

15	first missed menstrual period	16	Stage 7 begins notochordal process	17	intra-embryonic mesoderm	18	Stage 8 begins neural plate	19	neural fold	20	Stage 9 begins brain	21	neural groove
3	primitive streak	22	Stage 10 begins Heart begins to beat	23	rostral neuropore primordia of eye and ear present.	24	Stage 11 begins heart bulge rostral neuropore closes	25	otic pit length: 1.5 mm	26	Stage 12 begins arm bud	27	4 pairs of branchial arches, arm & leg buds present. C.R. = crown-rump length.
4	Neural folds fusing.	29	C.R.: 5.0 mm	30	Lens pits, optic cups, nasal pits forming.	31	developing eye nasal pit primitive mouth	32	Stage 14 Hand plates (paddle-shaped) Lens pits and optic cups formed.	33	Stage 15 begins hand plate	34	Head much larger relative to trunk. cerebral vesicles distinct leg buds (paddle-shaped)
5	5	36	Oral & nasal cavities confluent.	37	Stage 16 begins foot plate	38	Upper lip formed. C.R.: 9.0 mm	39	C.R.: 7.0 mm	40	Arms bent at elbow. Finger rays and auricular hillocks distinct C.R.: 10.0 mm	41	Stage 17 begins finger rays
6	6	35	Palate developing. C.R.: 13.0 mm	36	ventral view	37	42	38	39	40	41	42	

The *Developing Human* ^{Third Edition} CLINICALLY ORIENTED EMBRYOLOGY

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With Islamic Additions

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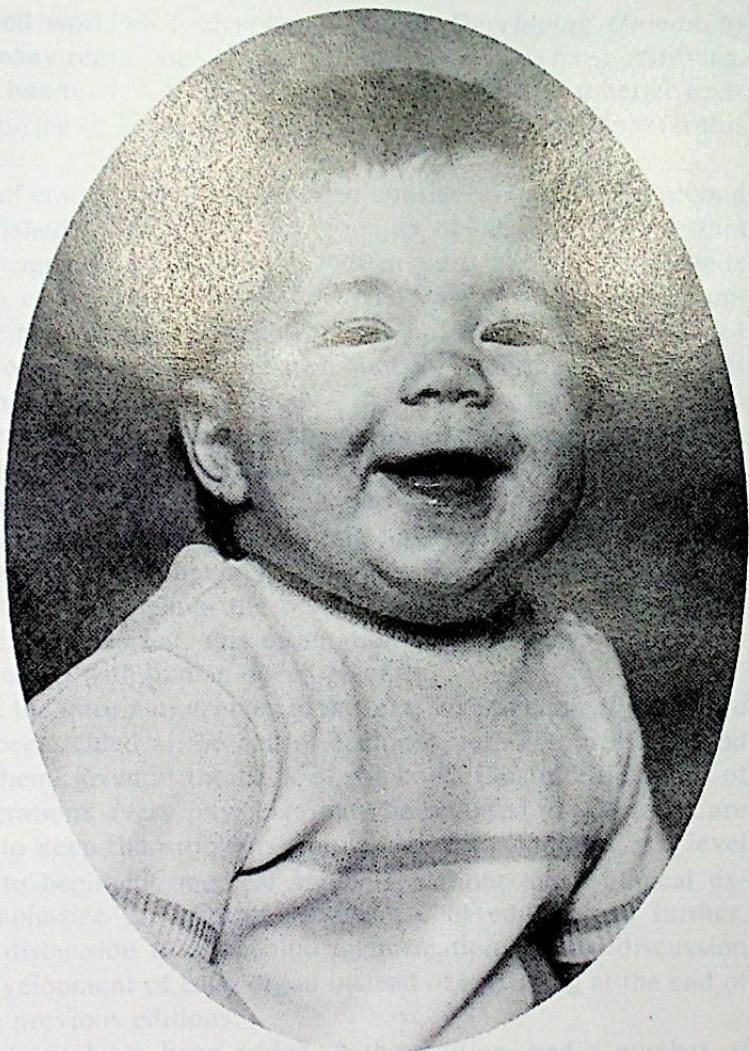
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PREFACE TO THE THIRD EDITION

To our first grandchild

MELISSA CATHERINE MOORE

daughter of Warren and Cathy



The continued work on this book has been greatly facilitated by my many contacts with parents and medical people. This experience has been used to improve the content of this book, by reworking parts of the original material and adding new material to the third edition.

Knowledge of the normal development of the fetus and the newborn infant was gained from many sources, including books and articles on the subject, and from personal contact with many physicians, nurses, and midwives. I have also had the benefit of working with many mothers and fathers who have children with various congenital anomalies. These individuals have been most helpful in providing information about the clinical course of their babies and the reactions of their families to the diagnosis.

To facilitate the use of this book by the general public, some changes have been made. In addition to the many new illustrations, a number of sections of the book have been revised to reflect changes in the clinical management of the newborn infant. A new chapter on the normal development of the fetus has been added at the end of the book.

In preparing this edition, I have tried to make it more practical for the general reader. Many changes have been made to the text, including the addition of new material and the revision of existing material. The illustrations have been updated to reflect changes in the clinical management of the newborn infant. A new chapter on the normal development of the fetus has been added at the end of the book.

New illustrations have been added to the book, and a number of figures have been redrawn or modified to reflect increased experience. Color has also been added to several more drawings to facilitate understanding. I owe thanks to Dorothy Irwin for this work, but I should much like to express my appreciation to Ginn Reid, who is primarily responsible for the illustrations in this book.

Italics have been used more freely than in the past editions to indicate important terms; officially recognized synonyms or alternatives appear in parentheses, e.g., *anencephaly* (*anencephaly*). Italics have also been used to emphasize important terms, concepts, and statements.

PREFACE TO THE THIRD EDITION

The continued worldwide acceptance of *The Developing Human*, as indicated by its many reprintings and foreign translations, is most gratifying. This acceptance has provided the encouragement to prepare a better textbook by restructuring it and adding new material and illustrations in this third edition.

Knowledge of embryology has expanded considerably since the second edition was published. The extreme vulnerability of the embryo to certain drugs and other agents and the practice of in vitro fertilization provide strong stimuli to embryologists studying early stages of human development. I have attempted to bring the book abreast of current literature, but I have adhered to my original aim of writing a book for undergraduate students and not a reference work for specialists.

To incorporate new information, all sections have been reviewed. In some chapters there have been extensive modifications, but in others relatively few changes were necessary. All this has entailed little increase in the number of pages because judicious pruning has been done. To improve readability and obviate possible ambiguity, many sentences and paragraphs have been rewritten. Throughout the book, the importance of embryology to the clinician is emphasized; this orientation is very likely to appeal to any person concerned with human development.

To reinforce the information given in the text, several *clinically oriented problems* have been added at the end of each chapter. The problems and the answers to them, given at the back of the book, illustrate the kinds of practical considerations every physician may be required to address. Care has been taken to keep the problems simple and the comments at a level that is suitable to beginning medical students without much clinical experience. To emphasize the clinical significance of embryology further, description and discussion of congenital malformations follow discussion of the normal development of each organ instead of appearing at the end of the chapter as in previous editions.

New illustrations have been added in this edition, and a number of figures have been redrawn or modified in light of teaching experience. *Color has also been added to several more drawings* to facilitate understanding. I owe thanks to Dorothy Irwin for this work, but I should again like to express my appreciation to Glen Reid, who is primarily responsible for the illustrations in this book.

Italics have been used more freely than in the past editions to indicate important terms; officially recognized synonyms or alternatives appear in parentheses, e.g., *syncytiotrophoblast* (syntrophoblast). *Italics* have also been used to emphasize important terms, concepts, and statements.

PREFACE TO THE THIRD EDITION

The *Nomina Embryologica*, approved by the Tenth International Congress of Anatomists in Tokyo, 1975, has been followed, and, in accordance with international agreement, the terminology is anglicized, departing from strict Latin in most cases. There is also some use of eponyms (e.g., Meckel's diverticulum and Down syndrome); students will need to know such terms because they are used in specialty texts and by clinical teachers.

While working on this edition, I have had the benefit of receiving helpful criticisms from students in many parts of North America and suggestions from a number of embryologists who have kindly written me or sent reprints of their publications. To all these people I express my most sincere thanks. Several colleagues have been very helpful with this edition: Dr. J. W. A. Duckworth, Dr. D. L. McRae, and Dr. I. M. Taylor. Dr. T. V. N. Persaud, Professor and Head of Anatomy at the University of Manitoba in Winnipeg, Dr. Douglas E. Kelly, Professor and Head of Anatomy, University of Southern California, and Dr. Kunwar Bhatnagar, Associate Professor of Anatomy at the University of Louisville, have also made good suggestions for improving the book. Mrs. Jill Weinheimer and my wife, Marion, have carefully and cheerfully typed corrections and additions to the text. Roberta Kangilaski, Albert Meier, and Walter Bailey of the W. B. Saunders Company have given me much help with this edition. To all these people, I express my sincere appreciation.

KEITH L. MOORE

CONTENTS

CHAPTER 1

INTRODUCTION: Terms and Concepts	1
Developmental Periods.....	1
Timetable of Human Prenatal Development.....	2
Scope of Embryology	7
Significance of Embryology	7
Historical Gleanings.....	8
Descriptive Terms	10
Clinically Oriented Problems	12

CHAPTER 2

THE BEGINNING OF DEVELOPMENT: The First Week	14
Gametogenesis.....	14
Structure of the Uterus.....	19
Reproductive Cycles	21
Germ Cell Transport and Viability	27
Fertilization.....	30
Cleavage	33
Blastocyst Formation	33
Summary of First Week.....	36
Clinically Oriented Problems	37

CHAPTER 3

FORMATION OF THE BILAMINAR EMBRYO: The Second Week ...	40
Implantation	40
Implantation Sites.....	46
Early Abortions.....	49
Summary of Implantation.....	49
Summary of Second Week	51
Clinically Oriented Problems	51

CHAPTER 4

FORMATION OF THE TRILAMINAR EMBRYO: The Third Week ...	53
Gastrulation.....	54
Neurulation	61
Development of Somites	63
Development of Intraembryonic Coelom	63
Primitive Cardiovascular System	63
Development of Chorionic Villi	65
Summary of Third Week.....	66
Clinically Oriented Problems	68

CHAPTER 5

THE EMBRYONIC PERIOD: Fourth to Eighth Weeks.....	70
Folding of the Embryo	70
Germ Layer Derivatives.....	75
Control of Development	76

CONTENTS

Highlights of the Embryonic Period	76
Disorders of Embryonic Development	88
Estimation of Embryonic Age	89
Summary of Embryonic Period	90
Clinically Oriented Problems	91
 CHAPTER 6	
THE FETAL PERIOD: Ninth Week to Birth	93
Estimation of Fetal Age.....	94
Highlights of the Fetal Period.....	95
Factors Influencing Fetal Growth.....	104
Factors Causing Fetal Growth Retardation.....	104
Perinatology	105
Summary of Fetal Period	108
Clinically Oriented Problems	109
 CHAPTER 7	
THE FETAL MEMBRANES AND PLACENTA	111
The Decidua.....	111
Placental Development and Structure.....	111
Placental Activities	118
Uterine Growth During Pregnancy	120
Parturition (Labor).....	120
The Full-Term Placenta.....	123
The Amnion	126
The Yolk Sac.....	128
The Allantois	129
Multiple Pregnancy	129
Summary.....	136
Clinically Oriented Problems	138
 CHAPTER 8	
CAUSES OF CONGENITAL MALFORMATIONS: Human Teratology	140
Malformations Caused by Genetic Factors	140
Malformations Caused by Environmental Factors	151
Malformations Caused by Multifactorial Inheritance.....	161
Summary.....	162
Clinically Oriented Problems	162
 CHAPTER 9	
BODY CAVITIES, PRIMITIVE MESENTERIES, AND DIAPHRAGM.....	167
Division of the Coelom.....	170
Development of the Diaphragm	172
Congenital Malformations	174
Summary.....	176
Clinically Oriented Problems	177
 CHAPTER 10	
THE BRANCHIAL APPARATUS AND THE HEAD AND NECK	179
The Branchial Arches.....	179
The Pharyngeal Pouches.....	187
The Branchial Grooves.....	188
The Branchial Membranes	188
Branchial Anomalies	188
Development of the Thyroid Gland	193
Development of the Tongue	195

CONTENTS

xi

Development of the Face.....	197
Development of the Nasal Cavities.....	201
Development of the Palate	206
Summary.....	212
Clinically Oriented Problems	213
CHAPTER 11	
THE RESPIRATORY SYSTEM	216
Development of the Larynx.....	216
Development of the Trachea	218
Development of the Bronchi and the Lungs	219
Summary.....	223
Clinically Oriented Problems	224
CHAPTER 12	
THE DIGESTIVE SYSTEM	227
The Foregut	227
The Midgut	239
The Hindgut	248
Summary.....	250
Clinically Oriented Problems	252
CHAPTER 13	
THE UROGENITAL SYSTEM: The Urinary and Genital Systems	255
The Urinary System.....	256
The Genital System	271
Summary.....	293
Clinically Oriented Problems	295
CHAPTER 14	
THE CIRCULATORY SYSTEM: The Cardiovascular and Lymphatic Systems.....	298
The Cardiovascular System	298
Partitioning of the Atrioventricular Canal, the Atria, and the Ventricles.....	306
Congenital Malformations of the Heart and Great Vessels.....	319
The Lymphatic System.....	339
Summary.....	341
Clinically Oriented Problems	342
CHAPTER 15	
THE ARTICULAR AND SKELETAL SYSTEMS	344
Development of Bone and Cartilage.....	344
Development of Joints.....	347
The Axial Skeleton	348
The Appendicular Skeleton	356
Summary.....	358
Clinically Oriented Problems	359
CHAPTER 16	
THE MUSCULAR SYSTEM	361
Striated Skeletal Muscle	361
Smooth Muscle	363
Striated Cardiac Muscle.....	363
Congenital Malformations of Muscles	364
Summary.....	365
Clinically Oriented Problems	

CONTENTS

CHAPTER 17	
THE LIMBS	366
Limb Development	366
Limb Malformations.....	368
Summary.....	373
Clinically Oriented Problems	373
CHAPTER 18	
THE NERVOUS SYSTEM	375
The Central Nervous System.....	375
The Spinal Cord.....	375
The Brain.....	390
The Peripheral Nervous System.....	405
The Autonomic Nervous System.....	408
Summary.....	409
Clinically Oriented Problems	410
CHAPTER 19	
THE EYE AND THE EAR.....	413
The Eye.....	413
Congenital Malformations of the Eye	420
The Ear	424
Congenital Malformations of the Ear.....	428
Summary.....	429
Clinically Oriented Problems	430
CHAPTER 20	
THE INTEGUMENTARY SYSTEM: The Skin, the Cutaneous Appendages, and the Teeth	432
Skin	432
Hair	434
Glands of the Skin.....	435
Nails	436
Mammary Glands.....	436
Teeth.....	438
Summary.....	445
Clinically Oriented Problems	445
ANSWERS TO CLINICALLY ORIENTED PROBLEMS.....	447
INDEX	459