希波克拉底经典

英汉对照

刘荣跃 编译

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译序

古希腊医生希波克拉底(Hippocrates,约公元前 460-前 377)被誉为西方医学奠基人,关于其生平可 信的材料其少,只是在同时代或近平同时代的柏拉 图及米诺的作品中有过一些描述。500 年后希腊医 生囊拉努斯根据传说及想象写过希波克拉底传,但 仅知他出身科斯的世医家庭,身材矮小,医术超群。 他广泛游历希腊及小亚细亚,行医授徒,长期在科斯 的医科学校任教。现存有 60 篇著作署以希波克拉 底之名, 总称《希波克拉底文集》。但经研究, 这些作 品非一人一时之作,创作年代前后相差至少 100 年, 且长短、风格、观点、读者对象各异;但均用爱奥尼亚 方言(当时希腊学术界使用的语言)写成,内容涉及 解剖、临床、妇儿疾病、预后、饮食、药物疗法、医学道 德、哲学等。杰出的有《流行病学》、《圣病》、《论预 后》、《格言》、《论外科》、《誓言》等。出自其手的《誓 言》,是举世闻名的医学道德准则,一直被医务人员 视为行为指南,至今仍在许多医学院校的毕业典礼 上盲凌。

从广泛性和实用性的角度考虑,本书编译出《格言》、《论外科》、《论预后》和《暂言》4部分。格言共分7个部分,约300条。内容均为有关医学保健的精辟论断,对医务保健工作进行了高度的概括。对广大医务工作者尤其是年轻的医务工作者而言,的确有不少值得借鉴参考的地方,可以用它作为自己从事



医学事业的行为准则和指南。另一方面,该书也适合广大的一般读者,因它并非一部专业性强的学术著作,而是一部能为大家接受的、通俗易懂的读物,其中不乏人生的哲理。《论外科》共有 25条,考虑到有些内容实用性不大,特作了少量删减。《论预后》也共有 25条,全部译出,因为它既适合专业人员又适合广大读者,又有很好的参考价值,能让我们懂得许多健康常识。了解各种症状,知道将可能会出现什么病情,即可积极主动地提早预防,往往会起到较好的作用。无论对任何事都应防患于未然,这是十分有意义的。关于《誓言》,如上所述,它提出了举世闻名的医学道德准则,不仅是医学界而且是整个人类的宝贵篇章,其中充分体现出尊师重教、舍己为人、救死扶伤、高尚正直等优良美德,是人类可贵的精神财富。

希波克拉底的语言非常精练,逻辑性强,干净利落。译文力求体现出这一特点,在此不予赘述,读者自可从中去体会。

本书虽然是希波克拉底的经典文集,但作为今天的读者,我们也要注意不能盲目地全盘加以吸收,而正确的态度应是"借鉴参与,为我所用"——这也许是我们对待古人文献的一个普遍原则。这是因为人类社会在飞速发展,几百年几千年以前的社会与当今的社会毕竟大相径庭。现今的医学与希波克拉底那时的相比不知先进了多少倍,我们应该清楚地看到这一点。所以要用历史的眼光看待本书,从中吸取有用的东西——因它自有其特有的历史意义和价值,这是任何其他著作都不可取代的。对一般读者而言,可以增加一些医学常识,加强自我保健,对

专业人员而言,除此之外可对当时的医学状况作一个了解和考察,从而对医学的起源和发展获得进一步的知识,这不无益处。我们也要看到,有些普遍的原理、原则和知识总是亘古至今都不会改变的,比如《誓言》体现出的主要精神;又比如"生命短暂,医术长久;危象稍纵即逝;经验危险,诊断不易。医生不仅必须自身处事正确,而且务必让病人、护理人员以及外部因素通力合作"。这样的精辟论断,历来具有指导意义,不会过时。

如今,人人深知健康的重要,全民的保健意识大 大提高,而这本书正好十分有助于大家在这方面的 努力。人们最常祝愿的一句话恐怕就是"祝您身体 健康!"了。改革开放以来,我国发生了翻天覆地的 变化,人民生活有了很大改善,温饱问题得到解决, 家家都在奔小康,同时都更注重生活的质量,干是对 健康有了更高的意识和要求,一方面注重饮食,另一 方面注重锻炼,这是极为可喜的现象。的确,一个人 身体不好便会一事无成,你再有事业心、成就戚都无 用,因为你肩负不起艰巨的任务。我对此深有体会。 多年前虽然我年轻好多岁,可身体却远比现在差,致 使学习和工作受到严重影响。我深深意识到了健康 的重要,于是加强保健和锻炼,尤其是坚持冬泳,使 体质大大加强,得以承担起自己热爱的艰巨而颇有 意义的翻译事业。可以肯定地说,如果没有健康的 身体,我是不可能取得今天这些成绩的。所以在此 衷心祝愿大家注重保健和锻炼,因为首先要有健康 的身体,你才会生活快乐,事业有成。而把这本书奉 献给读者,也正体现了我的这一心愿。

2001年11月于四川简阳

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1.格言

饮食与健康◎

- 1. 生命短暂,医术长久;危象^②稍纵即逝;经验 危险,诊断不易。医生不仅必须自身处事正确,而且 务必让病人、护理人员以及外部因素通力合作。
- 1. Life is short, and Art long; the crisis fleeting; experience perilous, and decision difficult. The physician must not only be prepared to do what is right himself, but also to make the patient, the attendants, and externals cooperate.
- 2. 当自然出现腹泻和呕吐时,若排除应予排除之物则有益身体,令人好受;反之则不然。③ 所以人为的排除,如若也是为了排除应予排除之物,同样有益身体,令人好受;反之亦不然。但是人为的排除应



事部分題目由译者根据内容添加,仅为大致概括。

② 危象,指病情的急转点,转折期。

③ 注意原文非常简洁,这是格言的一大特点。



注意其适合或不适合于所在的地区、季节、年龄和 疾病。

- 2. In disorders of the bowels and vomitings, occurring spontaneously, if the matters purged be such as ought to be purged, they do good, and are well borne; but if not, the contrary. And so artificial evacuations, if they consist of such matters as should be evacuated, do good, and are well borne; but if not, the contrary. One, then, ought to look to the country, the season, the age, and the diseases in which they are proper or not.
- 3. 健壮者若变得过于肥胖则危险,因肥胖之躯不会固定不变;既不可能固定不变或有所改善,则只会每况愈下;因此应及时减肥,不可拖延,以便使身体恢复健康。在此种情况下,减肥措施也不应走极端,因这同样危险;而只宜以人的体质能承受为限。同样,药物减肥若走极端亦危险;又同样,恢复的疗程若走极端亦不安全。①

① 格言体现出把握好"度"的人生哲理——我们在生活的方方面面不也应如此?凡事都应力求"度",而要把握好这个度确非易事。



- 3. In the athlete, embanpoint, if carried to its utmost limit, is dangerous, for they cannot remain in the same state nor be stationary: and since, then, they can neither remain stationary nor improve, it only remains for them to get worse; for these reasons the embonpoint should be reduced without delay, that the body may again have a commencement of reparation. Neither should the evacuations, in their case. be carried to an extreme, for this also is dangerous, but only to such a point as the person's constitution can endure. In like manner, medicinal evacuations, if carried to an extreme, are dangerous; and again, a restorative course, if in the extreme, is dangerous.
- 4. 无论慢性病还是急性病,讨分节食总是危险 的,实无必要。饮食过分不足甚为危险,而过分饱胀 亦同样如此。
- 4. A slender restricted diet is always dangerous in chronic diseases, and also in acute diseases, where it is not requisite.

And again, a diet brought to the extreme point of attenuation is dangerous; and repletion, when in the extreme, is also dangerous.

- 5. 就限制饮食而言,病人若运用不当则更为有害(相对于正常人?);因所有这类运用不当之行为,造成的后果都比较为随意的饮食带来的影响严重。所以,经常性地过分限制饮食会对健康造成危险,因人们更难以承受此种不当之举。因此,过分限制饮食通常比略为随意地限制更加危险。
- 5. In a restricted diet, patients who transgress are thereby more hurt (than in any other?); for every such transgression, whatever it may be, is followed by greater consequences than in a diet somewhat more generous. On this account, a very slender, regulated, and restricted diet is dangerous to persons in health, because they bear transgressions of it more difficultly. For this reason, a slender and restricted diet is generally more dangerous than one a little more liberal.



极端之疗法。

- 6. 对于重病,相对于克制治疗而言,最宜采取
- 6. For extreme diseases, extreme methods of cure, as to restriction, are most suitable.
- 7. 疾病处于剧烈之时,初期则伴随严重症状;因此必须尽量减少饮食。但若非如此,饮食则可较为随意,不必受严格的食物疗法限制,直至疾病脱离危险。
- 7. When the disease is very acute, it is attended with extremely severe symptoms in its first stage; and therefore an extremely attenuating diet must be used. When this is not the case, but it is allowable to give a more generous diet, we may depart as far from the severity of regimen as the disease, by its mildness, is removed from the extreme.
- 8. 当疾病处于最高峰之际,则必须对病人给予 最少量之饮食。
- 8. When the disease is at its height, it will then be necessary to use the most slen-





der diet.

- 9. 对病人必须作出准确判断,看他是否能承受规定饮食直至病情高峰,以及是否过早衰弱难以承受规定饮食,或是否疾病更先退出得以缓解。
- 9. We must form a particular judgment of the patient, whether he will support the diet until the acme of the disease, and whether he will sink previously and not support the diet, or the disease will give way previously, and become less acute.
- 10. 若病症很快达到高峰,最初切忌节食;但若病症以后达到高峰,则必须在此时或再早一点节食;不过必须事先允许病人饮食更加随意使其身体获得营养。
- 10. In those cases, then, which attain their acme speedily, a restricted diet should be enjoined at first; but in those cases which reach their acme later, we must retrench at that period or a little before it; but previously we must allow a more generous diet to support the patient.

- 11. 疾病发作时必须减少食量,否则有害无益。 凡周期发作之疾病,发作时必须节食。
- 11. We must retrench during paroxysms, for to exhibit food would be injurious. And in all diseases having periodical paroxysms, we must restrict during the paroxysms.
- 12. 根据疾病本身、季节变化、周期交替——无论是每天、每隔一天或更长时间——以及根据意外出现的症状,即可看出疾病是恶化还是缓解。以胸膜炎病症为例,若咯痰出现于初期,则疾病不会长久;但若出现于后期,则疾病将会拖延。同样,根据大小便、出汗的现象以及与之相伴的有利或不利症状,即可知患病时间之长短。
- 12. The exacerbations and remissions will be indicated by the diseases, the seasons of the year, the reciprocation of the periods, whether they occur every day, every alternate day, or after a longer period, and by the supervening symptoms; as, for example, in pleuritic cases, expectoration, if it occur at the commencement, shortens the attack, but if it appear later, it prolongs the same; and in the same man-



ner the urine, and alvine discharges, and sweats, according as they appear along with favorable or unfavorable symptoms, indicate diseases of a short or long duration.

- 13. 老年人最耐节食,成年人次之,青年人较差;婴儿最不行——特别是那些富有活力的婴儿。
- 13. Old persons endure fasting most easily; next, adults; young persons not nearly so well; and most especially infants, and of them such as are of a particularly lively spirit.
- 14. 成长之躯有其充分的内在热量,因此需充足食物,否则会消瘦。而老人之躯少有热量,所以犹如炉火只需少许"燃料",因燃料过多会使其熄灭。因而老人发热也不会非常剧烈,因其身躯热量不多。
- 14. Growing bodies have the most innate heat; they therefore require the most food, for otherwise their bodies are wasted. In old persons the heat is feeble, and therefore they require little fuel, as it were, to



the flame, for it would be extinguished by much. On this account, also, fevers in old persons are not equally acute, because their bodies are cold.

- 15. 冬春两季肠胃热量自然最多,人睡眠时间 也最长;所以此时应有充足之食物,因人体既需热量 充分,亦最需食物提供养料。那些关于年轻人和运 动员众所周知的事实,可以证明这一点。
- 15. In winter and spring the bowels are naturally the hottest, and the sleep most prolonged; at these seasons, then, the most sustenance is to be administered; for as the belly has the most innate heat, it stands in need of most food. The well-known facts with regard to young persons and the athlete prove this.
- 16. 所有热病患者以吃稀食为宜,尤其是孩子和习惯此种饮食者。
- 16. A humid regimen is befitting in all febrile diseases, and particularly in children,