医学英语

ENGLISH

for Medical Students

郭锦文 主编

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前　言

为了贯彻国家教委审订的《大学英语教学大纲》"着重培养具有较强的阅读能力，使学生能以英语为工具，获取专业所需要的信息"的精神，为了满足高等医学院校学生通过国家英语四级统考后学习医学专业英语的迫切要求，我们编写了这本《医学英语》教材。

本教材分为20个单元，选材以临床医学为主，包括内科、外科、妇产科、小儿科、皮肤科、眼科、口腔科、耳鼻喉科、肿瘤科等。课文内容新颖，均选自最新美、英原版医学教科书和杂志；练习形式多样，除问答、词汇、难句分析和翻译、汉译英练习外，还配有与课文内容相同的较浅显的阅读材料和阅读理解练习，便于学生复习和掌握课文中所学的单词、词组和句型。书后附有练习答案和课文参考译文，便于读者自学。

本书可供高等医学院校高年级学生作为专业阅读教材使用，也可供广大医务工作者提高专业英语阅读能力用。

本书由郭锦文副教授主编，并负责全书审阅和定稿工作，苏世军、李传英、王火松、黄忠、白湜同志参加编写。本书承外籍专家 Therese Post 审阅，并得到武汉测绘科技大学出版社的大力支持和帮助，在此深表谢意。

由于时间仓促，编者水平有限，不妥之处在所难免，希望广大读者批评指正。

编　者

一九九二年十月

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Unit One

Text

Peptic Ulcer Disease

Peptic ulcer disease has been said to affect as many as ten million people in the United States, but because of unknown factors, its incidence is decreasing. This problem most commonly affects men of young-to-middle age (between 20 and 60 years); in recent years, however, the ratio of men to women with peptic ulcer disease has also declined. The term peptic ulcer disease includes both gastric and duodenal ulcers, although the causes appear to be different. We do know that the presence of acid is a requirement for the formation of either type of ulcer, but a significant percentage (up to 40%) of patients with duodenal ulcer have hypersecretion of acid, whereas only rarely (5% or less) do patients with gastric ulcer have hyperacidity. It has also been shown that patients with a duodenal ulcer have approximately twice the number of parietal cells as patients with a normal stomach. Thus duodenal ulcers seem to require an increased amount of acid for their formation, whereas gastric ulers require some injury to the mucosa (e. g. , from aspirin of bile salts) and the later of concomitant appearance of acid to complete the damage. With the demonstration of two classes of histamine receptors in 1972, and the subsequeut synthesis of cimetidine—which blocks acid secretion at the H_2 receptor site—the treatment of peptic ulcer disease has undergone a major and dramatic change.

Patients with duodenal ulcers make up the majority of patients with peptic ulcer disease. They typically complain of midepigastric pain, relieved only by food or antacids, which often awakens them shortly after going to sleep. Probably because gastric secretion is low in the morning hours, such patients rarely complain of abdominal discomfort on arising. Also, it is unusual for a patient with a duodenal ulcer to complain that food makes the discomfort worse; such a complaint should elicit suspicion of either obstruction of the stomach or the presence of a postbulbar ulcer.

After taking an adequate history and performing a physical examination, the first step in the work-up should be a UGI series. With the help of an experienced radiologist, the majority of duodenal ulcers can be visualized on UGI x-ray. Endoscopy should be considered in patients with a negative UGI series who are actively bleeding or continue to complain of typical ulcerlike pain. Another role of endoscopy is in the evaluation of patients who have undergone a surgical procedure for duodenal ulcer, because the distortion created by the operation makes an accurate radiologic appraisal difficult. The endoscopist can directly visualize anastomotic problems, marginal ulcers; or changes caused by inflammation.

The discovery of a duodenal ulcer without the complications of bleeding, obstruction, perforation, or intractability to medical therapy calls for a trial of medical management. The majority of such pa-

tients can ultimately be managed successfully by nonoperative means. The decision-making at this point generally centers around the choice between intensive antacicd therapy and cimetidine. Based on the available data, either regimen achieves a healing rate of about 80 percent at 4 to 6 weeks; thus the decision has to be made on the grounds of cost, convenience, and safety. A relative newcomer to ulcer treatment is sucralfate, a complex of sulfated sucrose and aluminum hydroxide. A study comparing this agent against cimetidine showed no difference in relief of symptoms of rate of healing at 4 and 8 weeks. Sucralfate works by reacting with exudates in the ulcer crater and forming a barrier between the ulcer and acid-pepsin. With the general decline of peptic ulcer disease in the population and the development of new drugs, the surgeon can look forward to fewer operations for the complications of peptic ulcer disease.

Patients whose ulcers are refractory to medical therapy of who experience recurrent ulceration after operation for duodenal ulcer should have their serum gastrin checked to evaluate the possibility of a gastrinoma. Even patients with typical duodenal ulcer disease may have Zollinger-Ellison syndrome, and a high degree of suspicion is necessary to avoid delayed diagnosis.

Indications for operation in patients with duodenal ulcer are bleeding, obstruction, perforation, and intractability of medical therapy. Bleeding from a duodenal ulcer is a potentially life-threatening problem, and requires careful judgment and well-timed intervention. Elderly patients, particularly those with coronary artery disease or diffuse atherosclerosis, are at considerable risk during any GI bleeding episode and should probably be operated on earlier rather than later to reduce the complications of their concomitant vascular disease. Angiography may be helpful in selected patients to identify the source of bleeding, especially if endoscopy is unable to localize the bleeding point, but bleeding from the gastroduodenal artery is often not responsive to angiographic intervention; thus most of these patients require operative intervention to stop the bleeding. Finally, a second episode of bleeding, either in the hospital after the initial bleed or as an outpatient is a strong indication for surgery, because the risks associated with repeated episodes of UGI bleeding are enormously high.

New words

peptic['peptik]a. 消化的
ulcer['ʌlsə]n. 溃疡
duodenal[dju(:)ou'dinl]a. 十二指肠的
parietal[pə'raiitl]a. 壁的
mucosa[muj'kousə]n. 粘膜
bile[bail]n. 胆汁
　bile salt 胆汁(酸)盐
concomitant[kən'kɔmitənt]a. 相伴的，伴随的
histamine['histəmin]n. 组胺
receptor[ri'septə]n. 感受器；受体
synthesis['sinθisiz]n. 合成(法)
complain(of/that)[kəm'plein]vi. 抱怨，诉苦

midepigastric[midepi'gæstrik]a. 中上腹部的
antacid[æn'tæsid]n. 抗酸剂，解酸剂
elicit[i'lisit]vt. 得出，引出
postbulbar[poust'bʌlbə]a. 球后的，十二指肠球部后的
radiologist[reidi'ɔlədʒist]n. 放射学家
visualize['vizjuəlaiz]vt. 使可见，使具形象；想象
endoscopy[en'dɔskəpi]n. 内窥镜检查
distortion[dis'tɔ:ʃn]n. 扭转，变形
anastomotic[ənæstə'moutik]a. 吻合的
perforation[pə:fə'reiʃn]n. 穿孔
intractability[intræktə'biliti]n. 顽固性，难治性
sucralfate['sju:krəfeit]n. 硫糖铝(一种硫酸化蔗糖和氢氧化铝的复合体)
sulfate[sʌlfeit]n. 硫酸盐(酯)
sucrose['sju:krous]n. 蔗糖
　　sulfated sucrose 硫酸化蔗糖
aluminum hydroxide[ə'lu:minə hai'drɔksaid]氢氧化铝
exudate['eksjudeit]n. 渗出物
crater['kreitə]n. 喷火口
refractory[ri'fræktəri]a. 难治的
serum[&siərəm]n. 血清
gastrin['gæstrin]n. 胃泌素
diffuse[di'fju:s]a. 弥漫的，扩散的
atherosclerosis[æθərouskliə'rousis]n. (动脉)粥样硬化
episode['episoud]n. 发作
angiography[ændʒi'ɔgrəfi]n. 血管造影术，血管造相术

Notes

1. shortly after：在…之后不久。
2. UGI：upper gastric intestinal 的缩略形式，上消化道的。
3. on the ground of ：由于，根据。
4. gastrionma[gæstri'noumə]n. 胃泌瘤，一种分泌胃泌素的无β胰岛素细胞肿瘤，伴有卓－埃二氏综合症。
5. Zollinger-Ellison syndrome：卓林格－埃里森综合症，卓－埃二氏综合症。
6. well-timed：时机选择得好的。
7. intervention：原意为“干涉”和“干预”，在此指“外科手术”。
8. coronary artery['kɔrənəri 'ɑ:təri]冠状动脉。

Exercises

I . Answer the following questions.

1. What does the term peptic ulcer refer to?
2. Are the causes of duodenal ulcer and gastric ulcer different? Why?
3. What's the typical symptom which patients with duodenal ulcers complain of?
4. In what kind of patients should endoscopy be considered?
5. What are the indications for operation in patients with duodenal ulcer?

I . Find a word or phrase from the list below similar in meaning to the underlined word or phrase in each sentence.

1. It has been reported that peptic ulcer disease affects as many as ten million people in the United States.
   A. modifies B. attacks
   C. acts on D. touches
2. With the improvement of living condition and the development of medical service, the incidence of many infectious diseases has declined.
   A. slanted B. tipped
   C. fallen D. weakened
3. Penicillin was an extremely significant medical discovery.
   A. important B. distinct
   C. remarkable D. outstanding
4. Thus duodenal ulcers seem to require an increased amount of acid for their formation, whereas gastric ulcers require some injury to the mucosa.
   A. however B. though
   C. hance D. but
5. She was so weak that she couldn't undergo such a major operation.
   A. experience B. encounter
   C. receive D. escape
6. Patients with duodenal ulcers make up the majority of patients with peptic ulcer disease.
   A. consist of B. compensate
   C. constitute D. are composed of
7. Such a complaint should elicit suspicion of either obstruction of the stomach or the presence of a postbulbar ulcer.
   A. start B. bring forth
   C. launch D. initiate
8. The distortion created by the operation makes an accurate radiologic appraisal difficult.

A. proposal B. praise

C. evaluation D. examination

9. Continuous pain in the upper abdomen with vomiting and loss of weight should call for early, careful examination.

A. long for B. oblige

C. demand D. compel

10. The majority of such patients can ultimately be managed successfully by nonoperative means.

A. almost B. finally

C. occasionally D. immediately

Ⅲ. Analyse the following sentences and translate them into Chinese.

1. We do know that the presence of acid is a requirement for the formation of either typy of ulcer, but a significant percentage (up to 40%) of patients with duodenal ulcer have hypersecretion of acid, whereas only narely (5% or less) do patients with gastric ulcer have hyperacidity.
2. Also, it is unusual for a patient with a duodenal ulcer to complain that food makes the discomfort worse, such a complaint should elicit suspicion of either obstruction of the stomach or the presence of a postbulbar ulcer.
3. Another role of endoscopy is in the evaluation of patients who have undergone a surgical procedure for duodenal ulcer, because the distortion created by the operation makes an accurate radiologic appraisal difficult.
4. Patients whose ulcers are refractory to medical therapy or who experience recurrent ulceration after operation for duodenal ulcer should have their serum gastrin checked to evaluate the possibility of a gastrinoma.
5. Elderly patients, particularly those with coronary artery disease of diffuse atherosclerosis, are at considerable risk during any GI bleeding episode and should probably be operated on earlier rather than later to reduce the complications of their concomitant vascular disease.

Ⅳ. Translate the following sentences into English.

1. 消化性溃疡病人如无出血可用非手术方法治疗。
2. 患有十二指肠的病人常主诉中上腹疼痛。
3. 如果十二指溃疡患者出现出血、梗阻或穿孔，须立即施行外科手术。
4. 在男性中消化性溃疡病的发生率高于女性。
5. 临床观察表明，这种新药对消化性溃疡有较好的疗效。

V. Reading Comprehension:

Read the following passage.

The appropriate elective or emergency operation for bleeding duodenal ulcer is a point of major contention. We have elected to perform oversewing of the bleeding point with vagotomy and pyloroplasty in the majority of patients, but we also have given consideration to oversewing of the bleeding point with antrectomy and vagotomy in low-risk patients with a long history of duodenal ulcer disease. The latter procedure reduces the long-term risk of recurrent ulcer to less than one percent, but it is a poor choice in the hypotensive, elderly patient.

Obstruction is the second of our indications for surgical intervention in patients with duodenal ulcer. Although we now have several agents with which to treat such patients, the presence of obstruction is still a strong indication for operative intervention. Obstruction develops because of the gradual narrowing of the pylorus and duodenum by scar tissue, and patients commonly present with a history of periodic or constant vomiting. They often have underlying electrolyte abnormalities, and an important part of their early treatment is the appropriate replacement of fluids and electrolytes. After such therapy and decompression of the stomach by a nasogastric tube, the obstruction is often relieved, and clear liquids can be tolerated without vomiting. At this point consideration might be given to medical management of these patients, but we and others feel that the best course is to proceed to surgery. Again, the type of operation is controversial, but only highly selective vagotomy has been excluded from our consideration because of the likelihood of problems with gastric emptying after such a procedure.

Perforation of a duodenal ulcer is often a dramatic event, and the clinical picture is usually easily recognizable. These patients appear to be quite ill, sometimes with an ashen coloration, and they are loathe to move or cough because of extreme abdominal pain. The abdomen on examination is unmistakable; it is appropriately said to be boardlike. Although there is free air under the diaphragm in the majority of such patients, as many as 25 percent do not have it. In this latter group of patients, it may be helpful to put either air of Gastrografin through the nasogastric tube in an attempt to prove the presence of a perforation. This is particularly helpful when the presentation is atypical, and other diagnoses such as acute pancreatitis are being entertained.

A patient with a perforated duodenal ulcer presents an acute surgical emergency, and early attention to preoperative fluids and electrolytes is especially warranted. The operation of choice, which dates back to 1937, is a simple closure of the perforation with an omental patch. Recent data, however, suggest that in low-risk patients, particularly those with a history of chronic duodenal ulcer disease, more aggressive surgical intervention may be indicated to reduce the long-term complications of recurrent ulcer.

Intractability, the fourth and final indication for surgery in patients with duodenal ulcer disease, is the most difficult to discuss. This is because not everyone agrees on what is really intractable, and because we now have several agents capable of treating patients with duodenal ulcer on a long-term basis. Although this indication was once the predominant one for surgery, it now has been replaced by

those previously mentioned. Many patients, however, require operative intervention because they are not able to follow a strict medical regimen or even one that involves only taking a medication two to four times a day . It is in this group of patients that proximal gastric vagotomy , or highly selective vagotomy, is most appropriately considered. The decision-making process involves awareness of the 5 to 15 percent incidence of recurrent ulcer at 5 years with proximal gastric vagotomy; however, there is a lowered operative risk and minimal postoperative sequelae compared to other operations. Those patients who develop a recurrence can undergo another procedure if necessary or can resume medical management.

Choose the best answer without looking back at the passage.

1. Which of the following surgical procedures reduces the long-term risk of recurrent ulcer?
   A. Vagotomy and pyloroplasty
   B. Antrectomy and vagotomy.
   C. Antrectomy.
   D. Vagotomy.
2. The common symptom of obstruction is _____.
   A. the underlying electrolyte abnormalities
   B. periodic or constant vomiting
   C. the gradual narrowing of the pylorus and duodenum by scar tissue
   D. all of the above
3. Which of the following is the best choice to treat obstruction?
   A. Several agents.
   B. Appropriate replacement of fluids and electrolytes.
   C. Decompression of the stomach by a nasogastric tube.
   D. Surgical intervention.
4. The word "loath"in the second sentence of the third paragraph means _____.
   A. boring
   B. willing
   C. reluctant
   D. keen
5. The best title of this passage is _____.
   A. Indications for Surgical Intervention in Patients with Duodenal Ulcer
   B. Bleeding, Obstruction, Perforation and Intractability
   C. Management of Bleeding, Obstruction, Perforation and Intractability in Patients with Duodenal Ulcer
   D. Surgical Treatment of Duodenal Ulcer

Unit Two

Text

Initial Management Of the Multiply Injured Patient

Of all diseases requiring medical treatment, trauma offers physicians and the medical care system the greatest opportunity to exercise their capabilities in reversing an acute, life-threatening condition. In other conditions, the commitment of personnel and resources results in some improvements in health, palliation of disease, and occasionally, restoration to complete health. In almost no other disease, however, can a patient be restored to his premorbid condition by a series of acts and decisions that interrupt the disease process. Trauma is a disease with a clearly identified beginning which , if not rapidly and properly managed, may progress to the death of a previously healthy and productive member of society. Properly managed, the progressive physiologic and anatomic derangements can be corrected and a healthy patient returned to family and community.

The data on trauma deaths are so staggering that it is hard to keep a perspective on the subject. Only when a personal association with injury and death occurs do we note the impact of the tragedy of trauma, which is becoming more and more present in our daily lives as the world becomes more mechanized and violent. Trauma, although preventable, is the leading cause of morbidity and mortality in Americans under age 45 and the third highest cause of death in all age groups. Between the ages of 15 and 24 years, accidents claim more lives than all other causes combined. The death rate for trauma approaches 50 per 100,000 population, and the overall costs for this disease are in the billions. Over twenty million people seek emergency care and 150,000 people die each year from trauma—more Americans than were killed in the 10 years of the Vietnam War.

The essentials of trauma prevention are known, but despite education and legislation these approaches are used only on a limited basis. Therefore, the approach of organized medicine must be on the basis of crisis-oriented interenvention. The effect of intervention on trauma was little realized until publication of a National Academy of Sciences white pater entitled Trauma, Accidental Death, and Disability: the Neglected Disease of Modern Society. Since then the care of traumatized patients in the nation has been assessed, evaluated, and scrutinized, resultion in some alarming reports. Subsequently, there have been major improvements in prehospital care for the injured. With better access to emergency services, training of emergency medical technicians, and development of emergency systems, more acutely injured patients are getting to hospitals alive. In addition, more severe injuries—those that in times of less competent prehospital care might have resulted in death—are being presented for care and treatment. These patients require for their care astounding resources of personnel, facilities, supplies, and commitment.

Critically conducted evaluations of hospital care for traumatized patients have resulted in surprising and controversial findings. Von Wagoner found that one of every six soldiers on leave who was admitted alive to a hospital after an automobile accident died as a result of inadequate hospital care. A controversial report of West and Trunkey in 1979 described systems of trauma care in two counties. In the county doing "business as usual," patients were delivered to the closest emergency department whatever the circumstances of injury or capability of the facility. In this county, 73 percent of non-central-nervous-system-related deaths and 28 percent of central-nervous-system-related deaths were considered preventable, if they had been given "vigorous resuscitation and aggressive surgical intervention." In the county providing trauma care in the form of an organized emergency medical services system with a fully staffed and prepared trauma center, only one percent of trauma deaths was found to be preventable. Several other retrospective analyses have pointed out major trauma management errors, some resulting in marked morbidity and mortality. With evidence that trauma patients have a better chance of survival when taken to the nearest appropriate facility, attempts have been made to encourage matching of hospital capabilities with patient needs. These efforts have met with only limited success because of fears related to loss of patient revenues, loss of community stature, and forced restriction of clinical programs. Much work needs to be done in this area of trauma care. An epidemiologic study by Baker, which involved tracking 437 trauma deaths, outlined the key areas in which advances in trauma care are necessary to decrease the death rate. These areas include the prevention of trauma, rapid and skilled transport of victims to appropriate facilities, initial management of primary brain injuries, and effective treatment of sepsis and multiple organ failure.

Based on the concept of the "golden hour," that critical 60 minutes beginning at the time of injury and continuing to the provision of definitive life-saving care, the principles of emergency trauma care involve total preparedness for the immediate assessment and management of the critically injured by an experienced trauma team. If there is an emergency medical services system with trained and experienced ambulance personnel, radio communications, and established triage and transfer protocols, the resuscitation team begins assessment of the multiply injured patient before arrival at the hospital. In addition to the patient's vital signs and present condition, the team should gather information about the patient's age , build, medical history, use of medications, and state of sobriety. The relay of this information gives the trauma team a clinical edge by more accurately placing the condition of a newly arrived victim in perspective.

New Words

multiply [ˈmʌltipli]ad. 复合地
trauma [ˈtrɔːmə]n. 创伤，外伤
exercise [ˈeksəsaiz]vt. 实行，行使
reverse [riˈvəːs]vt. 颠倒，使变得相反
commitment [kənˈmitmənt]n. 交托；关禁；承担义务；许诺
palliation [pæliˈeiʃən]n 缓和，减轻
premorbid [priˈmɔːbid]a. 发病前的

derangement [di'reindʒmənt]n. 紊乱
staggering ['stægriŋ]a. 令人惊愕的
perspective [pəs'pektiv]n. 前景，展望
impact ['impækt]n. 冲击；效果；影响
morbidity [mɔ:'biditi]n. 发病率
mortality [mɔ:'tæliti]n. 死亡率
legislation [ledʒis'leiʃən]n. 立法；法规
intervention [intə'venʃən]n. 干涉；干预
assess [ə'ses]vt. 估价；评价
scrutinize ['skru:tinaiz]vt. 细看；细阅；仔细检查
competent ['kɔnpitənt]a. 有能力的，能胜任的；被许可的；足够的
astounding [ə'staundiŋ]a. 令人震惊的
controversial [kɔntrə'və:ʃəl]a. 争论的；引起争论的
resuscitation [risʌsi'teiʃən]n. 复苏(术)，回生
retrospective [retrous'pektiv]a. 回顾的
revenue ['revinju:]n. 税收；收入
triage [tri'ɑ:ʒ]n. 伤员拣别分类
protocol ['proutɔkəl]n. 记录
sobriety [sou'braiəti]n. 清醒；节制
relay [ri'lei]n. (消息等的)分程传递；传达

Notes

1. In almost no other disease, however, can a patient be restored to …：注意此句为倒装句，情态动词 can 位于主语 a patient 之前。
2. if not rapidly and properly managed＝if it (trauma)is not rapidly and properly managed.
3. and a healthy patient (can be)returned to family and community 为并列分句，注意谓语动词 returned 前省略了 can be.
4. keep a perspective on：展望；预期。
5. crisis-oriented：面临危机的。
6. in times of：在…的时候。
7. place…in perspective：观察。

Exercises

Ⅰ. Answer the following questions.

1. What kind of disease is trauma?
2. Why is trauma becoming more and more present in our daily lives?
3. When was the effect of intervention on trauma realized?

4. According to Von Wagoner's investigation how many soldiers died as a result of inadequate hospital care?
5. In which areas are advances in trauma care necessary to decrease the death rate?
6. What does"golden time"mean?

Ⅰ. Find a word or phrase from the list below similar in meaning to the underlined part in each sentence.

1. Trauma offers physicians the greatest opportunity to exercise their capabilities in reversing an acute, life-threatening condition.
   A. perform　　B. show
   C. exert　　D. practise
2. They occasionally stop by to see us.
   A. hardly　　B. intermittently
   C. regularly　　D. sometimes
3. Properly managed, the progressive physiologic and anatomic derangements can be corrected.
   A. fusses　　B. disorders
   C. organizations　　D. upsets
4. Only when a personal association with injury and death occurs do we note the impact of the tragety of trauma.
   A. effect　　B. shock
   C. power　　D. blow
5. We must have a good command of the essentials of the management of trauma.
   A. elements　　B. view points
   C. fundamentals　　D. necessities
6. Despite rain, the football match was not cancelled.
   A. Except for　　B. Instead of
   C. In spite of　　D. Owing to
7. The general assessed the situation and called for reinforcements.
   A. counted　　B. evaluated
   C. examined　　D. observed
8. The apartment house was being torn down; consequently we had to move.
   A. thereafter　　B. therefore
   C. nevertheless　　D. otherwise
9. Critically conducted evaluations of hospital care for traumatized patients have resulted in surprising and controversial findings.
   A. resulted from　　B. arised from
   C. brought about　　D. contributed to
10. Efforts should be made to match the hospital capabilities with patient needs.
   A. suit…to　　B. satisfy…with