

卫·生·部·规·划·教·材

全国高等医药院校教材·供临床、预防、基础、口腔、药学、护理等专业用

医学 专业英语

MEDICAL ENGLISH




听说分册

LISTENING AND SPEAKING

总主编·白永权

主 编·董双辰

 人民卫生出版社

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责任编辑·杨晋 封面设计·赵京津

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前 言



《医学专业英语》系列教材是根据国家教育部大学英语教学大纲的要求和精神，由卫生部教材办组织编写的一套供医学本科生使用的系列教材，分为医学专业英语阅读、医学专业英语写作和医学专业英语听说三种教材。全套教材共五本：医学专业英语阅读一、二册；医学专业英语写作一册；医学专业英语听说一册和医学专业英语阅读教师用书一册。医学专业英语听说配有录音带。

医学专业英语阅读两册可供 80 个学时的教学使用。医学专业英语写作和医学专业英语听说分别可供 40 个学时的教学使用。三种教材每种都自成体系，可在教学中单独使用，但又可相互组合形成一个整体，作为一套系列教材使用。整套教材可供 160 个学时的教学使用。

本套教材是以大学英语四级为起点，面向 21 世纪英语教学改革和要求为目标而编写的。在体例、内容和编排等方面都与传统的医学英语教材有所不同，充分体现了医学英语的特点，针对医学生对英语的需求，突出了对学生的医学英语知识和能力的培养。阅读教材按人体解剖系统排列，基础与临床相结合。每一章包括医学英语构词法和阅读两大部分，在学习医学英语构词方法，扩大生词词汇量的基础上，提高学生的阅读能力。写作教材以实用和实践为主，讲授从医学应用文到医学论文摘要的写作方法和技巧，书中既有范、例文，又有常见错误分析。听说教材将英语听说有机结合，练习多样活泼，内容包括了从问诊到学术报告等情景。

《医学专业英语》全套教材由白永权教授担任总主编。医学专业英语阅读第一册由邱望生教授担任主编，郝长江教授担任副主编；医学专业英语阅读第二册由张宏清教授担任主编，周铁成教授担任副主编；医学专业英语写作由叶春阳副教授担任主编，聂文信副教授担任副主编；医学专业英语听说由董双辰教授担任主编，梁平教授担任副主编。

全国参加《医学专业英语》系列教材编写的单位有：西安交通大学、北京大学、华西医科大学、华中科技大学、中南大学、吉林大学、中山医科大学、第一军医大学、第二军医大学、第三军医大学、第四军医大学、哈尔滨医科大学、河北医科大学、青岛大学医学院、兰州医学院和承德医学院。

在该套教材的编写过程中，吴书楷教授、刘应宏教授、方廷钰教授、何筑丽教授、董哲教授、董丽明教授等对于编写大纲的制定和教材的审定，付出了很大心血，在此对

他们表示衷心地感谢。

由于时间紧迫和编者水平及经验有限，教材中难免会有不妥之处，希望广大读者批评指正。

医学专业英语系列教材编写委员会

2000年11月



使用说明



本书为卫生部《医学专业英语》系列教材听说分册，供已完成大学基础英语学习的医药各专业学生，从事医药卫生的工作者或外事及出国工作者使用。

本教材主要是加强学生专业英语的口语能力的训练。其中听力占40%，说占60%。练习形式多样化。本教材共14课，从问诊、采集病史、进行各项检查、病历讨论到诊断、治疗、查房、入院和出院等一系列过程，内容涉及到内、外、妇、儿等各科、各种病，并配有外籍专家的语音纯正的录音。

每章节开始都列出了生词、词组和典型用句。学生可先听录音、跟读，再听对话，做多选题、客观题练习，然后再听一两遍录音后，学生分组练习对话。老师深入同学中指导，并选出各组的代表，在全班表演练习。最后，让学生用自己的话复述大意。为了灵活运用，每课又给了一组典型用句，让学生做对话，进行创造性练习。

每课都设计了两套对话练习，以使覆盖面更广泛，为学生创造更多的练习机会。每课的第二部分是短文。学生可先听生词和词组录音，再听短文录音，做多选题、客观题练习，最后做听力填空题。这种练习可训练学生听和写的的能力。此后，学生再分组讨论短文后的讨论题。教师深入各组指导并选出各组代表在班上发言。

为了进一步扩大学生的视野和增加练习机会，每课第三部分提供了附加词汇和常用的表达法，使学生表达更多更广泛的内容。同时，这也可作为一个小资料查阅。

本教材的特点是把听和说有机地结合起来。既能练习对话，又有短文以进行成段的表达。内容既有医生和病人间的对话，又有医护之间、医生之间的对话和讨论。不仅有利于练习对话，还有助于学生听医学科普报道和学术报告，宣读英语医学论文，回答问题，并进行讨论。

为了方便使用，特将学生用书和教师用书装订为一册。前半部为学生用书，后半部为教师用书，包括录音文字和答案。这样便于学生自学。本书所有用句、对话和短文，均来自国外各种权威杂志、文献，语言地道，实用性和可读性都很强。

全书可供40学时使用，教师可根据是具体情况调整每一课的使用时间，灵活掌握，重点突出口语的实践性。

由于编者水平和经验有限，如有不妥之处，敬请读者批评指正。

编者

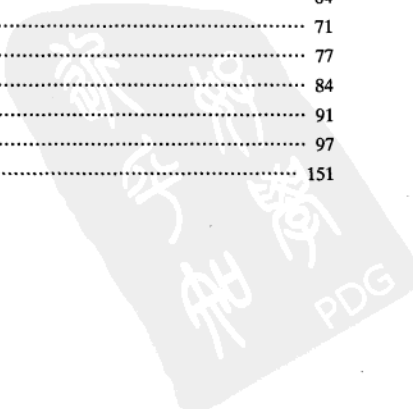
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Unit 1



Taking a History (1)

Part A Dialogues

Dialogue 1

Task 1 Pronunciation Practice

Listen to the words below and practice repeating them after the recording.

nauseated [ˈnɔːsɪeɪtɪd]: feeling of sickness or disgust; 恶心

rheumatic [rɪˈmæɪtɪk]: relating to, causing, caused by rheumatism; 风湿的

scarlet fever [ˈskɑːlɪt]fever: infectious disease with scarlet marks on the skin; 猩红热

swelling [ˈswelɪŋ]: abnormally swollen place on the body; 肿胀

Task 2 Oral Sentence Practice

Listen to the recording and read aloud the following sentences until you can reproduce them correctly and fluently.

1. Are you feeling any better?
2. What happened this morning?
3. Did the pain feel as though there was something heavy pressing on your chest?
4. Did the pain last for the entire period of time?
5. Do you recall being short of breath?
6. Have you ever had this happen before?
7. Have you ever had any heart trouble?
8. Did you ever have rheumatic fever as a child?
9. Did you ever have scarlet fever?
10. Have you noticed any of these symptoms recently?
11. Have you ever had any chest pain before?
12. Is there any history of heart disease in your family?

13. I didn't actually experience unconsciousness?
14. All of a sudden I got a terrible pain in my chest.
15. It went down my right arm.
16. After that I broke into a cold sweat.
17. I became real nauseated.
18. I felt I might faint any minute.
19. I have never been short of breath on exertion.
20. I have never had swelling of the ankles.
21. My father died of a heart attack.

Task 3 Listening Comprehension

Listen to the dialogue and choose the best answer to each question you hear.

1. a. He became nauseated.
b. He felt he might faint any minute.
c. He got a terrible pain in his chest.
d. He broke into a cold sweat.
2. a. Short of breath, cold sweat, nausea, chest pain.
b. Chest pain, cold sweat, nausea, faintness.
c. Nausea, chest pain, faintness, cold sweat.
d. Cold sweat, chest pain, nausea, faintness.
3. a. His father died of heart attack.
b. His mother died of heart attack.
c. His aunt had swelling of the ankles.
d. His uncle had scarlet fever.
4. a. He had heart trouble.
b. He had rheumatic fever as a child.
c. He had scarlet fever.
d. He had none of the above diseases.
5. a. Short of breath.
b. Terrible chest pain.
c. Cold sweat.
d. Nausea.

Task 4 Role-play

Listen to the dialogue again and then reproduce the dialogue in pairs. One plays the part of the doctor and the other the patient. Then exchange roles and repeat the task.

Task 5 Retelling

Try to retell the case of the patient in your own words.

Task 6 Oral Work

Make a dialogue between a patient and a doctor taking the history by using some of the sentences below and sentences from the following Additional Words and Expressions in Part C.

1. When did the cough begin?
2. Do you cough up any phlegm?
3. What color is it?
4. Do you have a fever?
5. Do you have a sore throat?
6. I can't stop coughing, Doctor.
7. I have a runny nose and I ache all over.
8. I haven't taken my temperature yet, but I feel feverish

Dialogue 2

Task 1 Pronunciation Practice

Listen to the words below and practice repeating them after the recording.

belly ['beli]: abdomen; 腹部

diarrhea [ˌdaɪə'riə]: condition that causes waste matter to be emptied from the bowels frequently and in a watery form; 腹泻

vomiting ['vɒmitɪŋ]: bring back from the stomach through the mouth; 呕吐

bicarbonate [baɪ'kɑ:bənɪt]: hydrogen carbonates; the acid salts of carbonic acid; 碳酸氢盐, 重碳酸盐

Task 2 Oral Sentence Practice

Listen to the recording and read aloud the following sentences until you can reproduce them correctly and fluently.

1. What brings you to the emergency room?
2. How long have you had the pain?
3. How was it last night?
4. How has your appetite been?
5. Are your bowel movements regular?
6. Have you had any diarrhea?
7. Does it help if you lie still?
8. I've got awful pains in my belly.
9. I feel like I'm going to throw up all the time.
10. It started last night, up here.
11. But this morning it's here, and it really hurts.
12. The pain came and went.

13. I managed to get a little sleep.
14. Now it's really killing me.
15. It has been steady for the past four or five hours.
16. I usually have one every day.
17. Last night I was vomiting about every two hours.
18. Point with your finger where it hurts the most.
19. Please take your cloths off and put this sheet over you.

Task 3 Listening Comprehension

Listen to the dialogue and choose the best answer to each question you hear.

1. a. He couldn't get any sleep.
b. He had awful pains in his belly.
c. He had some diarrhea.
d. He had a bad appetite.
2. a. The pain was sometimes up in his stomach.
b. The pain was sometimes down in his belly.
c. The pain went away when he moved.
d. The pain came and went.
3. a. A lung cancer.
b. Appendicitis.
c. Heart troubles.
d. Some diarrhea.
4. a. He is going to throw something away.
b. He is going to throw himself up to the sky.
c. He is going to be thrown up to the sky.
d. He is going to vomit.
5. a. It hurts me when I move.
b. Last night I was vomiting about every two hours.
c. I have had some diarrhea.
d. I usually have one bowel movement every day.

Task 4 Role-play

Listen to the dialogue again and then reproduce the dialogue in pairs. One plays the part of the doctor and the other the patient. Then exchange roles and repeat the task.

Task 5 Retelling

Try to retell the case in your own words.

Task 6 Oral Work

Make a dialogue between a patient and a doctor taking the history by using some of the sentences below and sentences from the following Additional Words and Expressions in Part C.

1. How long have you had it?
2. Do you feel it only when your stomach is empty?
3. What kind of pain is it?
4. Usually how do you get relief?
5. I have a pain in my stomach.
6. I have had it off and on for the past three years.
7. After eating, it goes away for a while.
8. It gives me a burning sensation.
9. After I take sodium bicarbonate the pain goes away temporarily.

Part B A Short Passage

Task 1 Pronunciation Practice

Listen to the words below and practice repeating them after the speaker on the cassette.

Infectious [in'fekʃəs]: caused or capable of being communicated by infection;

传染性的

chronic ['krɒnɪk]: lasting for a long time; continually recurring; 慢性的

immunity [i'mju:nɪti]: safety, security (from disease etc); 免疫力

accommodate [ə'kɒmədeɪt]: take into consideration; 考虑到

Task 2 Listening Comprehension

Listen to the passage and choose the best answer to each question you hear.

1. a. Because these diseases are acute.
b. Because these diseases are infectious.
c. Because most of these diseases cannot be cured.
d. Because these diseases are the leading causes of death.
2. a. Through reports.
b. By the preventive health care programs.
c. Through publications.
d. Through the family.
3. a. Infectious diseases.
b. Chronic diseases.
c. Acute diseases.

- d. Cancers.
4. a. Families.
 - b. Individuals.
 - c. Communities.
 - d. Only a risk factor for a disease.
5. a. The family has a powerful influence on health beliefs and behaviors.
 - b. Professional became more actively involved in health promotion.
 - c. Chronic marital distress and conflict can lead to acute and chronic health changes.
 - d. Unhealthy behaviors and genetic risk factors for diseases are frequently found within families.

Task 3 Spot Dictation

In this part you'll listen to the above passage two more times. When it is read for the first time, you should fill in the blanks with the exact words you've just heard. Finally, check your answers when the passage is read for the second time.

It is believed that people should pay more attention to health promotion and disease prevention. Why is it so?

Chronic diseases, such as heart disease and cancer have replaced (1) acute infectious illness as the leading causes (2) of death in the United States, says Thomas L. Campbell, a physician specializing in family related medicine. Since most of these diseases (3) cannot be cured, Campbell believes more emphasis (4) must be placed (5) on health promotion and disease prevention.

The way to do this is through the family, Campbell says in a report published by the National Council on Family Relations. "The family has a powerful influence (6) on health beliefs and behaviors because it is the primary (7) social agent in the promotion of health and well-being. Preventive health care programs and policies must focus (8) on the family and use it as an important resource (9) in health promotion."

Campbell points to a number of observable connections between health and family:

The family is the primary setting in which attitudes and behaviors learned (10) diet, exercise, smoking, alcohol, consumption and drug consumption (11) are learned and maintained.

Unhealthy behaviors and genetic risk factors for diseases are frequently found within families (12), as family members tend to share not only genes, but diets, physical activities, and alcohol and tobacco use.

Chronic marital distress and conflict can lead (13) to acute and chronic health changes, such as rising (14) blood pressure and heart rate and lowering (15) immunity of cells.

These physiological changes result in a wide range of diseases, especially heart disease and cancer.

Campbell believes that a number of measures can be made (16) within the health-care system to accommodate the influence of the family. For example, health education (17) and preventive care should be targeted toward families as well as individuals (18) and communities. Also, when a risk factor for a disease or condition (19) is identified in one family member, all other family members should be tested. Campbell also recommends (20) that mental-healthy care be included in wellness programs and suggests that family professional (therapists, sociologists, and family-life education) become more actively involved in health promotion.

Task 4 Discussion

Topic for discussion in class.

What are the observable connections between health and family?

Part C Additional Words and Expressions

Here are some sentences and expressions commonly used by doctors and patients about pain, pulse, sputum, urine, vomiting, etc. on the occasion of history taking.

1. What can I do for you?
2. May I help you?
3. Don't worry. There is nothing to worry about.
- ✓ 4. You should be very careful for a week or two.
5. Try to relax and keep calm.
6. You'll soon be all right.
- ✓ 7. Feeling well again is a rather slow process, I'm afraid.
- ✓ 8. If you feel worse, please come back to the clinic right away.
- ✓ 9. It's difficult to say just now exactly what's wrong.
- ✓ 10. This is quite common among people of your age.
11. What's your trouble?
- ✓ 12. How long have you been feeling unwell?
- ✓ 13. What medicine did you take?
14. Have you any temperature (a cough, a bad headache)?
15. Have you ever had jaundice (low-grade fever, cold sweats at night, attacks of asthma)?
- ✓ 16. How long have you had this pain?
- ✓ 17. Where do you get the pain? Show me exactly where you get the pain.
- ✓ 18. What kind of pain is it?
- ✓ 19. Did it come on slowly or suddenly?
20. When do you get the pain?
21. Does it wake you up at night?
- ✓ 22. Does anything special bring it on? (emotional disturbance, exercise, food, position, etc.)

- Does anything special make it worse?
23. Does it spread anywhere else?
 24. Does anything relieve it? (drugs, exercise, food, heat, position, rest)
 25. Character of the pain: It is beating; [biting; boring; burning; bursting; colicky (abdominal disease); cutting (rectal disease); dragging; drawing; dull (headache, tumor); heavy (as pre-menstrual); knife-like; numb (lack of sensation); piercing (angina pectoris); pressing; sharp; shooting; smarting (burns); sore; stinging (cuts, stings); stitch (spasm in side due to excessive exercise); straining; tearing; tender.]
 26. Other words to describe pain: It is stubborn; [acute/chronic; constant/intermittent; localized/diffuse; spreading; mild/severe; superficial/deep-located; constricting; convulsive; intense; very severe; violent]
 27. Do you get palpitations?
 28. It is absent; [bounding; collapsing; faint; fast; feeble; frequent; full; galloping; hard; intermittent; irregular; jerking; low; quick; rapid; regular; slow; small; soft; strong; tensed; thready; vibrating; weak.]
 29. Do you bring up any phlegm?
 30. How much do you bring up?
 31. When do you bring it up?
 32. What color is it?
 33. Have you noticed any blood?
 34. Is it frothy, watery, etc?
 35. Is there a lot of blood or just streaky with blood?
 36. Do you have any difficulty in passing your water? ↓
 37. How often do you pass water?
 38. Do you have to get up in the night (to pass water)?
 39. Has the amount of water you pass increased?
 40. How much urine do you pass each time?
 41. Have you noticed any change in the color of your water?
 42. Have you seen any blood in your water?
 43. Do you have any pain when you pass your water?
 44. Does your water burn or sting?
 45. I'd like to have a specimen (sample) of your water.
 46. I'd like to have a mid-stream specimen.
 47. How long have you been sick?
 48. Do you feel better after being sick (or after vomiting)?
 49. How often do you vomit?
 50. How much do you vomit?
 51. When do you vomit?
 52. Is it related to eating?

53. What color is the vomit?
54. Do you feel sick before you vomit or does it just happen?
55. Have you ever received any treatment before?
56. Has it gone worse?
57. Are you feeling better?
58. Please tell me something of your past illness?

