

# 內科學

第十一版

第一冊

Casey—McBennett 編輯  
東 邊 三譯

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比 遜——麥克得毛特 編著

*Beeson—McDermott*

葉

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# 內 科 學 (第十四版)

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# 代序

最近二十年來的醫學進步，真的一日千里，不知止境。廿幾年以前我們已經開始在想：醫學正在從半經驗的學問（包括技巧），走向純科學的學問。換句話說隨着時間之經過，經驗的成份愈來愈少，而科學的成份則愈來愈多。到了 1950 年代，免疫學、遺傳學、生化學、病毒學、腫瘤學諸方面的研究，突飛猛進，疾病的病因論改觀了，預防醫學與治療醫學也跟着蛻變了。一抵 1960 年代，分子生物學、分子疾病學、分子病理學般的名詞，膾炙人口，早已算不了什麼新奇字眼了。醫學的世界雖然已經走到了分子時代，回顧我們自己的醫學教育界，連自己人編寫的教科書都沒有幾本，還談什麼分子疾病？臨床醫學最基本的內科學，連改版頻繁 3 ~ 5 年一定改版一次的美國，到 1970 年為止，還沒有幾部跟得上時代的新書。去年忽然接到國立編譯館館長劉泛池先生寄來西塞爾內科學最新版一部，問我有沒有翻譯的價值？原來這部書是風行世界的著名教科書之一，每次改版，一定大加增刪，論內容總是走在前面，毋庸代為宣傳。不過談到翻譯，作為大學用書，倒是一件大事，不容我不下點工夫，對該書作一番整體的檢討。經我核對由西塞爾、經西塞爾-羅伯以至比遜-麥克得毛特不同主編人所編寫的不同版本六種之後，我發現泛池先生送來的這一部最新版（1971），算得上是一本面目全新的好書，當然值得翻譯。現在讓我先將此書的撰寫歷史作一簡單介紹，然後再就最新版略作評論。

內科學是臨床醫學最基本的一門科學，這方面的教科書，歐美各國都擁有一、二佳作，西塞爾一書便是其中最佳本之一；全世界凡懂英文的國家，其醫學人士與醫科學生之閱讀此書的人數，恐怕是最多的了。此書自第一版於 1927 問世以來，迄至最近的 1971 年第十三版為止，已有 45 年歷史了。西塞爾的編寫方針，曾在他的第一版序文中明白地表示過：學問已到達了需要專門的時代，撰寫人應該是對各該項目學有專長的權威，所討論的事項

也務必是最新的知識。這一原則一直維持到現在，始終未變。西塞爾內科學到了 1951 年的第八版，添了一位副編輯羅伯博士 Dr. Loeb 以來，一直稱為西塞爾-羅伯內科學。自 1963 年的第十一版起主編改為比遜與麥克得毛特二位博士 Dr. Beeson and Dr. McDermott，在他們主編下的第十一版，增添或更換了撰寫人 66 位，加寫新題目 80 個以上，全書共 1835 頁，雖云刪減不少，編寫主題之次序，敘事論斷之方式，仍一本過去作風，未作根本改革。1967 年的第十二版，竟改寫了 226 個題目，增添了 57 個新題，併新闢了疾病與環境因素一項專論，全文共 1738 頁，不過全書之編寫，大體仍遵循原來的體系。到了 1971 年的這部十三版，撰寫人數以較第八版的 168 位雖祇增加了 4 人（172 名），但有一特點，新進專家特多，尤其年青學人。全書之撰寫方式與編排次序，大有改變。內容刷新自不必說，撰寫技巧雖因人而不盡相同，一般而論，深入淺出，由小及大，頗能發揮教科書的功能。尤其一逢理論雜多，取捨艱難的項目，多據實直敘，不事武斷，雖云懸疑不決，難免有令人迷惘之處，然究較妄下斷語，擅自立論，貽誤讀者強多矣。全書內容，增添了新的資料不知凡幾，幾乎所有章节，皆經大事修飾，呼吸系疾病全部改寫，環境因素與疾病較第十二版尤多擴充。全體而言，編寫重心置於社會、環境、神經、性行、遺傳、代謝，其中尤以遺傳原理、免疫學說、過敏與結締組織疾病、心臟血管病、腎臟病、營養與代謝病、血液病諸章，尤為突出優異。撰寫人中除主編比遜-麥克得毛特外，白忍 Bearn、路易士 Lewis、普萊姆 Plum、摩爾 Moore、孔克爾 Kunkel、威廉 William 諸博士，皆是學有專長的一時俊傑，他們所撰寫部分，皆有獨到之處，固不待言；綜觀全書，其涉及分子疾病處已達 386 頁之多，目前可說還沒有比此書取材更新、立論更穩的內科學教科書了，在我們沒有自己的內科學教科書的現況之下，此書實在值得翻譯。

就是因為我這一番話，立即被泛池先生套住了，先是要我找適當的譯者，其次又要我介紹審查人選，經我遊說了好幾位同事及好友，不是說沒有時間，便是要我等上幾個月再談，一見三個月過去了，還是無法完成使命。恰巧有幾位本院專科醫師來找我，坐下來閑談醫學教育，大家深感沒有一部又新又好的教科書的不便，我因為知道這幾位都是文學的愛好者，而且筆下都很不錯，有的已曾翻過幾本英文名著，我的靈感來了，立即問他們有無意思一同來從事這部巨著的翻譯？他們你看我，我看你的無言交換意見之結果，居然答應一試。大家拿起這部兩冊共二千餘頁的巨書，約畧一計算，本文的英文字數約二百萬字，如果翻成中文，至少在三百萬字以上，若要在一年以內翻完，非集十餘人之力莫辦，既然大家答應，使得全力以赴，還要另找幾人幫忙，於是當下決定，由我出面與國立編譯館簽約，他們再去找人分擔翻譯工作，等到一切備辦妥善，大家開始動筆已是今年年初的事了。經過將近一年的奮鬥，好不容易總算將本文翻完了，但是譯名的統一，目錄與索隱的整理，還得等排印完畢才能著手，

有人說翻譯比寫作難，這是實在情形，一點不假，原著如果是合起一百多人的巨作，即使主編十分努力去修飾文字，怎樣也不能一氣呵成，如出一人手筆，那末表達方式各有千秋的撰寫者所寫的文章，要想翻得維妙維肖，簡直是不可能之事。翻譯如能做到信雅達，方稱上乘，這對我們學醫的人來講，實非易事，尤以雅字為然。退一步講，雅字姑且不必苛求，想要做到信與達，亦並不簡單，因為原作本身就有的流暢，有的硬澀之故。不過我們已竭盡所能，雖然不能做到三者俱佳，但願譯文在不違背原意的原則下，尚堪供讀者一讀即懂。

參加此書翻譯的人計有病理二人（葉曙、李治中——已赴美深造），神經精神科三人（宋維村、林克明、張燕惠），內科三人（陳武彥、吳明江、歐光瀾），外科三人（劉啓田、林燦生、簡振輝），小兒科三人（陳德輝、李育恩、方鴻揚），皮膚科一人（莊祖儀），婦產科一人（宋永魁）及耳鼻喉科一人（洪朝明）。為了表示負責起見，全書目錄項下附註譯者姓名，但是全部的責任則由我負

擔。翻得好的地方，應是各該項譯者的傑作，如有不好的地方，那是我的疏忽。總之，我雖負責簽約與校譯，若是沒有這一批熱心的專科醫師的勇氣與努力，這部書是無法完成的，我在此向他們謹致謝意。

以上是我在繳卷時所寫下的代序，時為民國六十一年十二月八日。本以為修改、付印、校對、出書將踵接而來，在全書業已脫稿的情況之下，怎樣拖延，新書問世亦不致超過一年以上的時日。不料（1）四家書局標得版權之後，祇因打字影印或檢字排印，發生爭論，終使力主打字影印的那家書局，自動放棄而去，就此浪費了至少二個多月的時間；（2）剩下三家書局為了選擇印刷廠而又舉行投標，選妥之後又得蓋章簽約，前後又去了三、四個月；（3）簽約後適逢國際物價暴騰，得標印刷廠為了有錢可賺的業務待趕，竟將本書擱置不理，等到一催再催，好不容易開始排印，已是六十二年年底的事了；（4）雖已開始排印，祇因不能賺錢，該印刷廠便採用了拖延戰術，竟奏奇功，終於拖到今年四月五月間，所排還未逾全文 1/3 的時候，此書之第十四版新書又已問世。翻譯一部書，總不能拖到新版問世，還在翻譯舊版。經與現任館長王天民先生研討，結果雙方同意從事新版之翻譯。新版撰寫人增至 200 名，但更換了 72 名，有的章節還要求舊撰寫人刪改或重寫，內容固然煥然一新，但憑空又得重翻一百二十萬字，不能不說是一件艱苦之事。新版之改革詳情及其優點所在，原序已有詳盡之介紹，茲不贅。本書過於龐大，排印校對，頗需時日，為求儘速與讀者相見，決定將本書分作五冊印行，在第一冊行將問世之際，特補記經過，敬乞讀者原宥。

改譯部份的一百二十萬字，要是沒有李俊仁、李治學、蔡長和、王大鈞（外科）、莊哲彥、廖運範、陳錦澤、（內科）、莊祖儀（皮膚科）、陳德輝（小兒科）諸位醫師的努力協助，此書將不可能在短期內與讀者見面，謹此表示謝意。

葉曙

民國六十四年十一月十六日



## 第十四版原序

這一本第十四版內科學教科書我們以溫暖敬仰的情意奉獻與西塞爾與羅伯二位先生。他們為此書所開創而又一直維持着的基本特質以及作為教師作為編輯他們所達成的長程功效，其影響力是永無止境的。雖然他們的姓名已不出現於封面上，此書仍然到處都留有他們的痕跡。

每位於此一教科書之完成，都供獻了不同但甚重要的部份。1920 中期，西塞爾博士以他的睿智覺察到單獨一人著作的醫學教科書已嫌不足而創始了多人共著的內科學教科書。二十年之後，他的又一睿智使他覺察到醫學的科學基礎已經擴大到連他自己的科學背景已趕不上時代。所以他邀請了羅伯博士參加為共編者。此一私人醫師、教授與專任醫學院教授之結合是件非常愉快的事。二人一同努力使臨床專家與科學家的基本觀念與實際效用成為一種醫師與醫科學生皆能利用的形式。在羅伯博士共編之下使教科書作了聰明的改變。於是既存教條的貯藏愈來愈少，而醫學之高級尚在發達中的概念之表現愈來愈多。

西塞爾博士較顧慮醫師，而羅伯博士則關心醫科學生；但是每位對二者皆深感興趣。除了此書以外，每位都充份有其卓越的地位，而其長期事業的過程中，每位都裨益了許多人羣。且因聯合編輯的大膽嘗試，使他們能夠為數以千計但未曾診視的病人發揮其治愈影響力，且能使數以千計，而未克躬親領會其對於教學之非常貢獻的學生學到東西。此一長影乃是追懷他們的記念物和我們所得到的精神遺產之非常真實的一面。

此時此地來提一提本書改版十四次共同負責編輯責任的其他幾位該是適當的一件事。神經系疾病部分過去經常有一位副編輯負責。最初七版由 Foster Kennedy 擔任該職。自第八至第十一版 Harold Wolff 接管其事，以後便是 Fred Plum。Walsh McDermott 自第六版起擔任副編輯，到了第八版 Alexander Gutman 亦參加擔任該職。

到了第十版的時分，此書已名聞世界，也可能是英語內科學教科書中最廣為人用的一種，可是西塞爾與羅伯從醫學學術界退了下來，也辭去了共同編輯的任務。W. B. Saunders 公司邀請了我們繼承他們二位擔任共同編輯，而我們很愉快地接了下來，努力奮鬥的目標便是要維持我們的前任所創的高水準。我們另外邀請了四位與 Plum 博士一同擔任副編輯。他們便是 Alexander Bearn 擔任遺傳病；Philip Bondy 擔任內分泌與代謝疾病；Carl Moore 擔任血液學及造血疾病；及 Marvin Sleisinger 擔任胃腸疾病。正好在準備第十二版的編輯的時分，Bondy 博士為了其他的責任問題不得不離開，他的職務便由 Nicholas Christy 接替了。

當現在這版計劃正在進行的時分 Carl Moore 忽然去世，朋友們學生們到處都在哀悼他。他付出了很大的力量完成了他的那篇血液學與造血疾病，而且因為他的豐富經驗和深度的理解所以竟能自己撰寫了兩篇文字的四分之一。我們相信從第十一版到第十三版他所撰寫的血液病導論可以與另一西塞爾「古典」即是 Fuller Albright 寫在第十一至十三版的內分泌篇的導論相提並論。我們之所以珍視 Moore 參加本書，不止是因為他自己所寫的那段的高水準，並因他對整個編輯工作所提供的寶貴意見。

我們歡迎一位新同事 Ralph Nachman 參加這一版擔任血液學造血疾病的副編輯。因此編輯此書的康乃爾醫學中心的傳統和 Moore 的血液學之卓越編輯傳統仍然是強有力得一如從前。

本版之撰寫人一共 200 位，其中 72 位首次為本書撰稿。此外，前一版撰寫人中有數目相當可觀的撰寫人被推選重寫以代替改寫，所以此版足足有一半是集合新稿而成的。作為編輯我們負責使那些稿件的長短與格式維持著合理的平衡。經與 Saunders 公司的編輯幹部的專家磋商之下，我們對於

各章各節各段的標題特別注意，儘量使讀者便於利用。內容目錄我們又恢復了早期版本曾經用過的格式，因為我們認為這較最近幾版更易使用。我們這次引進了以章作前後參照的系統，這祇要在右方每頁的連續標題前面加印章數即可一目了然。

此版的主要目標在就有關治療提供足夠實用的知識。每位撰寫人都特別請其注意此點。此外我們還介紹了唯一關於治療的五章新作：抗微生物療法；細胞毒與免疫抑制劑；荷爾蒙倚賴於癌症之內科治療；呼吸失全及其處理法以及急性與慢疾病之飲食療法。第一部有一篇新論文討論怎樣照顧進入末期的病人。其他凡是治療複雜的種種疾病都另闢篇幅，譬如腎衰竭處理法，休克與心力衰竭處理法，抗驚厥藥物之用法，疼痛之療法以及藥物中毒及成癮的問題。

過去半個世紀中此書已成為一部標準的內科教科書，對於此點我們深深地覺察到我們有管理人的責任；可是我們也十分明瞭此書內容之所以有上等品質皆出於撰寫人之賜，我們謹此致謝。

但是，撰寫人與編輯人的單獨工作將不會成書；還有許多人我們不得不表示謝意。我們首先要謝謝我們的秘書 Phil Woolford 小姐和 Irma Sway 太太的幫助與獻身努力。我們深深感激我們的編輯助手紐約的 Helen Miller 太太，四次改版她處身於撰寫人、發行人和我們之間作為大家之主要聯絡人，達成任務，毫無差錯。我們一直覺得與 Saunders 公司的所有人員一同工作是一件愉快之事，而特別要感謝的是 David Kilmer 的細心編輯。

因為這是編輯兼副社長 John Dusseau 提供他的經驗與智慧的最後一版，不管他的抗議，我們堅決地要在此向他表示崇敬。書籍發行人方面的優美傳統，他一直是一位知己、好友、善辨好始的評論家和顧問。與他一同工作是我們無上的幸運。

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