

中國博醫會藏版

羅卡  
兩氏外科學

第一卷

總發賣處

上海協和書局

### 第三版 叙言

新醫學之進步迅速爲世所公認尤以外科學值歐戰殺人最烈之秋所有救人方法之改善及應時之發明爲最多故外科書籍戰後皆有改訂之必要羅卡兩氏外科學取材宏博條理清晰包羅豐富詳而不繁英美醫林莫不奉爲圭臬其風行之廣每隨再版而遞增聲價之隆蓋可想見我國外科在新醫學中久乏完備善本十數年前英國孔美格醫士在我北京糾合同志取此書譯成華文以嘉惠我國學子其熱心毅力實堪欽佩書歷數年曾再版一次維時苦於醫學名詞之未全審定及其他種種困難益以社會需求之急未能徹底刪訂今則解剖病理外科等名詞均經科學名詞審查會先後審定而英文原本復增改甚多因之本書亟應加以修正孔醫士乃復願樂擔此責倩管國全君襄筆政從事辦理卷一悉遵原本第十版修改卷二則兼遵第十版及最新第十一版修改既脫稿復由高似蘭應樂仁孟合理諸醫士佐以朱我農陳佐庭二君分別加以校訂務求學理文體及術語皆適合時宜而與原本有同等價值又凡影印之圖畫用精紙分別插於卷後以免模糊不清卷二並附以全書英漢名詞索引俾便檢閱全書都千二百餘頁洵醫籍中之鉅製外科家之金匱也茲者書已印成孔君自京貽書囑爲一言予不揣謏陋謹略舉其經過大要而弁諸簡端

民國十五年八月十日

魯德馨識於齊魯大學

## NOTE RE FIRST CHINESE EDITION

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This edition which appeared in 1910-1913 was the joint work of several doctors—Drs. J. E. Kuhue, A. Morley, M. H. Fulton, E. J. Peill W. E. Macklin, E. T. Hsieh and F. Sanger—who collaborated with Dr. J. G. Cormack in the translation of the seventh English Edition.

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## PREFACE TO THE SECOND CHINESE EDITION

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This second edition in Chinese of "Rose and Carless's Surgery" is practically a new translation of the ninth edition in English of this well known Manual.

The revision of Chapter 1 was kindly undertaken by Dr. C. W. Young of Peking; while chapters 41-45 were, owing to my leaving for a short furlough, revised according to the tenth English edition by Dr. P. L. McAll of Tsinan, who has also translated the new Appendix on Military Surgery and added another Appendix giving important new methods used in General Surgery taken from the earlier parts of the new English edition thus bringing the book up to date.

Apart from these, I have to take the responsibility for this new edition.

As in the first edition, so in this, I am deeply indebted to Dr. P. B. Cousland for seeing the book through the press and for doing an immense amount of proof-reading. He has given many helpful suggestions and without his aid the book would not now be in your hands. As Editorial Secretary he has endeavoured to keep the nomenclature consistent with the rest of the C.M.M.A. publications.

With some of the names inserted I am not at all pleased, but under the present uncertainty of what will be finally agreed upon I have accepted his decision in the matter, so that the students who have been using our other textbooks may not be confused with fresh names. Mr. Kwan, my Chinese pundit, has shared with me the work of translation and to him I have always deferred in the matter of style.

The revision and printing of so large a book has taken several years during which time the General Committee on Scientific Terminology has made many changes in some branches of Medical Nomenclature. This will explain the differences in terms between the earlier and later parts of the book.

As the years go by, one sees a welcome change from the stiffer Wenli form to something approaching very closely the spoken language, but it is still necessary to avoid purely colloquial terms, as the book, we hope, will be used throughout the whole of China.

The close study of Rose and Carless's English textbook makes one realize the truth of the statement in the *Lancet* that there is no finer Manual of Surgery in English or any other language.

I am grateful for the privilege of trying to set before the Chinese practitioner in his own language a book that has proved such a boon to the English-speaking student. The task has not been an easy one and I am very conscious of having failed to render the English text as clearly as I should like to have done; still, until our Chinese confrères shoulder the burden and give better and freer settings, we must be content to have helped forward, even a little, medical education in China.

I would therefore crave the indulgence of the student if he should find a lack of clarity or some stiffness in parts of the book. We did our best; the rising generation of Western trained students must do better. We have but blazed a trail; we trust you to make a finer and better road.

J. G. CORMACK.

PEKING, June 1922.

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## PREFACE TO THE THIRD CHINESE EDITION

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In sending out the third edition of this translation of Rose and Carless, it is only necessary to add that an attempt has been made to bring it up to date with the 10th and 11th English editions of this work. Dr. L. M. Ingle of Tsinan Medical College has had a very large share in this last, the proof-reading of chapters 1 to 38 having been entirely in his care. He has bestowed much care in bringing the nomenclature up to date with the latest edition of our Lexicon, and in addition to this he has added some parts of new work which were omitted in our former editions. The new style of printing the Chinese in horizontal fashion, while at first disconcerting to the eye of the Chinese reader, undoubtedly lends itself to a much more convenient way of adding the English names and figures, and we have been assured by Chinese students that it is equally pleasant to read across the page as to follow the old style of reading from the top downwards.

J. G. CORMACK.

PEKING, April 1925

# 第一圖

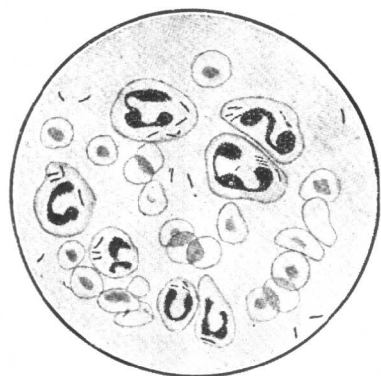
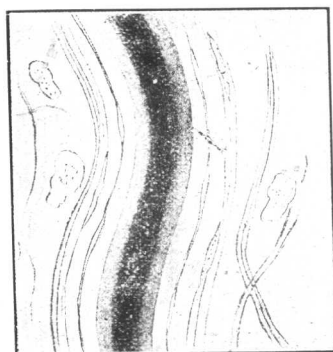


Fig. 1.—PHAGOCYTOSIS OF TUBERCLE BACILLI IN OPSONIN PREPARATION

食菌素(俄拍所需)標本 白血球噬結核桿菌

# 第二圖



# 第三圖

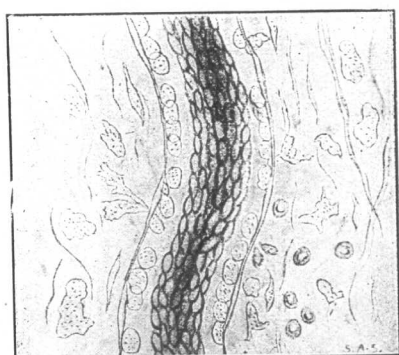


Fig. 2, Fig. 3.—VASCULAR PHENOMENA OF INFLAMMATION

# 發炎之血管現象

第二圖 蛙腳平常之血管.其血行速.故以顯微鏡窺之不能分別血球.

第三圖 發炎之形狀其血行緩.故顯微鏡可窺見血球.赤血球在中央行.白血球在旁側行.細窺之則見白血球或方由血管壁兩內皮細胞中間而出或已出血管壁.管外係結締組織其內亦有赤血球數粒.

# 第五圖

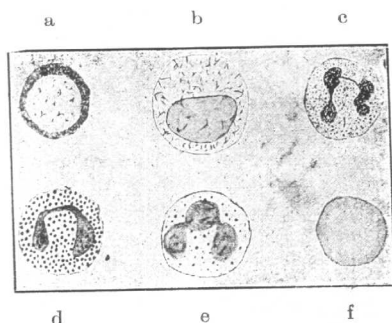


Fig. 5.—CORPUSCULAR ELEMENTS OF NORMAL BLOOD

a, Lymphocyte; b, hyaline or large mononuclear cell; c, polynuclear leucocyte; d, eosinophil cell; e, mast-cell; f, red corpuscle, to show the relative sizes of the other cells.

# 正常血球

a 淋巴球 b 大單核白血球 c 多核白血球  
d 嗜伊紅白血球 e 馬司忒球 f 赤血球

第七圖



Fig. 7.—STAPHYLOCOCCI IN PUS

膿內鏈球菌

第八圖

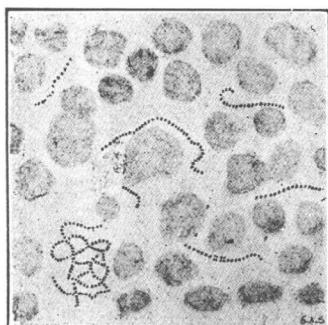


Fig. 8.—STREPTOCOCCI IN PUS

膿內葡萄球菌

第九圖

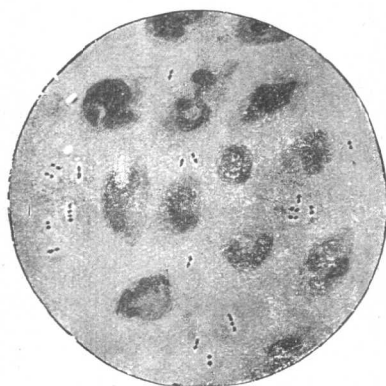


Fig. 9.—PNEUMOCOCCI IN PUS ( $\times 1000$ )

膿內肺炎球菌

第十七圖

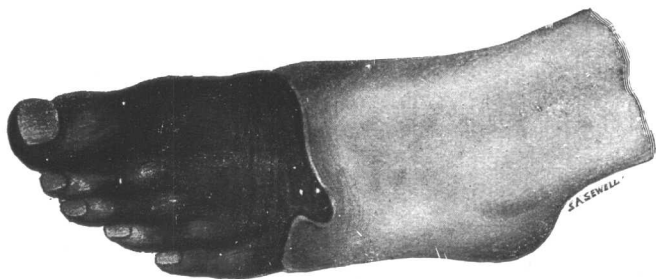


Fig. 17.—SENILE DRY GANGRENE

老年乾性壞疽

第十八圖



Fig. 18.—SEPTIC MOIST GANGRENE OF  
LEG FROM PENETRATING WOUND  
OF FEMORAL ARTERY

股動脈被刺所成之腐敗性濕性壞疽

第 十 九 圖



Fig. 19.—GANGRENE OF FOOT AFTER EMBOLIC OBSTRUCTION  
OF POPLITEAL ARTERY

因血栓塞腓動脈之足壞疽

第 二 十 圖

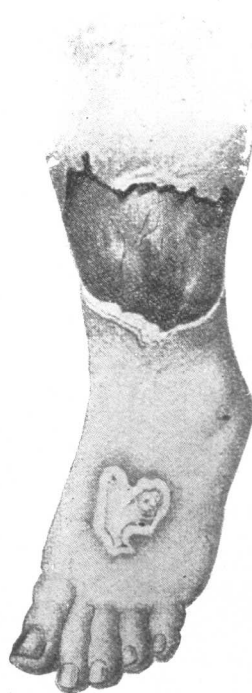


Fig. 20.—DIABETIC CELLULITIS  
AND GANGRENE OF FOOT

足患糖尿病性蜂窩織炎及壞疽

第 二 十 一 圖

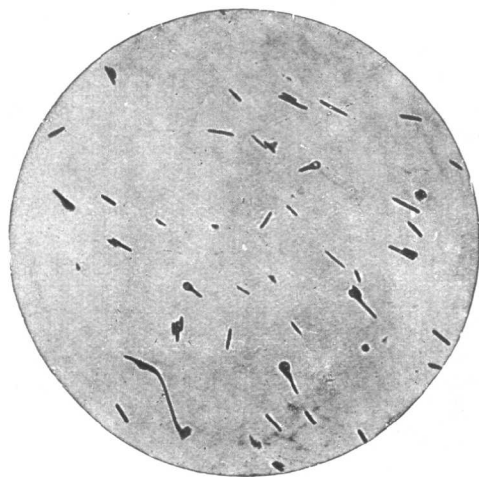


Fig. 21.—TETANUS BACILLI ( $\times 1000$ )

破 傷 風 桿 菌

第 二 十 二 圖



Fig. 22.—TREPONEMA  
PALLIDUM ( $\times 1500$ )

梅 毒 密 螺 旋 體

第二十六圖



Fig. 26.—CHILD WITH INHERITED SYPHILIS  
SHOWING RADIATING SCARS ROUND THE MOUTH

孩童患遺傳梅毒口角有放射癍痕

第三十圖

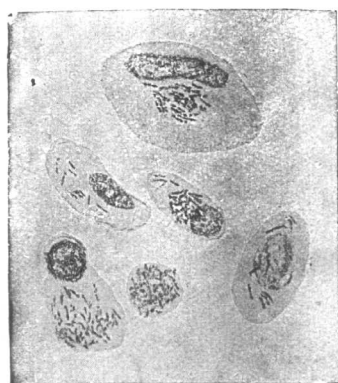


Fig. 30.—A GROUP OF LEPROS CELLS  
WITH BACILLI STAINED FROM THE  
SUBCUTANEOUS TISSUE ( $\times 1000$ )

麻風桿菌在皮下之組織內

第二十八圖

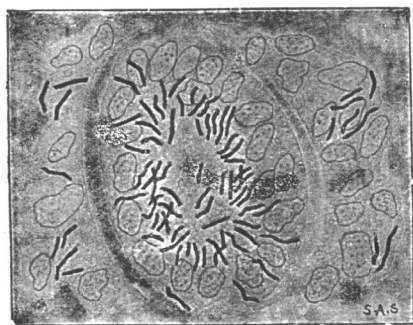


Fig. 28.—TUBERCULOSIS IN AND AROUND  
GIANT CELL

結核桿菌在巨細胞內及周圍

第三十一圖

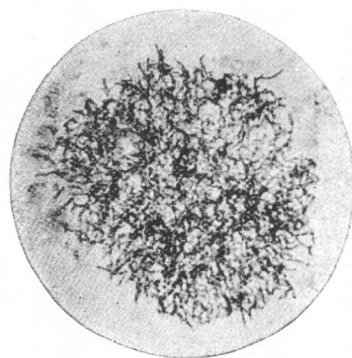


Fig. 31.—COLONY OF  
HUMAN ACTINOMYCES AS SEEN IN PUS

放線菌在膿內



第三十二圖



Fig. 32.—CERVICO-FACIAL ACTINOMYCOSIS

面頸之放線菌病

第三十三圖

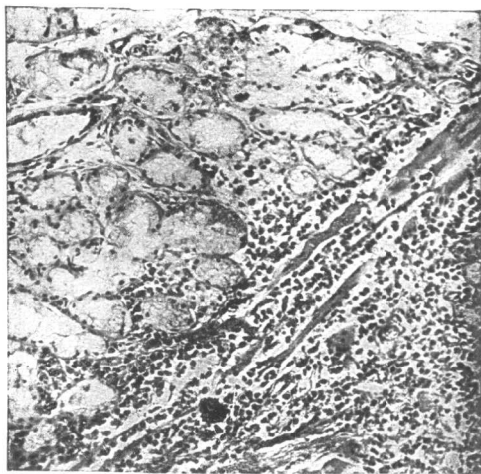


Fig. 33.—SMALL ROUND-CELLED SARCOMA  
SHOWING THE ADVANCING EDGE OF THE  
GROWTH INFILTRATING MUSCLE AND  
SALIVARY GLAND ( $\times 120$ )

小圓細胞肉瘤 瘤之邊緣侵肌及涎腺組織

第三十六圖



Fig. 36.—LIPOMA SHOWING CHARACTERISTIC  
LOBULATED OUTLINE

脂肪瘤 指明其葉形

第三十七圖

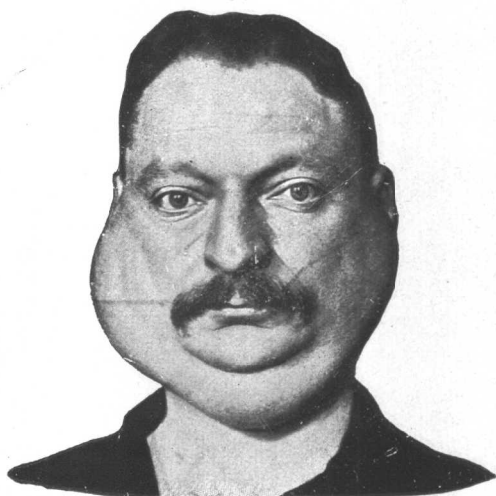


Fig. 37.—DIFFUSE LIPOMA

瀰漫性脂肪瘤

第三十八圖

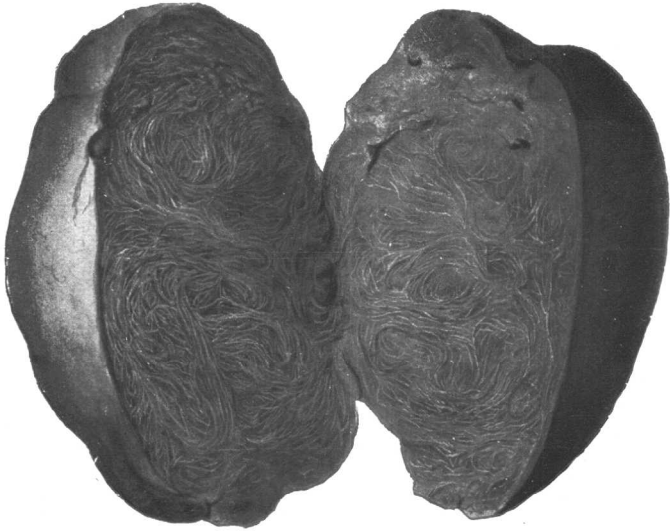


Fig. 38.—SECTION OF HARD FIBROMA

硬性纖維瘤已剖開

第四十五圖

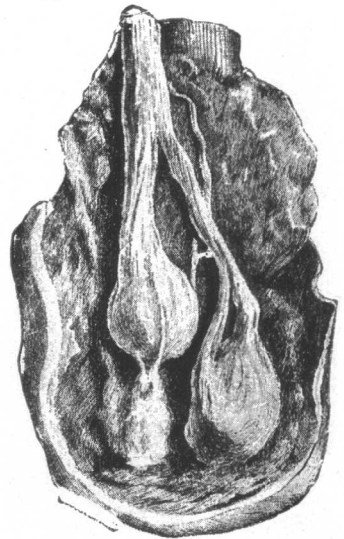


Fig. 45.—AMPUTATION NEUROMATA IN A STUMP. THE INTERNAL AND EXTERNAL POPLITEAL NERVES ARE INVOLVED. THE AMPUTATION WAS TEN YEARS BEFORE

第四十三圖

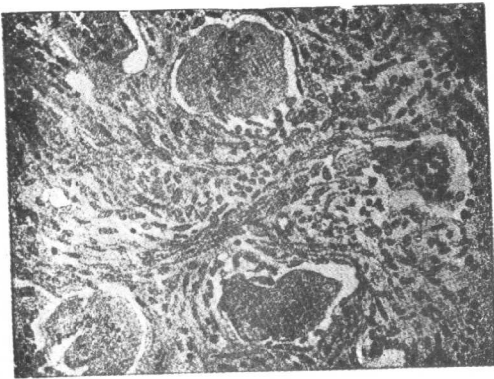


Fig. 43.—MYELOMA

骨髓瘤

小腿割除後脛神經腓總神經所  
成之截斷性神經瘤

第六十五圖

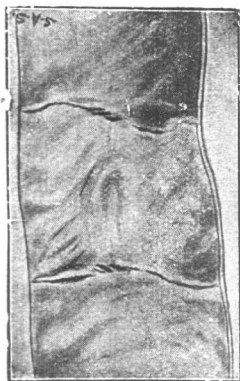


Fig. 65.—EFFECT OF TYING LIGATURE FIRMLY AROUND AN ARTERY

The ligature was tied at two levels and the artery then laid open longitudinally.

緊縛動脈之結果。縛動脈在兩處後循其長軸切開之

第六十七圖

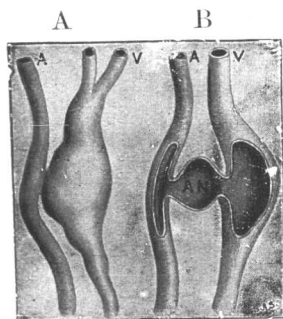


Fig. 67.—DIAGRAMS OF A, ANEURISMAL VARIX, AND B, VARICOSE ANEURISM

A, artery; V, vein; AN, aneurism,

A 動脈瘤性靜脈曲張 B 動靜

脈交通瘤 AN 動脈瘤

V 靜脈 A 動脈

第八十四圖

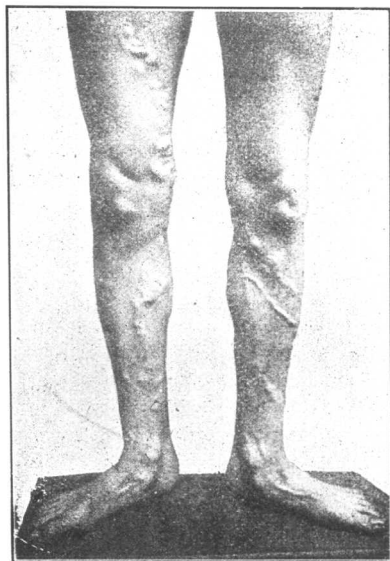


Fig. 84.—VARIX OF INTERNAL SAPHENA

大隱靜脈曲張

第八十六圖



Fig. 86.—SECTION OF CAVERNOUS NEVUS

海綿形痣之切面

第 八 十 七 圖

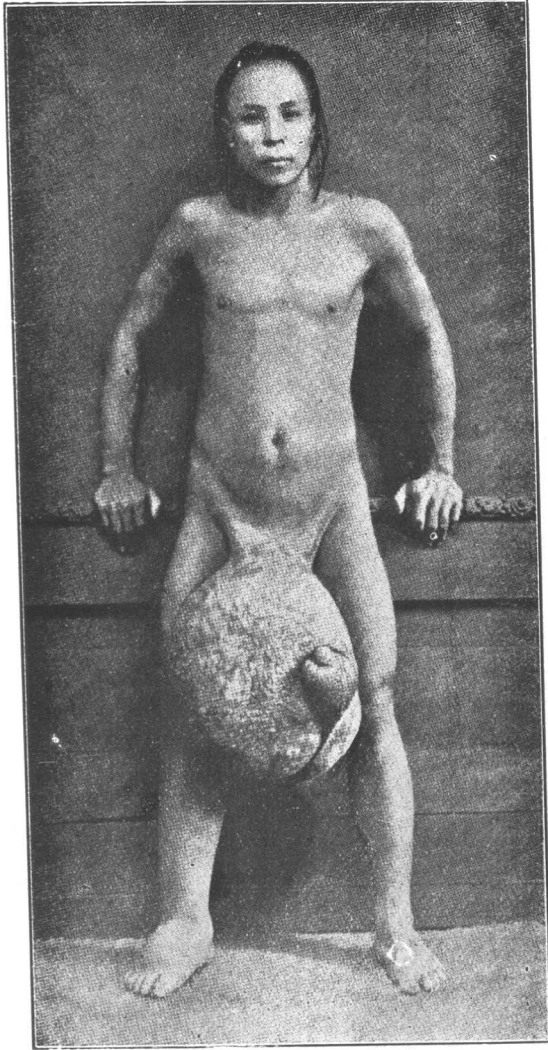


Fig. 87.—ELEPHANTIASIS OF SCROTUM

陰 囊 象 皮 病

第 八 十 八 圖

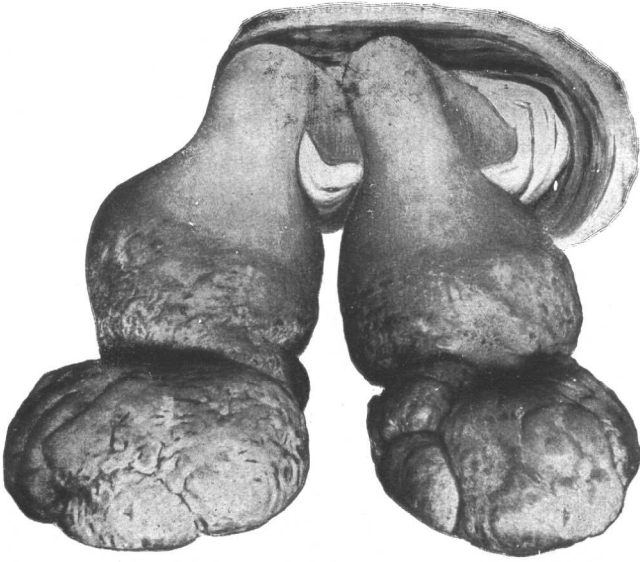


Fig. 88.—NON-FILARIAL ELEPHANTIASIS OF BOTH LEGS

From a woman who has never been out of England. The cause was not apparent but had been in action many years.

非 蟲 性 雙 腿 象 皮 病

第 九 十 三 圖



Fig. 93.—RIGHT-SIDED FACIAL PARALYSIS

面 右 側 麻 痺

面 不 動 時 之 狀

開 眼 時 之 狀

第一百二圖



Fig. 102.—PERFORATING ULCER OF GREAT-TOE PENETRATING TO BONES AND CAUSING NECROSIS

The scar of an old healed ulcer of similar type is seen on the outer side of the foot.

拇趾穿通性潰瘍累及骨致死 足外側有已癒之潰瘍之瘢痕

第一百十一圖

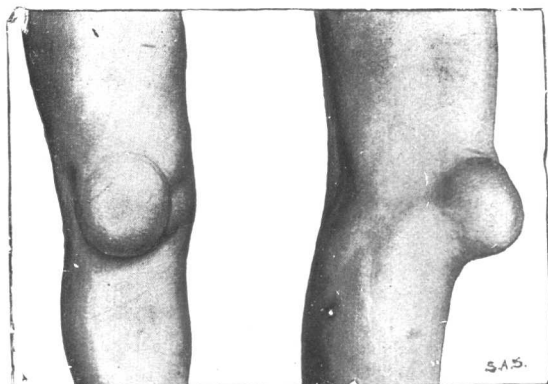


Fig. 111.—ENLARGED BURSA OVER PATELLA

髌前皮下囊增大

第一百十四圖



Fig. 114.—PHOTOGRAPH OF ORDINARY TYPE OF ADOLESCENT SCOLIOSIS

The apparent asymmetry of the legs is in this case a photographic error; in reality, they were both well developed.

童年脊柱側凸

第一百五圖



Fig. 105.—RODENT ULCER OF MANY YEARS STANDING

久年之侵蝕性潰瘍

第一百十八圖

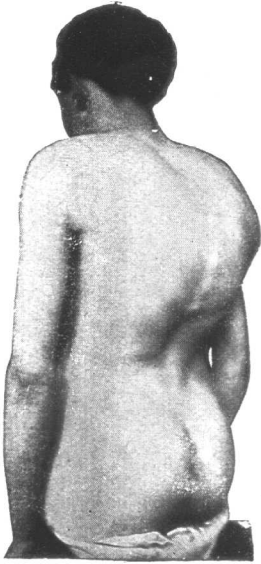


Fig. 118.—ACQUIRED OCCUPATION  
KYPHOSIS IN A YOUNG MAN FROM  
EXCESSIVE WEIGHT-CARRYING

青年久負重物成脊柱後凸

第一百二十圖

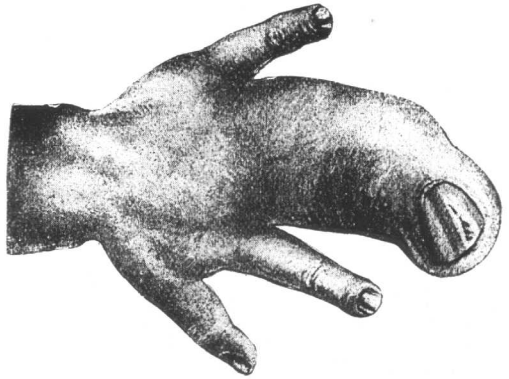


Fig. 120.—MACRODACTYLY AND SYNDACTYLY  
巨指及併指

第一百二十三圖

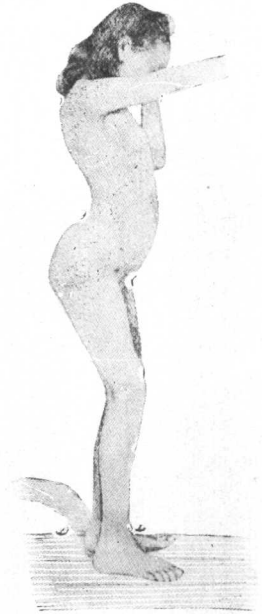


Fig. 123.—CONGENITAL DIS-  
LOCATION OF BOTH HIP  
IN A GIRL OF FIFTEEN  
YEARS SEEN FROM  
THE SIDE

十五歲之女先天性  
雙髖關節脫位

第一百二十二圖



Fig. 122.—DUPUYTREN'S CONTRACTION

掌腱膜收縮



第 一 百 二 十 四 圖



Fig. 124.—SKIAGRAM OF DOUBLE CONGENITAL DISLOCATION OF THE HIP-JOINT

先天性雙髖關節脫位之X光線圖可見髖骨無臼並股骨頭移向上

第 一 百 二 十 五 圖

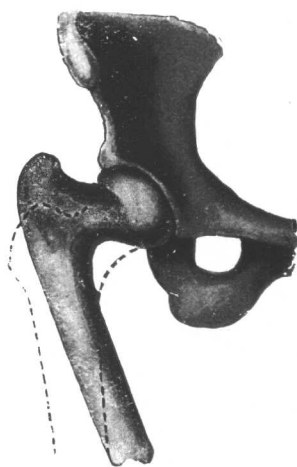


Fig. 125.—COXA VARA

The dotted lines represent the normal neck of the femur.

髖內翻斷線即無病之股骨頸

第 一 百 二 十 六 圖



Fig. 126.—GENU VALGUM OF RACHITIC ORIGIN

佝僂病所致之膝外翻



第 一 百 三 十 四 圖

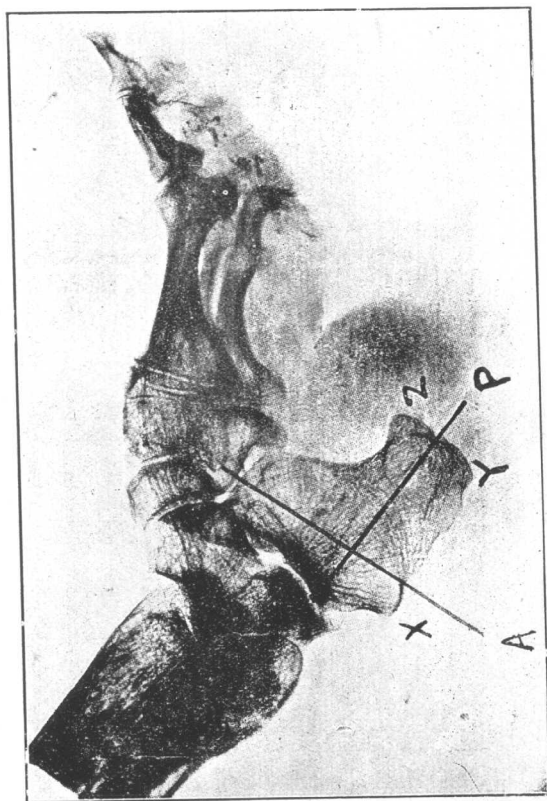


Fig. 134.—X RAY OF BOUND FOOT FROM SIDE

A, AXIS OF ANTERIOR HALF OF OS CALCIS

P, AXIS OF POSTERIOR HALF OF OS CALCIS

纏足用X光線從旁面照其骨形

A 跟骨前半之軸

P 跟骨後半之軸