

# DIAGNOSTIC ANATOMY

WESTON D. GARDNER

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DIAGNOSTIC  
ANATOMY



*To*

BARBARA PEEVER GARDNER, R.N.

*Whose loving inspiration and  
wifely assistance carried this  
book to completion*



## PREFACE

This book has been written for the physician who contends daily with the morphologic features of the human body as he examines his patients. No one deals with more of the human body than he, but no one is more separated from the living tissues and organs. The average physician, busily engaged in surmounting the vicissitudes of providing medical service, is separated by more than the skin of the body from an accurate visualization of the internal portions of the body. There is a mental gulf which begins for the usual practitioner almost as soon as he departs from the dissecting room at the end of his first year of medical studies. The acquisition of information about the functional and pathologic aspects of the human body starts a process in which the facts of normal human morphology are steadily submerged. The flood of clinical material completes the process of pushing a student's knowledge of body architecture far into the background.

The physician who trains himself for surgery, pathology, or radiology resurrects and expands this knowledge because it is essential to his work. Many books have been written with the aim of making the anatomic basis of surgery more clear and of more precisely defining variational concepts. The developing student, the general physician, and the internist have been left largely to their own devices. Much of their subject material requires correlation. Although guideposts are many, they are scattered. The sad fact is that the average student, when performing a physical examination, has either obscured fundamental morphology by rote diagnostic facts or has submerged and forgotten more anatomic knowledge than his first-year instructors would care to admit. Anatomy professors who actually meet their old students in wards or clinical conferences are few. These are often horrified or grievously disappointed to hear the mistakes, misstatements, or groping for anatomic facts which were once so paramount in the student mind. There are but few general physicians and internists who do not examine some part of the human body without hesitating over just what structures are being palpated or what tissues intervene between the surface and organs to the interior. This book might have been dedicated to these practitioners. The author was one of them for a time and knows all too well the feelings of futility which come when one attempts to correlate the morphologic knowledge gained long ago with the clinical problem of the present.



This book is linked to the physical examination of the patient. It is felt that a correlative approach to certain aspects of regional gross and topographic anatomy, based upon the techniques, sequence, and problems faced by the physician in the physical examination, will be helpful to the student and practitioner who wishes to reacquaint himself with the anatomic features of the body which he examines. It has been limited to this objective, and some aspects of anatomy have been omitted if it was felt that they belonged more in the realms of surgical technique or pathologic findings.

The matter of terminology was given careful consideration, for the author knows all too well that the practicing physician uses many terms of reference which are descriptive but which depart from the ideals of pure, anatomic terminology. It was decided that if this book were to be helpful to those for whom it was written, the terminology should be similar to that which they use in everyday practice. It was felt also that the readers of this book would not have the time to investigate extensive references to the literature but be more apt to consult standard reference textbooks. For this reason references to the literature are few and the attention of the reader is directed to a few standard texts or monographs at the end of each chapter. A list of the standard texts on gross and applied anatomy which are suggested as references is given at the end of the book.

Anatomy, physical diagnosis, and clinical medicine are deeply rooted in the history of the healing art. Many persons, some memorialized and some forgotten, have contributed to the steady acquisition of medical knowledge over a period of centuries. No one can write of these facets today without building upon the work of countless predecessors. If he is to contribute to the many existing words on these subjects, much of his contribution is apt to be in the sense of restatement or correlation of facts which were originally discovered or put into words by great teachers of the past. A list of acknowledgements would be longer than the book. Any errors or omission of information which might be helpful are my sole responsibility. I will welcome such matters if brought to my attention.

Indexes are exasperating lists to those who consult them and to those who make them. Certain special sections precede the alphabetical listings. It is hoped that they will be useful to the reader as he seeks the material he needs.

I have had many motivations for preparing this book. They have come from practicing physicians, members of hospital intern and resident staffs, and advanced medical students, but the greatest motivation is found in my feeling of obligation, as a clinically trained anatomist, to "translate" the complexities of anatomy into a reasonable working basis for my colleagues in practice.

WESTON D. GARDNER

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