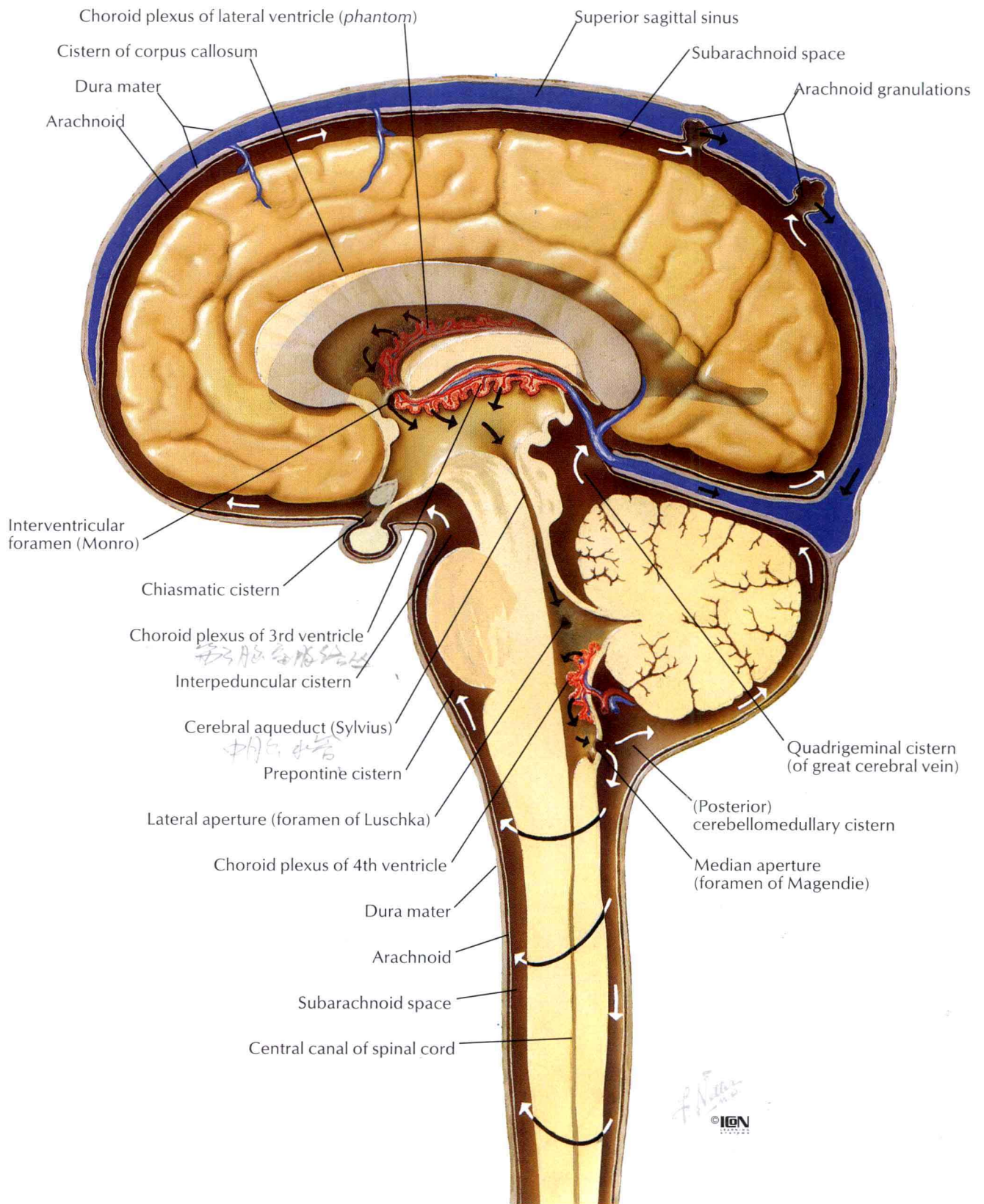


Lateral projection of right membranous labyrinth



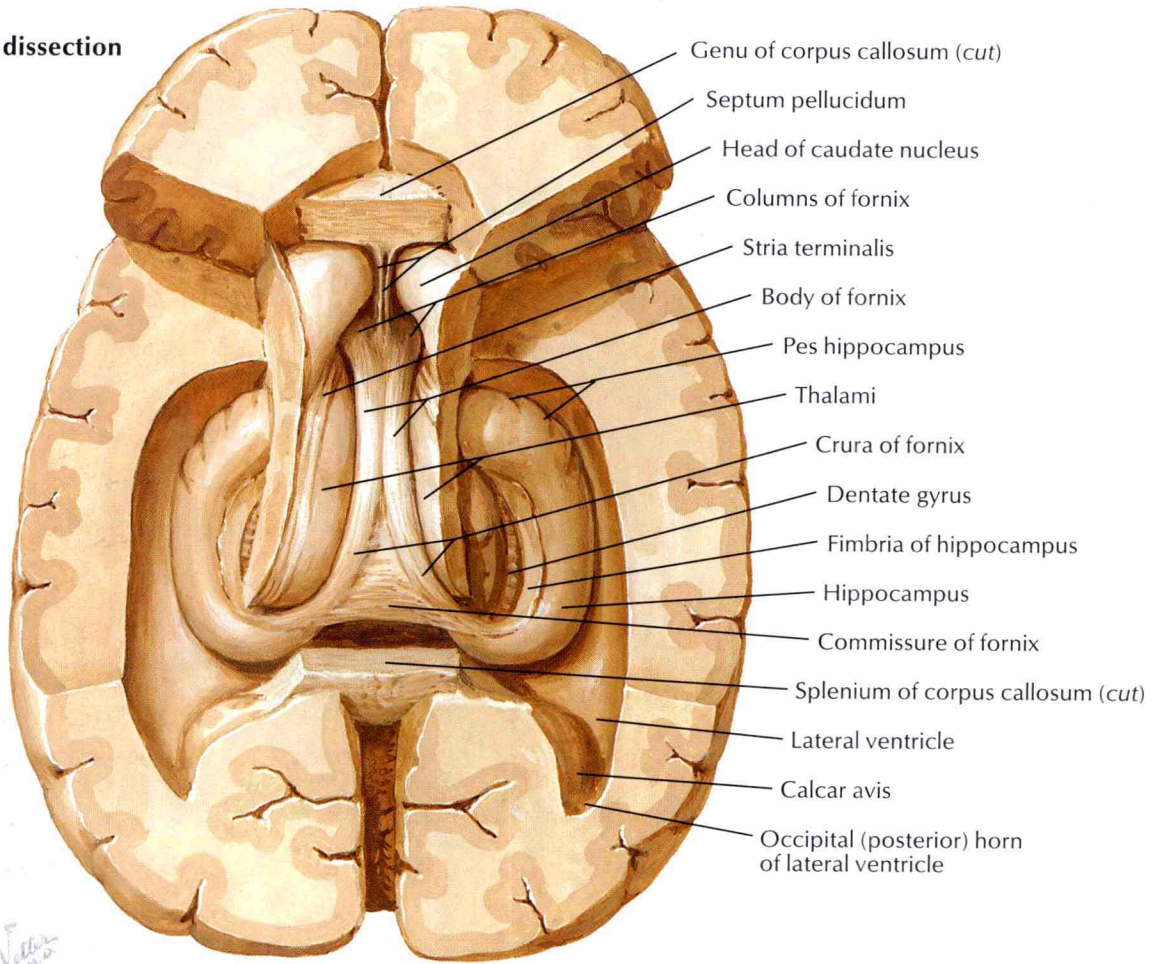
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Circulation of Cerebrospinal Fluid

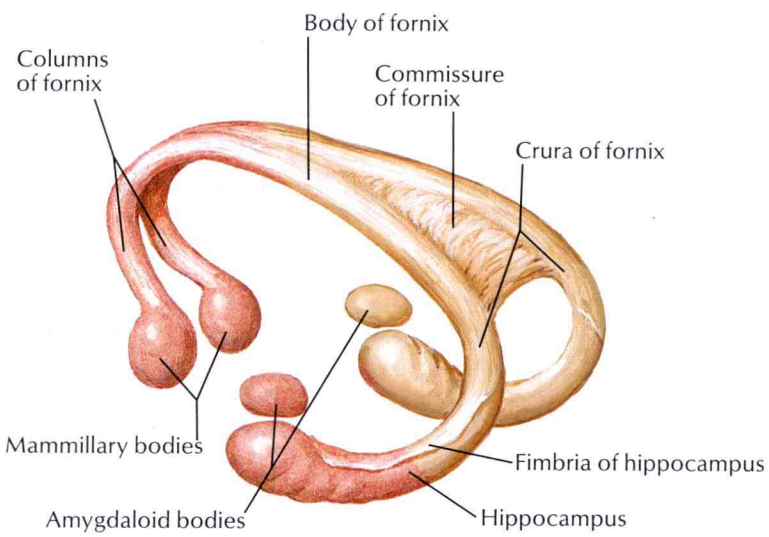


Hippocampus and Fornix

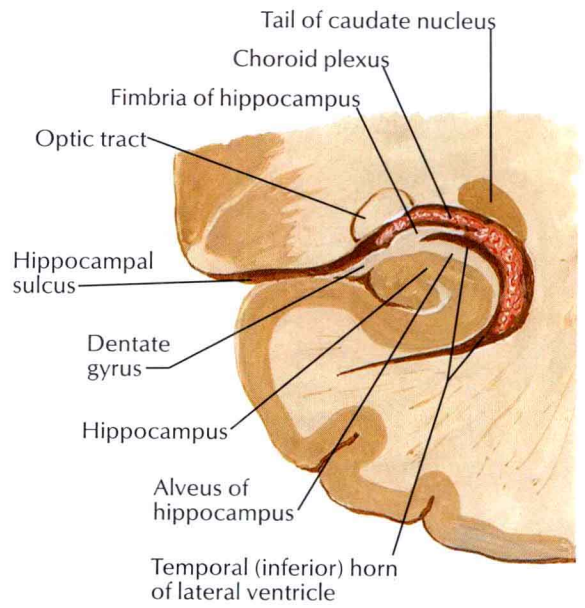
Superior dissection



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Fornix: schema



Coronal section: posterior view

Cranial Nerves (Motor and Sensory Distribution): Schema

