

Chapter

1

"Life is a book with three chapters. Two are already written by God—birth and death.

The chapter in the middle is empty; fill it with smile, love and faith."

—Anonymous

Human anatomy is the science which deals with the structure of the human body.

The main subdivisions of anatomy are:

- 1 *Cadaveric anatomy* is studied on dead embalmed (preserved) bodies usually with the naked eye (macroscopic or gross anatomy).

 Head and neck and brain are studied as regional anatomy (Fig. 1.1).
- **2** *Living anatomy* is studied by inspection (Fig. 1.2), palpation, percussion, auscultation, radiography, etc.
- 3 *Embryology (developmental anatomy)* is the study of the prenatal developmental changes in an individual (Fig. 1.3).

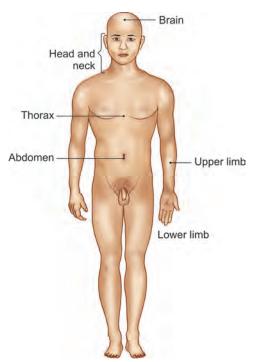


Fig. 1.1: Various regions of the body

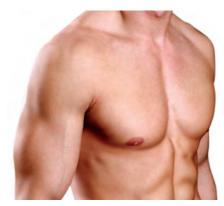


Fig. 1.2: Inspection of the chest

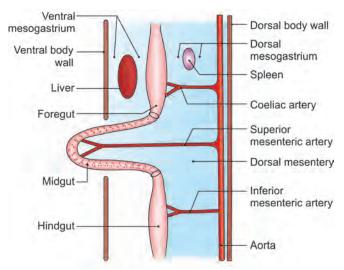
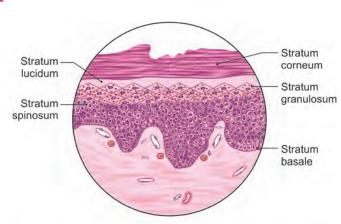


Fig. 1.3: Development of various parts of the gut

- 4 *Histology* (*microscopic anatomy*) is the study of structures with the aid of a microscope (Fig. 1.4).
- 5 *Surface anatomy (topographic anatomy)* is the study of deeper parts of the body in relation to the skin



- . Columnar cells of stratum basale rest on the basement membrane
- Stratum spinosum, stratum granulosum, stratum lucidum and stratum corneum form the succeeding layers
- · Stratum corneum is the waterproof layer

Fig. 1.4: Histology of the skin

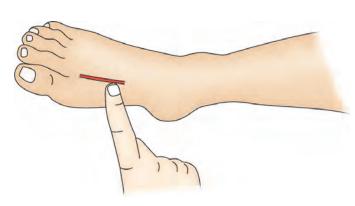


Fig. 1.5: Palpating the dorsalis pedis artery

surface, e.g. palpating the artery. It is helpful in clinical practice and surgical operations, e.g. palpating the artery (Fig. 1.5).

- 6 Radiographic and imaging anatomy is the study of the bones and deeper organs by plain and contrast radiography (X-ray), by ultrasound and computerised tomographic (CT) scans and MRI scans (Fig. 1.6).
- 7 Applied anatomy (clinical anatomy) deals with application of the anatomical knowledge to the medical and surgical practice (Fig. 1.7).
- **8** *Genetics* deals with the study of information present in the chromosomes (*see* Chapter 43).

LANGUAGE OF ANATOMY

Various positions, planes, terms in relation to various regions specially head and neck and their movements are described.

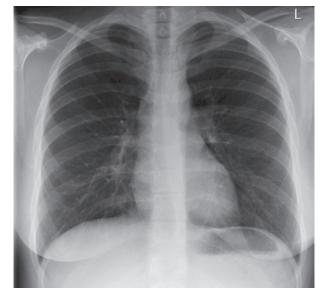


Fig. 1.6: X-ray chest: Posteroanterior view

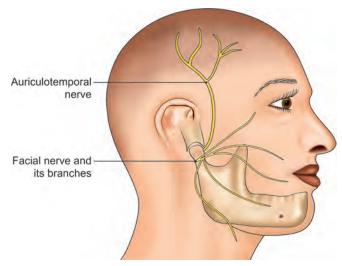


Fig. 1.7: Close relation of the two nerves to the temporomandibular joint

Positions

- Anatomical position: When a person is standing straight with eyes looking forwards, both arms by the side of body, palms facing forwards, both feet together, the position is anatomical position (Fig. 1.8).
- *Supine position:* When a person is lying on her/his back, arms by the side, palms facing upwards and feet put together, the position is supine position (Fig. 1.9).
- *Prone position:* Person lying on his/her face, chest and abdomen is said to be in prone position (Fig. 1.10).

Planes

 A plane passing through the centre of the body dividing it into two equal right and left halves, is



Fig. 1.8: Anatomical position



Fig. 1.9: Supine position



Fig. 1.10: Prone position

the median or midsagittal plane (Fig.1.11). Plane parallel to median or midsagittal plane is the sagittal plane.

- A plane at right angles to sagittal or median plane which divides the body into anterior and posterior halves is called a *coronal plane*.
- A plane at right angles to both sagittal and coronal planes which divides the body into upper and lower parts is called a *transverse—horizontal plane*.

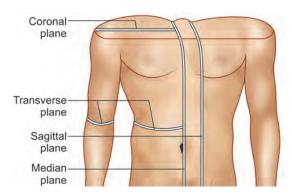


Fig. 1.11: Median, sagittal, coronal and horizontal planes

Terms Used in Relation to Trunk, Neck and Face

- *Ventral* or *anterior* is the front of trunk, neck and face.
- *Dorsal* or *posterior* is the back of trunk, neck and face.
- *Medial* is a plane close to the median plane.
- *Lateral* is plane away from the median plane.
- *Proximal/cranial/superior* is close to the head end of body (Figs 1.12 and 1.13).
- *Distal/caudal/inferior* is close to the lower end of the trunk.
- *Superficial* is close to skin/towards the surface of body.
- *Deep* is away from skin/away from the surface of body.
- *Ipsilateral* is on the same side of the body as another structure.
- *Contralateral* is on opposite side of the body from another structure.
- *Invagination* is projection inside.
- *Evagination* is projection outside.

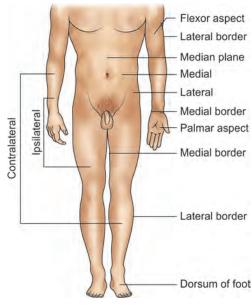


Fig. 1.12: Language of anatomy



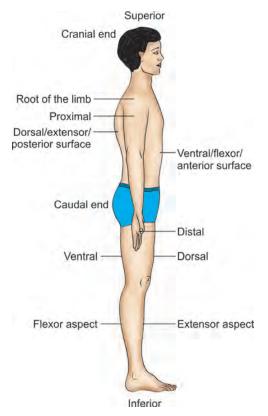


Fig. 1.13: Anatomical terms

Terms Used in Relation to Upper Limb

- *Ventral* or *anterior* is the front aspect.
- *Dorsal* or *posterior* is the back aspect.
- Medial border lies along the little finger, medial border of forearm and arm.
- Lateral border follows the thumb, lateral border of forearm and arm.
- *Proximal* is close to root of limb, while *distal* is away from the root (Fig. 1.13).
- Palmar aspect is the front of the palm (Fig. 1.12).
- *Dorsal* aspect of hand is on the back of palm.
- *Flexor* aspect is front of upper limb.
- *Extensor* aspect is back of upper limb.

Terms Used in Relation to Lower Limb

- *Posterior* aspect is the back of lower limb.
- *Anterior* aspect is the front of lower limb (Fig. 1.13).
- Medial border lies along the big toe or hallux, medial border of leg and thigh (Fig. 1.12).
- Lateral border lies along the little toe, lateral border of leg and thigh.
- *Flexor* aspect is back of lower limb.
- *Extensor* aspect is front of lower limb (Fig. 1.13).
- Proximal is close to the root of limb, while distal is away from it (Fig. 1.13).

Terms of Relation Commonly Used in Embryology and Comparative Anatomy, but Sometimes in Gross **Anatomy**

- a. *Ventral*—towards the belly (like anterior).
- b. *Dorsal*—towards the back (like posterior).
- c. *Cranial or rostral*—towards the head (like superior) (Fig. 1.13).
- d. Caudal—towards the tail.

TERMS RELATED TO BODY MOVEMENTS

Movements in general at synovial joints are divided into four main categories.

- 1 Gliding movement: Relatively flat surfaces move backand-forth and from side-to-side with respect to one another. The angle between articulating bones does not change significantly.
- 2 Angular movements: Angle between articulating bones decreases or increases. In flexion there is decrease in angle between articulating bones and in extension there is increase in angle between articulating bones. Lateral flexion is movement of trunk sideways to the right or left at the waist. Adduction is movement of bone toward midline, whereas abduction is movement of bone away from midline (Figs 1.14 and 1.15).
- *Special movements*: These occur only at certain joints, e.g. pronation, supination at radioulnar joints, protraction and retraction at temporomandibular joint (Figs 1.21 to 1.23).
- Rotation: A bone revolves around its own longitudinal axis. In medial rotation anterior surface of a bone of limb is turned towards the midline. In lateral rotation anterior surface of a bone of limb is turned away from midline.

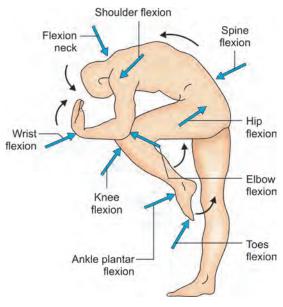


Fig. 1.14: Flexion

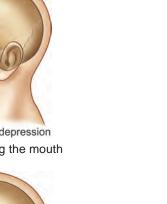




Fig. 1.19: Closure of the mouth

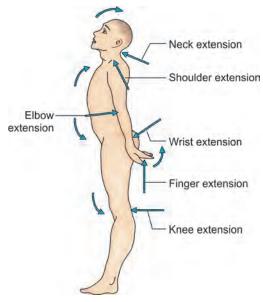


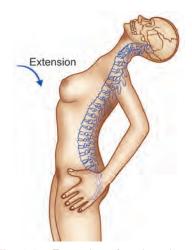
Fig. 1.15: Extension

In the Neck

- Flexion: When face comes closer to chest.
- *Extension*: When face is taken away from the chest (Fig. 1.16).
- Lateral flexion: When ear is brought close to shoulder (Fig. 1.17).
- *Rotation*: When neck rotates so that chin goes to opposite side.
- *Opening the mouth*: When lower jaw is lowered to open the mouth (Fig. 1.18).
- *Closure of the mouth*: When lower jaw is opposed to the upper jaw, closing the mouth (Fig. 1.19).
- *Protraction*: When lower jaw slides forwards in its socket in the temporal bone of skull (Fig. 1.20).
- *Retraction*: When lower jaw slides backwards in its socket in the temporal bone of skull (Fig. 1.21).

In Upper Limb

- *Flexion*: When two flexor surfaces are brought close to each other, e.g. in wrist joint when front of arm and palm move close to each other (Fig. 1.22).
- *Extension*: When extensor or dorsal surfaces are brought in as much approximation as possible, e.g. straighten the forearm at the elbow joint.
- *Abduction of shoulder*: When limb is taken away from the body.
- *Adduction of shoulder*: When limb is brought close to the body.
- Flexion of shoulder: If arm is taken towards the front of the chest wall.
- Extension: Arm is taken backwards and laterally.
- Circumduction: It is movement of distal end of a part of the body in a circle. A combination of extension,



INTRODUCTION

Fig. 1.16: Extension of neck and trunk



Fig. 1.17: Lateral flexion of neck and trunk



Fig. 1.18: Opening the mouth

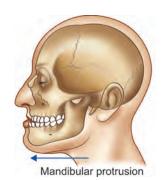


Fig. 1.20: Protraction of lower jaw

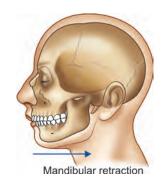


Fig. 1.21: Retraction of lower jaw

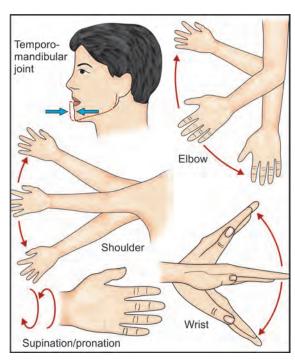


Fig. 1.22: Movements of some of the joints

abduction, flexion and adduction in a sequence is called circumduction as in bowling.

- *Supination*: When the palm is facing forwards or upwards, as in putting food in the mouth.
- *Pronation*: When the palm faces backwards or downwards, as in picking food with fingers from the plate (Fig. 1.22).

- *Adduction of digits/fingers*: When all the fingers get together.
- *Abduction*: When all fingers separate.

 The axis of movement of fingers is the line passing through the centre of the middle finger.
- *Opposition of thumb*: When tip of thumb touches the tips of any of the fingers.
- *Circumduction of thumb*: Movement of extension, abduction, flexion and adduction in sequence.
- *Flexion of thumb*: When thumb is taken across the palm.
- *Extension of thumb*: When thumb is taken backwards in the plane of the palm.
- *Abduction of thumb*: When thumb is put vertically at right angles to plane of the palm.
- Adduction of thumb: When thumb is in close contact with lateral side of index finger
- *Flexion of wrist*: When palm comes closer to front of forearm.
- Extension of wrist: When dorsum of hand comes closer to back of forearm.
- Flexion of metacarpophalangeal and interphalangeal joints: When attempting to make a fist.
- Extension of metacarpophalangeal and interphalangeal joints: When opening the fist.

In Lower Limb

- *Flexion of thigh*: When front of thigh comes close to or in contact with front of abdomen (Fig. 1.23).
- Extension of thigh: When person stands erect.

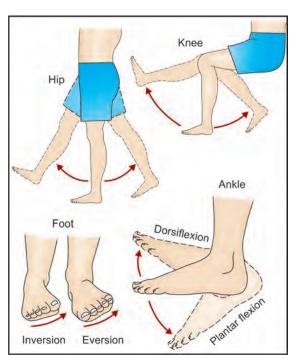


Fig. 1.23: Movements of joints of lower limb

- *Abduction*: When thigh is taken away from the median plane.
- *Adduction*: When thigh is brought close to median plane.
- *Medial rotation*: When thigh is turned medially. It is done by pointing the big toe medially.
- Lateral rotation: When thigh is turned laterally. It is done by pointing the big toe laterally.
- *Circumduction*: When flexion, adduction, extension and abduction are done in sequence
- *Flexion of knee*: When back of thigh and back of leg come close to or are in opposition.

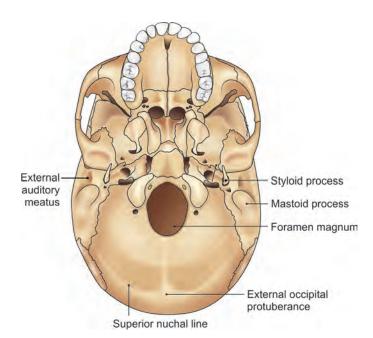


Fig. 1.24: Terms used for describing bone features

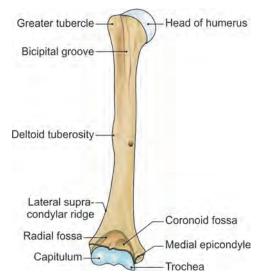


Fig. 1.25: Terms used for describing bone features

Terms Used for Describing Bone Features

	Bone marking	Example
	Linear elevation	
	Line	Superior nuchal line and inferior nuchal line of the occipital bone (Fig. 1.24)
	Crest	The illac crest of the hip bone of spine, of scapula
	Ridge	The medial and lateral supracondylar ridges of the humerus (Fig. 1.25)
	Rounded elevation	
	Tubercle	Pubic tubercle, lesser and greater tubercles of humerus (Fig. 1.25)
	Protuberance	External occipital protuberance
	Tuberosity	Ischial tuberosity of the hip bone, deltoid tuberosity
	Malleolus	Medial malleolus of the tibia, lateral malleolus of the fibula
	Trochanter	Greater and lesser trochanters of the femur
	Sharp elevation	
	Spine or spinous	Ischial spine, spine of vertebra,
	process	anterior superior iliac spine
	Styloid process	Styloid process of temporal bone
		(Fig. 1.24)
Expanded ends for articulation		articulation
	Head	Head of humerus, head of femur, head of radius
	Condyle	Medial and lateral condyles of femur
	Enicondyle	Medial and lateral enicondyles of femur

•	
Head	Head of humerus, head of femur, head of radius
Condyle	Medial and lateral condyles of femur
Epicondyle	Medial and lateral epicondyles of femur
(a prominence	medial and lateral epicondyles of
situated just	humerus
above condyle)	

Small flat area for articulation

Facet	Facet on head of rib for articulation with vertebral body
Depressions	
Notch	Greater sciatic notch and lesser sciatic notch of hip bone

Groove or sulcus Bicipital groove of humerus

Fossa Radial and coronoid fossae of humerus, acetabular fossa of hip bone

Openings

Fissure Superior orbital and inferior orbital

fissures (Fig. 1.26)

Foramen Infraorbital foramen of the maxilla
Canal Carotid canal of temporal bone
Meatus External acoustic meatus and internal
acoustic meatus of temporal bone

- *Extension of knee*: When thigh and leg are in straight line as in standing (Fig. 1.23).
- *Dorsiflexion of foot*: When dorsum of foot is brought close to front of leg and sole faces forwards.
- *Plantar flexion of foot*: When sole of foot or plantar aspect of foot faces backwards (Fig. 1.23).

- *Inversion of foot*: When medial border of foot is raised from the ground.
- *Eversion of foot*: When lateral border of foot is raised from the ground (Fig. 1.23).

In the Trunk

- Backward bending is called *extension* (Fig. 1.16).
- Forward bending is *flexion*.
- Sideward movement is *lateral flexion* (Fig. 1.17).
- Sideward rotation is *lateral rotation*.

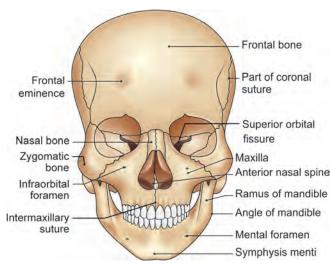


Fig. 1.26: Terms used for describing bone features

CLINICAL ANATOMY

- 1. *Inflammation* is the local reaction of the tissues to an injury or an abnormal stimulation caused by a physical, chemical, or biologic agent. It is characterized by:
 - a. Swelling
 - b. Pain

- c. Redness
- d. Warmth or heat
- e. Loss of function.
- 2. *Paralysis*: Loss of motor power (movement) of a part of body due to denervation or primary disease of the muscles.
- 3. *Hemiplegia*: Paralysis of one-half of the body.
- 4. Paraplegia: Paralysis of both the lower limbs.
- 5. *Monoplegia*: Paralysis of any one limb.
- 6. Anaesthesia: Loss of sensation.
- 7. *Tumour (neoplasm)*: A circumscribed, noninflammatory, abnormal growth arising from the body tissues.
- 8. *Benign*: Mild illness or growth which does not endanger life.
- 9. *Malignant*: Severe form of illness or growth, which may be resistant to treatment.

(

FACTS TO REMEMBER

- Hippocrates is the father of medicine.
- Dr Inderjit Dewan researched on osteology and anthropology.
- Anatomical position is the most important position for understanding anatomy.
- Pronation and supination of forearm are special movements which permit "picking up of food (pronation)" and "putting it in the mouth (supination)".
- Big toe being in the same plane as rest of the toes is unique to human.
- There are 12 systems in the body. Medical students learn anatomy as regional anatomy, whereas nursing students learn it as systemic anatomy.



Multiple Choice Questions

- **1.** Anatomical position has following features, *except*:
 - a. Person standing erect
 - b. Forearms are pronated
 - c. Feet together
 - d. Eyes looking forwards
- **2.** What is the position of forearms in the anatomical position?
- a. Pronated
- b. Supinated
- c. Midprone
- d. None of the above
- **3.** The term cranial means:
 - a. Towards the head
 - b. Towards the back
 - c. Towards the tail
 - d. Towards the front



1. b **2.** b **3.** a