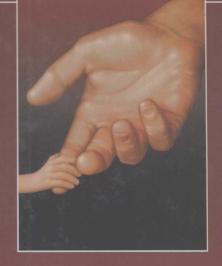
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(第6版·下卷)





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中文版序言



我国对应用科学的发展一向是主张"古为今用、洋为中用",对医学的发展更是如此。国际上现代小儿外科学基本上是以 Ladd 和 Gross 的观点为主线的体系。小儿外科学在世界各国均有发展,而美国仍然是小儿外科学发展的前沿中心。我国小儿外科起步较晚,受时代背景的影响,创建了具有中国特色的小儿外科,并且在一个有 13 亿人口的发展中大国做出了令人瞩目的成绩。

回顾过去有利于未来。1950年,我国始建小儿外科。其时正值西方国家对我国实行孤立与封锁。我国小儿外科的四位主要开创者从不同渠道间接引进了Gross 观点:马安权毕业于圣约翰大学,使用英语渠道;佘亚雄毕业于震旦大学,用法语;童尔昌毕业于同济大学,用德语;我毕业于国立上海医学院,也用英语。四人分别在不同风格的医院通过实践开创了小儿外科。虽然基本观点仍是Gross体系,但是思路更宽。1960年后又有李正等人留苏回国,带来了一些苏联的观点。难得的是,这一代人又都接受过系统的中医学补课教育。这样在多元化学术基础上,结合国情,融入自己的经验,形成了现时的中国小儿外科体系。

改革开放以后,我国小儿外科学书刊的出版空前繁荣,并且都反映了我国的特色。通过各种形式的国际交流,我国的小儿外科学在国际上也取得了一定地位。然而,作为占世界人口 1/4 的、有五千多年文明史的大国,在新的信息时代,随着经济发展,应该有责任也有能力为人类做出更大的贡献。我们小儿外科同道首先需要进一步提高我国小儿外科学水平,与国

际先进学术接轨;还应该融入更多的中医精华,创立一个崭新的小儿外科学,作为21世纪对全世界儿童的献礼。因此当前需要的是充分、广泛、深入了解国际小儿外科学的体系和动态。

我国小儿外科队伍庞大,分布地域辽阔,水平参差不齐,对国际信息的获取很大程度上仍有语言和经济方面的障碍。上世纪60年代初,马安权曾组织翻译了1953年版《Gross小儿外科学》。因为当时经济困难,只摘译出版了前半部。以后因国内十年动乱、盲目排外等等,再无一人出面问津。今天吴晔明教授主译本书正是填补空缺,将为我国小儿外科学界了解美国和国际学术体系提供很大便利。我国小儿外科能在贫困中以惊人的速度发展并壮大,这种精神已经闻名世界,有这本书出版,更将如虎添翼。

本书英文原版在国际上颇具盛名,已是第6次更新再版。本书译者校者都是我国当代小儿外科学界的精英,在小儿外科领域都有各自的专长造诣,并且都曾在国外学习,多次参加国际交流。相信本书译本质量必有保障,当为中国小儿外科一项时代硕果。我们国家提出"自主创新",必先了解世界,了解历史。这部国际经典巨著正是一个理想的参考资料。我为本书的出版干杯。

张全哲

2008年2月23日 中国工程院院士 小儿外科学教授 首都医科大学附属北京儿童医院

译者前言



《小儿外科学》自 1962 年第 1 版出版以来,一直都是国际小儿外科界公认的最权威的经典教科书之一。该书因其为小儿外科领域内容最全面、与临床技术进步同步而深受小儿外科同行的推崇。四十多年来,该书先后出版了 6 版。在相隔 8 年后,这本最新的第 6 版在第 5 版的基础上,增加了大量的最新理论和临床新技术,极具参考价值。

由于《小儿外科学原则》一书的成功翻译和出版,我受北京大学医学出版社委托,翻译《小儿外科学》第6版。面对如此繁重和艰巨的任务,深感能力不足,一度动摇,后来在上海儿童医学中心全体小儿外科同仁的鼓励和支持下,我鼓起勇气承接了翻译任务。这一工作还得到了施诚仁老师、蔡威学兄的支持,也得到了我的同仁刘锦纷教授的支持,还获得了师长董其刚、刘国华教授的帮助;本书的翻译和校对工作也获得了来自全国各地的、近年来活跃于小儿外科领域的中青年专家的支持和协助,在此对他们表示衷心的感谢,他们是:浙江大学医学院附属儿童医院李民驹教授;天津市儿童医院叶祖萍教授;苏州大学

附属儿童医院朱锦祥教授;复旦大学附属儿科医院吕志葆教授;苏州大学附属儿童医院汪健教授;首都医科大学附属北京儿童医院陈永卫教授;首都儿科研究所李龙教授;郑州大学第一附属医院文建国教授;广州市儿童医院夏慧敏教授;湖南省儿童医院周小渔教授;重庆医科大学附属儿童医院王珊教授。没有他们的帮助,本书的翻译和校对工作将更为困难。

我特别要感谢我的同事顾松博士,他为翻译稿 的整理、校对、译校者的联系及出版事务做了大量 工作。

希望本书的出版有助于我国小儿外科的普及和发展,并成为广大小儿外科专科医生的常用工具书之一。大多数译校者都是利用工作之余完成此项任务,由于时间较为仓促,在翻译和审校中难免存在错误之处,敬请批评指正,以便在再版中得以改正。

吴晔明 2008年1月21日

看者前言



《小儿外科学》第 1 版是 1962 年由医学年鉴出版社出版的,编委会由 Kenneth Welch、William Mustard、Mark Ravitch、Clifford Benson 和 William Snyder 五位医生组成。其目的是为了满足小儿外科的总体工作需要,重点是放在普外、胸外和泌尿外科这些传统领域上。这本内容全面的教科书融入了众多著者的辛勤劳动,自第 1 版出版后,本书又先后出版了4 版。44 年来各版一直是小儿外科领域中最好的世界闻名的综合性图书。

等6批模作品们曾绕的一项工作。我们希望这本

自 1998 年第 5 版出版以来又过去了 8 年。在这期间,我们经历了一场真正意义上的新的科学信息爆炸,其特征是人类基因组解读、组织工程发展和其他对诊断和如何处理病人已产生明确影响的新技术的引进。

本书第6版包含133章,拥有国际视角,著者来自美国、加拿大、欧洲、亚洲、澳大利亚、新西兰和非洲。主编者的目的是使本书融入各位专家各自感兴趣领域的重要或独特的经验,以便所有章节都遵循同一个目标:作为当代综合性和权威性教科书,提供可参考使用和实用的信息。本书第6版的写作还有很多新作者和共同作者参加。在新加的章节中有一章是小儿外科学简史,描述了英国、美国和亚洲小儿外科专业发展的简要背景。其他新的章节包括:临床分子遗传学和基因治疗、组织工程对小儿外科学的影响、先进而新兴的外科技术和创新历程、儿科肿瘤学/遗传学和放射治疗原理、小肠移植以及青春期肥胖治疗。

其他所有章节也都进行了大量修改和更新,并根据大量的最新参考文献进行了扩展。如胎儿作为患者的最新进展;先天性胸壁畸形,包括有关 Nuss 手术的最新信息;小儿麻醉;伦理学和法律问题;先天性巨结肠的遗传学;短肠综合征的新信息(即分期手术);并且在适当的章节,将微创外科技术(腹腔镜、胸腔镜)融入其中。

第6版还包含其他重要修改和更新。第1部分:

新生儿生理学和代谢问题、呼吸生理学和监护、新生 儿心血管生理学和护理、心肺衰竭的体外生命支持、 脓毒症及相关问题、血液病和营养。第Ⅱ部分: 创伤 (包括烧伤护理)。第III部分: 儿童的主要肿瘤。第IV 部分:器官移植(肝、肺、心脏、胰、肾和骨髓移植 的外科含意),这部分也根据最新护理技术和结果的 新指南和信息进行了重新组织和更新。第 V 部分: 累 及头颈部的疾病。第VI部分:胸部疾病(包括食管闭 锁和食管气管瘘以及其他各种食管病变、肺囊肿、先 天性膈疝); 第四部分: 常见的先天性和获得性腹部 疾病(包括疝、腹壁缺损、肠闭锁、胎粪性肠梗阻、 先天性巨结肠、肛门直肠畸形、肠重复畸形、炎症性 肠道疾病、胆道闭锁、胆总管囊肿、胰腺疾病、脾 脏、门脉高压和其他); 第1四部分: 泌尿生殖系统疾 病;第区部分:特殊的小儿外科疾病(联体儿、先天 性心脏病、手和软组织、骨科、神经系统和血管疾 病)。很多章节有很好的图解,并大量使用了图表、 影像学、大体病理照片和组织学照片以及手术操作图 示。

第 6 版的编委会由 Jay L. Grosfeld、James A. O'Neill Jr.、Eric W. Fonkalsrud 和 Arnold G. Coran 组成。这四位医生也是第 5 版编委会的成员。最初各章节的编写是由四位主编平均负责的。很高兴,Anthony A. Caldamone 医生作为第Ⅷ部分泌尿生殖系统疾病副主编,Grosfeld 医生作为编委会的主席和总编,成为整部手稿的最终审核者。《小儿外科学》第 6 版承袭的编辑标准承蒙我们之前的本书前 5 版的编辑所设立。

还要感谢我们的行政助理和秘书 Karen Jaeger、Donna Bock、Gale Fielding、Cheryl Peterson 和 Carol Simmons,他们除了完成日常工作外,还自愿帮助我们完成这一著作。没有他们的帮助,这一工作很难完成,非常感谢他们对本书的贡献。我们还要向来自世界各地的、在第 6 版的准备工作中做出重要贡献的众

多著者表示我们诚挚的赞赏和感谢,感谢他们主动与我们分享他们的知识和经验,并能按照教科书的特殊格式准时完成写作,使我们能在限定时间内出版本书。

我们还要感谢 Elsevier/Mosby 的出版团队,感谢他们在第 6 版的准备和出版中保持高标准的支持和合作。我们感谢高级发展编辑 Janice Gaillard 女士和文字编辑 Faith Voit 为本书的编辑所做的贡献;感谢出版部主任 Judith Fletcher 和高级项目经理 Linda Grigg 女士为本书的整个出版过程所做的贡献。

本书主编者的照片摄于 2005 年 4 月,是在美国外科学会的一次会议期间。编者们将编写《小儿外科学》第 6 版视作他们钟爱的一项工作,我们希望这本教科书能成为从事小儿外科临床工作的医生、接受培训的医生以及其他对婴幼儿感兴趣的专业人员的专业参考书。我们希望这本教科书可成为有益于全世界遭受外科疾病困扰的儿童的一种知识资源。

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