Symposium on Surgical Anatomy and Embryology

Foreword

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Surgical anatomy, like other sciences applied to medicine, often passes through periods of neglect. The chief reason for this neglect is that there is confusion between contemporary advances in surgery and the knowledge required of each new generation of surgeons. Many surgical anatomic problems have been worked out long ago, but each surgeon must relearn for himself much of the information left behind by the most recent wave of surgical concern.

This does not mean that surgical anatomy is fossilized. It is not the mere recounting of layers and relationships. It must consider new interpretation learned by experience with old procedures, and at its best, should point out further refinements of existing methods.

In addition to preserving knowledge already gained and presenting it as usefully as possible, surgical anatomy must be prepared for the recent advances as well. Frequently, areas well known to the anatomist, but rarely explored by the surgeon, become important new approaches for surgical repair. Here surgical anatomy becomes the bridge between the textbook of anatomy and the operating table. To tell the modern surgeon that "it is all there on pages 1275 to 1293" is to ask him to spend valuable time at a task, perhaps not beyond his competence, but one well outside his primary concern. Surgical anatomy must take over here to organize the material in light of the surgeon's actual needs.

We wish also to emphasize the role of embryology. The student, the resident, and the surgeon will understand and appreciate surgical anatomy better if they understand surgical embryology. An obvious example is the dissection of a cyst or fistula of the second branchial cleft or pouch in the neck. Knowledge of surgical embryology and surgical anatomy of this area will ensure that the patient will have the ideal operation.

Surgical anatomy must continually re-interpret older surgical problems as well as be prepared to interpret the future problems of the practicing surgeon. For his part the surgeon must read today's surgical anatomy and embryology rather than rely on the half-remembered didactic lessons of his medical school days.

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