



Medical

English Textbook

■ 赵贵旺 主编

大学公共
医学英语 (上)

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大学公共医学英语

(上册)

Medical English Textbook

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《大学公共医学英语》系列教材

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内 容 提 要

《大学公共医学英语》一书由全国十余所重点医科大学长期从事医学英语教学的一线教师共同编写而成。全书分上、下两册,每册8个单元。每单元分为 Text A, Text B, Supplementary Reading 三大部分。Text A 的内容侧重医学英语的科普性、社会性、人文性,同时注重所选内容能更好地体现语言自身的交际功能。Text B 的内容侧重医学英语的专业性,而 Supplementary Reading 的内容则是与 Text A 一致,是 Text A 的补充。

本教材适用于医学院校大学本科、研究生阶段学生的教学使用,同时也适合医学英语爱好者和临床医生的自学使用。

责任编辑 杨 淮

前 言

《大学公共医学英语》一书是应人民军医出版社的邀请,由全国十余所重点医科大学长期从事医学英语教学的一线教师编写而成。该书的编写与出版主要是针对我国本科院校医学专业大学二年级后的英语教学进行的。目前,我国大学医学英语的教学还没有统一的教学大纲,教学时数也不尽相同,教材的编写各有千秋,互有长短。在总结前人经验的基础上,经过编委会的认真讨论,最终决定该教材的编写力求做到以下三点的突破与创新。

一、教材的定位

教材的定位是关键,没有准确的定位,就不可能编写出符合实际情况的理想教材。一本教材的定位首先要考虑学生的实际需求,其次是教学课时的安排,再次是大的整体的教学现状。大学三年级的医学生正处于从医学基础知识向医学临床知识的过渡阶段;另外,大三学生在思想上也正处于从感性认识向理性认识转变的过程。在这一时期,无论是哪一科的教学,都会对他们的成长或者说是思想的成熟与转变起到正面或负面的影响。医学英语的教学作为医学教育的一部分决不能停留在简单的、狭隘的语言教学上,而是应该将这阶段的教学转向以英语为载体,充分了解医学的人文信息、科普信息及其他相关的医学社会信息,同时最大限度地掌握专业英语的相关术语及表达方式。因此,我们最终将该教材定位于《大学公共医学英语》,其内涵包括三个方面:一是大学英语,二是医学英语,三是公共医学英语。其宗旨是帮助学生完成从大学英语向医学专业英语的过渡。

二、教材的选材

该教材共分上下两册,每册8个单元,每单元又包括Text A, Text B, Supplementary Reading三大部分。Text A的选材侧重于医学英语的科普性、社会性、人文性,同时注意所选内容能更好地体现语言自身的交际功能。另外,文章的题材及体裁力求做到丰富多样,避免过分单一。在教材16个单元所选的文章中,有医学科普论文、医学报道、医学故事、人物传记、人生感悟等。内容涉及到有关健康保健、医学史、医学管理、医学人才的流失、医患冲突与隐私、医学伦理、中医药、幽默小说等十多类。Text B的选材则侧重医学英语的专业性,而Supplementary Reading的选材则是基本与Text A保持一致。教师在使用本教材时,可根据各自学校的情况或本人的实际情况,有所选择地使用。另外,每个单元除了两篇主课文外,还选入了一些医学保健,医学名言,医学欣赏类的内容,并且这部分内容在版式设计上也力求轻松活泼,以弥补传统医学英语教材无论在编写还是排版方面略显沉闷的不足,以引起学生课外学习的兴趣,增加学生课外学习的机会。

三、习题的设计

对于课后习题的设计,分三步来进行。一是课前热身练习,设计在课文中,由学生在预

习课文时完成;二是针对课文内容的练习,主要包括口语、词汇、阅读;三是根据课文的进度及学生的课外需求增加的课外练习,包括完形填空、阅读理解、英译汉、写作等。这部分主要是针对大学英语六级考试及研究生入学英语考试所涉及的一些题型及难度而设计的。这样,教师在教学之余会更为主动,以满足部分同学对应试的需求。

总之,该教材无论是在定位、选材,还是习题编写上,都力求避免过分专业化,导致教学的畏难情绪;避免选材过分单一化,导致教学的枯燥无味;避免练习的过分机械化,导致练习的名存实亡。

一套教材的编写,从孕育到组稿,从编写到成书,从试用到正式出版都需要经过大量、细致的工作。她既要求编写人员齐心协力,更要求大家无私奉献;她既是主编创意的体现,更是大家智慧与劳动的结晶;她既要求一线教师的努力,更需要学生的积极参与。在教材的整个编写过程中,我们得到了人民军医出版社领导及同志们的大力支持。在教材的试用过程中,得到了河北医科大学本硕班的同学及天津医科大学部分同学的热情参与,以及他们对教材修改时提出了宝贵的建议和意见。另外,在排版及校对过程中,河北医科大学外语部的多位老师积极参与,做了大量的相关工作。在此,一并表示衷心的感谢。

先后经过长达两年的艰苦努力,本书就要与大家见面了。我们衷心希望大家以此为缘,从心开始,互通有无,相互提高,共同努力,为我国大学医学英语的教学奉献一份真诚!

愿:

师生同源,万源共饮四时明;

智慧如灯,一灯能破千年暗!

编者

2006年5月

使用说明

《大学公共医学英语》一书为医学院校本科、本硕或硕士研究生的英语教学用书。全书分上、下两册,每册各8个单元。每单元分为 Text A, Text B, Supplementary Reading 三大部分。Text A 侧重医学人文和医学科普,Text B 侧重医学专业英语。该书的编写是按72个教学时数进行的。每学期使用一册,每册36个学时,4学时一个单元,余下4学时用于复习和检查。教师在教学中,对书中的内容可以结合本校的教学时数灵活应用。一般情况下,大三的学生适合讲 Text A, Text B 留做自学。若是本硕或是硕士班的学生,可以以 Text B 为主, Text A 为辅或交叉使用。

除 Text A 和 Text B 外,还有一些补充性材料,如双语欣赏、健康保健等栏目,其主要是给学生自学使用的,如果课堂时间允许,教师也可与学生共同完成,一并享用。课后练习则是为了巩固课上所学内容及扩展学生知识面的空间,教师应酌情处理。最后给出的补充词汇,只是供一些学有余力对医学英语感兴趣的同学参考使用。教师在授课时,若自己擅长医学英语词汇,也可给学生进一步扩展。

在整个教材的使用过程中,教师和学生要避免三种错误的认识或做法。一是按部就班机械地传授和学习书本中的文字知识;二是对应试教学执迷不悟,再次落入应试教学的陷阱里去;三是过分关注医学信息,忽略其他相关信息,即只顾课上,不顾课下。理想的教学应该是首先让学生了解到相关医学、医疗的信息及其相对应的英语表达;其次是医学人文、社会信息的补充;再次是语言技巧的不断提高及完善。教材只是一种载体,这种载体的作用能否充分发挥出来,能否创造性地利用,这要取决于教师教学的态度。因此,教师要深入到教材里,每一篇课文,甚至是课文的补充内容,或者是练习,都能给我们打开一个广阔的新的空间。因此,在教学的过程中,需要教师大量地查找资料、精心备课,千万不要随便应付,马虎了事。

另外,在教学中,一定要利用好每一篇课文的原始素材,做好大学生的思想引导。例如:上册第一单元,You can be Healthy and Happy,在讲解时,教师可就 Health 的话题和学生展开广泛讨论,如健康的定义、影响健康的因素、当代大学生的健康状况等。再如第七单元的病人的隐私,教师可以从目前医患的冲突谈起,谈到对病人隐私的尊重,进而谈到目前生活中对他人隐私的尊重。总之,教学以前,教师一定要对这个阶段的教学总目标有一个大的框架,避免那种随意应对,否则,将会失去本教材选材和编写的意义和目的。

最后,大家要勤于探索,不断发现,重在积累,学生是互动参与最好的对象。师生同源,教学相长。希望诸位教师加强交流,不断推动和完善这套教材。

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Unit One

Text A

Health, as is well-known, is definitely important to one's life and work. Without a good health, the immense wealth will turn out to be nothing. In fact, ninety-nine percent of us are born healthy, but few of us die that way. How to lead a healthy life concerns everyone and Jane E. Brody will tell us in detail.

You Can Be Healthy and Happy

—by Jane E. Brody

Warming-up Exercise

1. Read the whole text as quickly as possible and mark out the words you are not clear about.
2. Read the whole text again and try to: 1) finish the error-correction exercises, which have been underlined in the text; 2) fill in the blanks with proper words.

No one needs to be told that good health is important. Without it, the ability to succeed in and enjoy life is greatly diminished (declined /eliminated / discounted) . Ninety-nine percent of us are born healthy, but few of us die that way. Contrary to widespread belief, we all don't have to die of "something". Most of us can live out our lives unmarred by chronic disease or disability, and many more of us than now do can succumb not _____ illness, but merely to old age when our time is finally up.

As Dr. Ernst Wynder, president of the American Health Foundation, so

aply put it, our goal should be to "die young so late in life as possible."

- <10> The likelihood of this occurring depends largely _____ you, on how you live your life and care for your body and mind. Less than 10 percent of the difference in health between any two Americans are determined by the care delivered by physicians. More than 90 percent results _____ factors beyond medicine's control: your genetic background; the healthfulness of your environment; and, most important, how you live—what and how much you eat, your drinking and smoking habits, how much you exercise, _____ (that / whether / how) you relax.
- <15>

- Your genetic heritage may determine your body type and facial features, but it rarely is a direct cause of illness. More often, genes can create a predis-
- <20> position to illness; this predisposition may never be expressed if you don't give the genes the encouragement they need to do their dirty work. The way you live can great influence the chances that an inherited tendency will become expressed as actual illness or premature death.

- Thus, someone with a hereditary predisposition to heart disease may live
- <25> out a full and healthy life despite of it, if that life is unmarred by cigarettes, overweight, lack of exercise, a diet high _____ fat and salt, and a "driven" approach to life's tasks.

- Similarly, someone prone _____ lung cancer will reduce his or her chances of developing this lethal disease by 75 percent _____ (unless /if /provided /as
- <30> long as) tobacco products are avoided. A person genetically susceptible to high blood pressure is not _____ (surely /inevitably /definitely /likely) to develop it if he or she maintains a low-sodium diet and a normal body weight. Periodic checkups of a woman predisposed to breast cancer may permit detection of the disease while it is still nearly 100 percent curable. Even a genetic tendency
- <35> toward depression might be countered by ego-enhancing activities.

We die as we live

- The "good life" as most Americans now live has become our way of death. The trappings and temptations of affluence are causing or contributing to three-
- <40> fourths of the nation's deaths each year. As mainstream America lives it, the good life is causing fat-crippled hearts, fragile bones, alcohol-saturated brains and livers, tobacco-clogged lungs, accident-mangled bodies, and flabby muscles that fatigue on one _____ (piece / loaf / flight) of stairs.

- Most of the increase _____ (on /in) life expectancy Americans have
- <45> enjoyed in the twentieth century has been due to fewer deaths in infancy, in childhood, and after childbirth—the result of improved sanitation, immuniza-

tions, and antibiotics. Among middle-aged Americans, however, men live only four years longer and women only seven years longer than do their middle-aged counterparts at the turn of the century. Too many of us today succumb to an excessive reliance _____ physicians and the "miracles" of modern medicine and an insufficient reliance upon ourselves to keep us health. <50>

We live in an era of heroic therapies: coronary care units, kidney and heart transplants, antibiotics and other potent drugs. The mass media bring these miracles into the homes of nearly every American. But they obscure the fact which most of medicine is only patch-up, not curative. Doctors may fix the broken plaster on ceiling, but not the chronic leak that caused it. The much-heralded coronary care units save only an extra 5 percent of coronary victims (more than half die even before they reach the hospital), and even if all cancer deaths were eliminated, it would add only two years _____ the average American life span. <55>

What you can do

What can make a difference in the length and quality of your life is you, if you take personal responsibility _____ the good health you were born with. This means that you: <60>

- **Avoid hazardous behaviours**, such as cigarettes, excess alcohol and calories, mind-altering drugs, unsafe driving and recreational practices, misuse of dangerous tools. <65>

- **Pursue health-enhancing activities**, such as regular exercises, a proper diet, and protective health measures such as immunizations and routine checkups. <70>

- **Get proper diagnosis and treatment**, when preventive measures fail or when un-avoidable illness strikes. This requires being well-informed, alert, questioning, and unintimidated by people with white coats and large black and silver necklaces in their pockets.

_____ (There /It) is every patient's right and obligation to participate _____ (in /on) his or her own care. The "activated" patient is _____ (more / less) likely to be treated in a patronizing manner or suffer an adverse drug reaction or be operated on unnecessarily. Sickness turns most of us into little children who want mommy (i. e. doctor) to make us well. If we are not armed _____ (advanced /ahead) of time with the tools for assuring quality care, we are not likely to be able to call them into play when they are really needed. <75>

Right now American medicine provides primarily "sickness care", not health care. Few doctors are paid to keep people health, and most are bored by the healthy patient. Even the routine checkup is designed to find something <80>

- <85> wrong and treat it, not to instill and reinforce preventive health-enhanced practices. But changes are now taking _____ (form / shape / place). A "wellness" movement is sweeping the land. The future of health care will be marked by a diminishing role of medical care providers (physicians and the institutions where they work) and an increasing role of the health care consumer—you.
- <90> This book is designed to help make you an informed consumer and active participant in your health care.

Reflection :

Health is so important that we almost talk of it everyday. But, in fact, not so many people really know what health means, how to keep healthy, especially for people in today's economic society. After finishing reading this text, we must bear in mind, health is everything: no health, no wealth, and no life.

Words , Phrases & Expressions

1. **unmarred** [ˈʌnˈmɑ:d] adj. not damaged or impaired 未损伤的, 未治疗的
2. **succumb (to)** [səˈkʌm] vi. fail to resist (pressure, temptation, or some other negative force); die from the effect of a disease or injury 屈服于; 死于
3. **aptly** [ˈæptli] adv. to be apt means to be appropriate or suitable in the circumstances 适当地
4. **heritage** [ˈherɪtɪdʒ] n. property that is or may be inherited; valued objects and qualities such as historic buildings, unspoilt countryside, and cultural traditions that have been passed down from previous generations 遗产; 继承物
5. **facial** [ˈfeɪʃəl] adj. of or for the face 面部的
6. **inherit** [ɪnˈherɪt] vt. receive (money, property, or a title) as an heir at the death of the previous holder; derive (a quality, characteristic, or predisposition genetically from one's parents or ancestors) 继承; 遗传
7. **premature** [ˈpreməˈtjuə] adj. occurring or done before the usual or

8. **hereditary** [hi'reditəri] adj. proper time; too early; or born before the end of the full term of gestation, especially three or more weeks before 早熟的; 早产
passed on from parent to child; from one generation to following generations 世袭的; 遗传的
9. **predisposition** [pri:dispə'ziʃən] n. a liability or tendency to suffer from a particular condition; or hold a particular attitude or act in a particular way. 易患某病之身心素质(身心的)倾向; 爱好; 癖性
10. **prone (to)** [prəʊn] adj. liable to sth, inclined to do sth 易于……的; 有……之倾向的.
11. **genetically** [dʒi'netikəli] adv. form for genetic 从遗传学来说, 遗传性地
12. **lethal** ['li:θəl] adj. causing death; harmful or destructive 致命的; 有害的
13. **susceptible** [sə'septəbl] adj. likely or liable to be influenced or harmed by a particular thing; easily influenced by feelings or emotions; sensitive 易感染的; 易受影响的;
14. **sodium** ['səʊdiəm] n. 钠
15. **periodic** [piəri'ɒdik] adj. occurring or appearing at regular intervals 周期的, 定期的
16. **predispose** [pri:di'spəʊz] vt. cause sb to be inclined or liable before the event 使先倾向于; 使先偏向于
17. **detection** [di'tekʃən] n. detecting or discovering 觉察; 发觉; 侦查; 探测
18. **depression** [di'preʃən] n. being depressed or low spirits; time when business is depressed 抑郁症; 沮丧; 不景气, 萧条
19. **affluence** ['æfluəns] n. wealth or abundance 富裕, 丰富
20. **cripple** ['kripl] vt. damage or weaken seriously 严重损坏
21. **clog** [klɒg] vt & vi. cause to be or become blocked with waste matter, dirt 阻碍, 阻塞; 妨碍
22. **saturate** ['sætʃəreit] vt. make sth thoroughly wet; soak with moisture; be unable to take any more 使浸泡; 饱和
23. **flabby** ['flæbi] adj. (of the muscles, flesh) soft; not firm