大学英语应用提高阶段专业英语系列教材

教师用书

新世纪医学英语教程

[社会医学]

New Century Medical English Course [Social Medicine]

梁正溜 主编

上海外语教育出版社

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前　言

根据国家教育部对大学生提出的全面要求，大学生在完成基础阶段英语学习之后应进入应用提高阶段结合各自专业的专业英语学习。为此，我们根据以往专业英语的教学实践和当前大学生掌握英语的实际能力，以及教育部颁发的《大学英语教学大纲》(修订本)对专业英语教学的具体要求，编写了这套《新世纪医学英语教程》。

作为医学专业英语教材，首先应当与医学教学的实际相结合。当前的医学发展，正面临崭新的前景。传统的医学模式作为医学的基础仍然占据着重要的地位，同时，医学又日益与心理学、社会学、伦理学等学科结合，呈现出前所未有的广度和深度。基于这一情况，本教程共分上下两册：上册以生物医学为主线，下册则以社会医学为主要题材。本书是《社会医学》分册的教师用书。

本书与学生用书的内容同步，分为 16 个单元。每个单元由语言点注释(The Language Points of the Text)、阅读理解答案(The Key to Comprehension Questions)、综合填空答案(The Key to Integration)、和听力理解答案(The Key to Listening Comprehension)及听力原文(The Tapescript)四部分组成。

编者从以下四个方面阐述怎样使用《社会医学》分册：

1. 课文与语言点的关系

大学专业英语学习阶段应强调阅读量，增加输入。在获得与专业有关知识的同时，提高语言技能应用水平。课文的选材反映了阅读量的必要性。语言点只是课文的一部分，切忌一味挖掘语言点，而抛弃文章内容，但也要避免只注重文章内容而忽视语言基础训练。

2. 课文处理与阅读理解的关系

课文处理应基于段落篇章，教师应避免单纯地逐句讲解课文，师生应双向互动，交流信息。理解和输出应水乳交融，互相作用，贯穿在课堂教学的全过程。与课文同步的各项阅读理解题为师生双向交际提供了思路，可用来对课文的段落篇章进行深层次的处理。

3. 课文总量与上课时间的关系

在不可能增加上课时数的情况下，要求提高阅读量往往是一个矛盾，但提高课堂效果和强调课外预习和复习的必要性应该是解决该矛盾的一个重要途径。教师要把学生看作学习过程中的能动主体，不要错误地假设学生需要教师解释一切，而应着眼于段落的整体

处理,以此来提高课堂教学效果。当然,要做到这一点,首先应培养学生预习和复习的良好学习习惯。

4. 练习与答案的关系

练习在很大程度上强调输出,这必然提高了练习的难度,需要教师予以启发引导,在师生双向交流中找答案。《教师用书》所提供的答案仅作参考。主观题(SCQs, Integration)往往有不止一个可接受的答案。鼓励学生输出,就要给他们表达的空间,自然会出现不同答案,只有在讨论中得到确认或否认。

编者

2000 年 7 月

CONTENTS

UNIT ONE

On the Origin of Darwin's Ills

The Language Points of the Text

1. While the debate may never be solved, two medical researchers from the University of Iowa believe they've come up with **the best** diagnosis **yet** of Darwin's condition.

   Used with the superlative degree, the adverb **yet** means *so far; up to that moment*. It is placed after the noun modified.
   e.g.
   This is **the most** lethal of all poisons **yet** identified.

2. The great naturalist, they say, **may have suffered** from panic disorder.

   The verbal structure **may have** + **DONE** is used to express probability in the past.
   e.g.
   Mr. Barloon wasn't on the plane. He **may have taken** the train.

3. **Whatever** its cause, the disease clearly changed Darwin.

   Whatever is interchangeable with **no matter what**. The whatever-clause can be used without its predicate.
   e.g.
   Whatever the cause of obesity, the essential feature of the treatment is to reduce the amount of food eaten.

4. Darwin himself recognized **as much**.

The phrase **as much** refers to the same thing or point in the context.
e.g.
I found him very lazy and told him **as much**.

5. **Had it not been for** this illness, his theory of evolution might not have become the all-consuming passion that produced *On the Origin of Species*.

The phrase **had it not been for** is interchangeable with **if it had not been for**, meaning *without*. The main clause is usually presented in negative form.
e.g.
Had it not been for her intensive care, the patient would not have recovered so quickly.

The Key to Comprehension Questions

1) c
2) d
3) a textbook case of panic disorder
4) the whole consideration of his symptoms
5) Onset
6) F
7) T
8) d
9) c
10) T
11) F
12) T
13) refutable
14) a carriage with the windows covered
15) Chagas' disease
16) Degeneration
17) a
18) d
19) d
20) keep his focus on his work / concentrate hard on his theories
21) the all-consuming passion that produced *On the Origin of Species*

The Key to Integration

1) presented
2) the (very) same thesis
3) whereas
4) wide
5) have argued
6) merely / only
7) argument
8) collecting
9) had been so accepted
10) ... he might have reasonably felt ... had prepared ...
11) presentation
12) Far from
13) In contrast
14) even to find

The Key to Listening Comprehension & the Tapescript

1) c
2) a
3) a
4) a
5) d

In many doctors' offices, you will see a framed document on the wall called the Hippocratic Oath. This is an oath taken by doctors when they graduate from medical school. What is this oath and who was Hippocrates?

Before the age of scientific medicine, which we have today, man had a form of medicine that depended on magicians and witch doctors. Then, in ancient Egypt and India, a more sensible form of medicine developed. The ancient Egyptians, for example, were good observers. They had medical schools, and practiced surgery. But the treatment of disease was still a part of the Egyptian religion, with prayers, charms, and sacrifices as a part of the treatment.

Scientific medicine had its beginning in Greece when a group of men who were not priests became physicians. The most famous of these, Hippocrates, who lived about 400 B.C., is called "the father of medicine."

His approach to medicine was scientific. He put aside all superstition, magic, and charms. He and his pupils made careful records of their cases. Some of their observations are considered to be true even today: Weariness without cause indicates disease. When sleep puts an end to delirium, it is a good sign. If pain is felt in any part of the body, and no cause can be found, there is mental disorder.

Hippocrates also had strong ideas about what a doctor should be and how he should

behave. This is incorporated in his Hippocratic Oath, which among many others contains such ideas as the following:

"I will follow that system of regimen which according to my ability and judgment I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel ... Whatever, in connection with my professional practice or not in connection with it, I see or hear in the life of men which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret."

Question Number 1

When do doctors take the Hippocratic Oath?

Question Number 2

How did the ancient Egyptians treat disease?

Question Number 3

Who was Hippocrates?

Question Number 4

How do we know that the Hippocratic approach was scientific?

Question Number 5

What does a doctor swear when he takes the Hippocratic Oath?

UNIT TWO

On Being Human

The Language Points of the Text

1. As we pummel through the course of our daily routine, **there is no guarantee** that some unforeseeable event will not upset the balance of life.

   The phrase **there is no guarantee** introduces a that-clause to form a sentence pattern.
   e.g.
   Even if a food is known to contain a nutrient, **there is no guarantee** that we can get the nutrient simply by eating the food.

2. I, a doctoral candidate, happily ensconced in the mechanism of higher education, felt assured and secured **given** my professional direction.

   The word **given** is a preposition, whose meaning is *if one takes into account*.
   e.g.
   Given the availability of powder-free alternatives, there is no justification for the continued use of powdered gloves.

3. Teaching and learning were **second nature** to me.

   The phrase **second nature** refers to *a very firmly fixed habit*.
   e.g.
   Custom is **second nature**.

4. Ironically, fate had precariously issued me a choice that imposed no options **whatsoever**.

The adjective **whatsoever** is interchangeable with **whatever**. Used after the noun it modifies with *any* or with *a negative*, **whatsoever** means *of any kind of all*.

e.g.

Is there any chance **whatsoever**?

5. **For** clearly I was now taking on a new role — I became a patient.

The word **for** is used as a conjunction, which means *for the reason that; on this ground; because*.

e.g.

1) Perceiving goes on in our minds. Of the three people who look out the window, one may say that he sees a policemen giving a motorist a ticket. Another may say that he sees a rush hour traffic jam at the intersection. The third may tell you that he sees a woman trying to cross the street with four children in tow. **For** perception is the minds' interpretation of what the senses — in this case our eyes — tell us.
2) Life is tough; **for** no one is free of pain.

6. I quickly became aware of what fostered my sense of stability in an **otherwise** unstable circumstance.

The word **otherwise** is an adverb, which means *in different circumstances; in other aspects*.

e.g.

He is an **otherwise** intelligent man.

7. I applaud a hospital trustee, who **upon** seeing me walk for the first time after surgery, congratulated me with a hug.

The preposition **upon** is used to indicate *an instant action*, or *occurrence when some-*

thing begins, or *is done*.

e.g.

Upon arriving home, I found your letter.

Upon arriving at the hospital, she took on a new role — she became a patient.

The Key to Comprehension Questions

1) d
2) c
3) on the cherished road to tenure
4) the balance of her life
5) she arrived at the nearest hospital
6) F
7) T
8) to survive
9) her role
10) a
11) a
12) F
13) T
14) T
15) F
16) d
17) d
18) did for her in the hospital
19) gratitude

The Key to Integration

1) Make sure
2) you
3) happy
4) This is
5) words
6) for him to realize
7) question
8) second most important
9) scouring
10) missed
11) really / even
12) vigilance
13) get you
14) separates ... from

The Key to Listening Comprehension & the Tapescript

1) T
2) F
3) T
4) F
5) F
6) T
7) T
8) F

In spite of the bleak New England winter outside, it is spring for Mr. Burton. Home today, at long last. "Are you sure I'm ready to go home?" he asks. In this age of managed care, my patients fear that their discharge date is being determined not by their rehabilitation progress, but by their insurer. And sometimes, to my chagrin, they are right. But today, I reassure him, he is going home because he is ready to live independently again, not because of any less noble reason. He accepts this, then reviews his postdischarge plans with me again. As we review these plans, I see a mix of joy and anxiety in his face. One part of him is shouting, "I made it! I can walk again, I can take care of myself!" while another part of him is whispering, "Will I make it? What if I never get better? What if I have another stroke?" Sensing his anxiety, I reinforce my message: "You've done great with your rehab, and you're going to continue to do great at home." I remind him of the support of his family, and of the home services we have arranged for him. My therapist and nursing colleagues cheer him on. Finally, the handshake of closure, still my right to his left, but his grip is now firmer and more confident. We part with mixed feelings, a team broken apart by a happy event.

I knew when I met Mr. Burton that he would very unlikely recover significant use of his arm. Trained in the era of patient autonomy, I once felt I should share all available information I could provide about prognosis as early as possible. Arguably, unfavorable news regarding arm recovery would be tempered by favorable predictions of a return to walking and living independently. While this portrait of recovery might match my definition of a good outcome, my patients were inevitably hoping for much more — a return to the life they lived before their stroke. When good news is delivered with bad news, the good news often is submerged beneath the bad. It quickly became apparent to me that most of my patients were not ready for the cold hard facts the minute they arrived at the rehabilitation hospital. They needed time to come to terms with the reality of their disabilities, while simultaneously regaining lost function. This is a process that shouldn't be rushed.

Patients with severe illnesses are looking for a mix of hope and reality, and providing either one alone is a disservice. Hope is a fragile commodity, easily crushed by careless provision of the "facts." There is a fine line between paternalistic withholding of the truth and leaving some imprecision regarding prognosis in order to maintain hope. In our zeal for patient autonomy, we should not forget the importance of nurturing that hope.