国家“十一五”重点图书

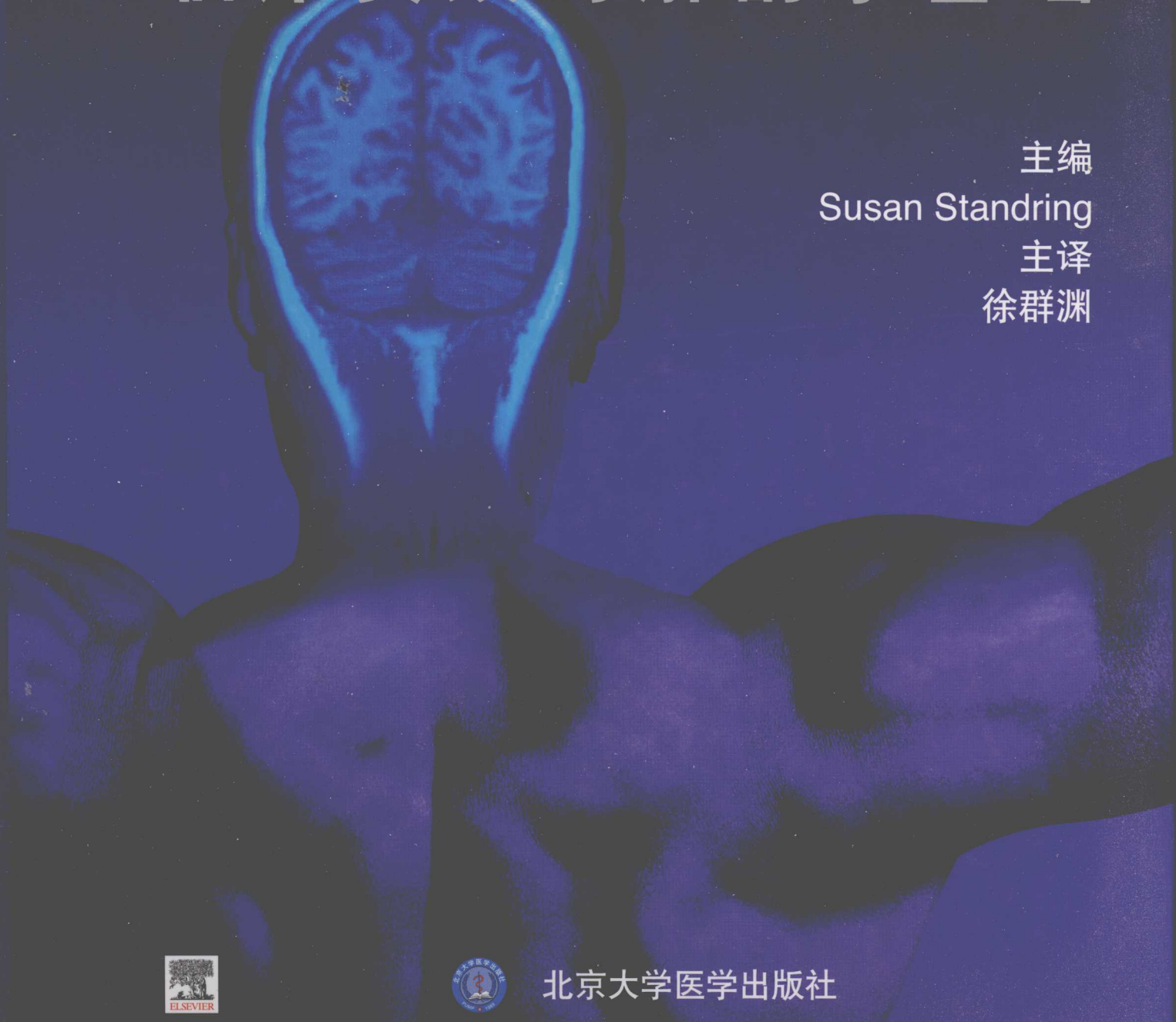
（第39版）

格氏解剖学

GRAY'S Anatomy

The Anatomical Basis of Clinical Practice

临床实践的解剖学基础



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前 言

20世纪60年代中期当我还是一名伦敦盖氏医院医学院（Guy's Hospital Medical School）学生的时候，解剖学一直被当成是基础医学学科的奠基石之一。我记得当时用的是第33版《格氏解剖学》 --- 不是当作一本教材而是作为额外资料和细微图示的源泉 --- 它成了我的老朋友。我到现在还留着这本书并随时用作参考。譬如，我在准备这一新版某些插图时就用到了它。

经过了近四十年之后，解剖学在过于繁重的本科医学课程体系中的位置已经不那么突显；与此相反，同一时期的研究生层次教育却对更详细解剖学知识的需求大大增加，这特别受到图像和计算机辅助三维重建（包括大体和显微镜）、麻醉学、内镜外科学以及仪器微型化等领域的进步所强化。解剖学家和临床专门家已经认识到要用新的视角来观察已经熟知的结构，如关节腔在内镜下的表现、岩骨在高分辨率CT下的图像、磁共振图像引导下心血管导管介入治疗中的冠脉循环影像以及甲状腺的放射性核素图像等。

当我写这些话的时候，我翻开了面前桌上Wilhelm Braune 所著的《局部解剖学图谱》英译本（J & A Churchill公司出版，1877），里面有详尽的冷冻人体切面木版图，其展示的细节堪与当代最新的断面解剖学图谱媲美。在《Braune 图谱》（1874 年由 Liepsig［sic］公司出版）的译者前言中，有一段话这样谈及解剖学在医学中的重要地位："本图谱展示的切面图可以显示手术过程中那些必须区分或避开的结构的准确位置和相互关系；提出了某种枪击或刀刺可能伤及的范围。同时，图谱提供了极其准确的胸腹脏器毗邻关系。" 实际上，对于从事操刀行业的临床医生来说，这样的理念从来就没有改变过，即解剖学知识仍然是他们武器库中最根本的东西。

本39版《格氏解剖学》完全不同于较早的一些版本，因为本版是按人体局部而不是按系统来描述的。一部理想的解剖学参考书似乎应该涵盖系统和局部解剖学两方面内容，但出于实际考虑，39 版的编辑们认为一本能使临床工作者获益最多的书应该能反映他们日常的实践活动，并按照他们的操作方式来描写解剖结构，即从局部入手。这一看法也是我们在与世界各地的同仁们交流中听到最多的观点。正因为如此，我们更新并澄清了有关文字内容，特别关注了那些有导读作用及与临床相关的方面。

跟我一起准备本 39 版的编写人员都是有造诣的解剖学家或临床专家，他们带来了多方面的丰富体验，我对他们全体的奉献精神和热忱态度非常感激。牵头的编者 Harold Ellis、Jeremiah Healy、David Johnson 和 Andrew Williams 和我一道担负起监督本书特别章节的改写，先是将第 38 版中不同章节的相关资料收集到一起，然后是对各章节编写进行指导和建议。他们也帮助我对第 39 版的总体内容和编排方式进行了战略性布局。这样我们才增加了诸如皮肤和肌肉血液供应的描述，因为在整形外科获取皮瓣时，这些内容与手术密切相关；同样我们也广泛使用了新的影像内容。文题编辑 Caroline Wigley 和 Pat Collins 与编辑团队所有成员密切配合，分别更新了全书的显微结构和胚胎学内容。

对现有内容进一步更新并注入临床应用观念的任务则交给了章节编者们，他们是一群临床专家和解剖学家（有的是身兼两家），具有对医疗和口腔专业本科生、研究生讲授应用解剖学和神经解剖学的丰富经验。编者和专业撰稿人对有关章节注入了新思路，诸

如涉及盆底、内耳、腹膜、着床前胚胎学、辅助授精、沿头颈筋膜界面扩散的感染、平滑肌和心肌、手腕运动学和动力学以及颞下颌关节等方面的解剖学内容。神经解剖学的内容也得到深入改编，以至其内容现在集中到了人类的神经系统。初稿完成后交给专业审读人（审阅特定章节）和非专业审读人（在初审中审阅书稿）进行了严格审查，这些审阅意见均已加入到了书稿之中。我对所有这些专家的鼓励和建议深表感谢。

全书的绘图和照片都尽可能标准化地显示身体的左侧，不管呈现的是人体的内侧面还是外侧面；对横切面则一律从其底面展示，以便与临床影像比较。本书还在一些地方选用了临床病理标本，这些地方的病理表现往往与解剖结构直接或间接相关，或者这些地方的解剖学特点可以用来对病理状况进行诊断、治疗处理。尽量选一些新的显微照片来图示人的组织学和胚胎学。我知道将以往版本中数目巨大的插图重新定向极大地增加了绘图人员的工作量，即要求他们改动上万条图标引线及相关名词的位置。我非常感谢Michael Hutchinson博士对这些改动所做的精细校对工作。毋庸置疑，尽管对文本和插图进行了反复多次校对，但是慧眼的读者还会让我修正某些未能校出的谬误。

牵头的编者们一致认为，《格氏解剖学》不是也不应该企图成为提供分子生物学、病理学、神经科学、生理学或外科操作步骤资料的书籍。不仅如此，鉴于篇幅有限，本书不是罗列实验数据的合适载体，也不对在专业性很强的专著中能够找到的内容进行详细描述。请留意，除了少数极短的章节外，参考文献都列在章节末尾以便引导读者深入阅读；对从题目下不易获取内容的论文或书刊都进行了标注。对通用教科书和有关多个章节都使用的资料如血管小体(angiosomes)的分布或其他基础医学内容的参考文献则一概放在xv页中。

我要感谢Elsevier公司的出版人员，他们先后在Richard Furn（1999-2002）和Inta Ozols（2003-2004）的领导下工作，感谢他们的悉心指导、专业技巧、幽默诙谐和无穷无尽的支持。在这种由团队协作完成的作品中，很难再专门提及每个个人的工作。

我要记录下对Alison Whitehouse，Colin Arthur，Martin Mellor和Lesley Small的衷心感谢，感谢他们为我随时需要而从事的电话或e-mail联系。我还要感谢我那位受尽煎熬的丈夫Guy Standring在过去四年里对我的忍耐和宽容。

Susan Standring
2004年8月
徐群渊 译

译者前言

《格氏解剖学》（Gray′ s Anatomy）自1858年问世以来一直是全世界最有影响力、最权威的解剖学著作。经过39次修订、再版，其内容已经远远超越了人体解剖学的传统概念，不单纯是讲述人体宏观结构的大体解剖学，还涉及细胞和分子生物学等方面内容，并用最新知识和思维解释了某些疾病的发病机理，提供了新的诊断和治疗方法，特别是结合解剖学知识介绍了一些新的行之有效的外科手术，大大拓宽了解剖学的理论内涵和应用范畴。本版是按能使临床工作者获益最多的方式编排即按人体局部而不是按系统来进行描述的，足以反映临床工作者日常的实践活动；这种按照实践者操作方式来描写解剖结构的模式，应能使人耳目一新。

全书图文并茂，内容全面；语言简明扼要，清晰易懂，插图精美，是一部不论是从事基础生物医学还是临床实践领域的教学和研究工作者都需要必备的世界医学名著，对各类医学专业和学习生物学专业的学生也有重要参考价值。

在北京大学医学出版社的大力支持下，我们组织北京大学医学部、复旦大学上海医学院、清华大学医学部/北京协和医学院、第三军医大学、中国医科大学、首都医科大学等院校活跃在教学、科研第一线的解剖科学专家和学者们共同翻译了这一巨著，希望能够获得广大读者的欢迎。鉴于参与翻译的学者特别是我本人的水平有限，各方面的错误实在有所难免，故热切希望广大读者能够及时提出批评指正。

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Figures 3.8, 3.9, 3.14, 4.23, 6.11, 7.5, 7.18, 7.21, 33.12B, 58.2B, 59.23, 71.18, 72.5, 85.14, 85.15, 87.7, 88.5, 91.17, 97.5A, 102.8, 103.5.

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cover illustration

An oblique paracoronal shaded volume-rendition slab image of the head and neck superimposed on a photograph of a young male subject, posterior view. The image was derived from a coronally acquired T1-weighted volumetric magnetic resonance dataset: it was produced using a Voxar 3D workstation (Voxar Ltd, Edinburgh, Scotland).
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主要参考书目

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