

● XIANDAI YIHU YINGYU

现代医护英语

第二册

主编 郝军 彭丽 副主编 范华泉 张绍全 郑常平

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第二册

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前 言

《现代医护英语》第二册在第一册的基础上编写,注重学习语言技能与医学知识并重,选材力求广泛,内容力求新颖,尽量采用原文,以给学习者提供客观、真实的语言素材。

本教材为医学专业编写,重在让学员迅速而直接地进入关于医学知识方面的英文学习,尽早地让学员的英语学习与专业学习联系起来,使他们的英语学习更具有针对性与实用性。在编写过程中,首先遇到的问题是怎样界定基础英语与专业英语,怎样把握英语与医学相关知识的结合点。选材侧重专业知识,文章可能会偏难且过于专业化,并不适合正在进行基础医学学习的医科专业学生;选择难易度适合的文章,其专业知识的份量又显得不足,难免落入科普读物的俗套。我们不得不在内容与难度之间作出割舍。在编写过程中内容尽量体现新进展,新技术,新问题,不仅注意课文的可读性及趣味性,而且突出课文的知识性和先进性,力求内容真实,题材新颖。面对如此浩瀚的医学知识,对编写者来说也是一个挑战,这里我们要感谢那些为我们提供帮助的医学专家们(尽管他们并未在本书中署名)。从培养目标来看,外语学习必须服务于日后所从事的专业,语言必须成为专业工作的有用工具,让学员尽早进入专业英语学习是十分必要的。

在练习上的编配上,除了对课文内容进行扼要的注解和相应的练习之外,还针对第一册中所学习过的语法知识,编写了巩固性的练习。辅助阅读材料作为课文内容的补充和延伸,有些篇章有一定难度,旨在增加整个教材的信息含量,且在内容上与主课文相关,这也是该书的特点之一,目的是让学员在学习运用英语的过程中,获得更多的医学知识。使用者可根据自己的情况灵活取舍,我们认为具有挑战性的学习内容对学员来讲不无好处。

在医学院校中开展专业英语学习,是我们积极探索的课题,这本教材也算是一次尝试吧!书中难免有不足或缺陷,真诚欢迎批评指正。

本教材由中国人民解放军第三军医大学、重庆电大、重庆医科大学联合编写,并得到第三军医大学新桥医院中医科陈勇鹏医师、第三军医大学同位素医学教研室老师们的大力支持,在此一并向他们表示谢意。

编 者

1999年5月于重庆高滩岩

Contents

Lesson One	Morning Reports	(1)
	补充读物: The Taking of a Medical History	
Lesson Two	Surgeons of the Future Will Be Robots Injected into Your Body ...	(10)
	补充读物: Genetic Engineering	
Lesson Three	Medical Treatment	(17)
	补充读物: Child Health	
Lesson Four	Choosing a Health Adviser	(25)
	补充读物: School-based Health Clinics	
Lesson Five	The Fight Against Wound Infections	(33)
	补充读物: Drugs Institute Gives Grant for Cocaine Vaccine	
	阅读技巧(一): 抓主旨大意	
Lesson Six	Diagnostic Methods in TCM	(42)
	补充读物: Acupuncture	
Lesson Seven	Unblocking Arteries; Sounds Good	(50)
	补充读物: Coronary Heart Disease	
	阅读技巧(二): 理解重要的事实和细节	
Lesson Eight	Modern Patterns of Medical Education	(59)
	补充读物: Clinical Medicine as a Discipline without Boundaries	
Lesson Nine	A Historic Review of Breast Cancer	(67)
	补充读物: Environmental Risk Factors and Female Breast Cancer	
	阅读技巧(三): 根据上下文猜测词义	
Lesson Ten	Care for the Dying	(77)
	补充读物: Infertility	
Lesson Eleven	Aromatherapy for Stress Release	(86)
	补充读物: Vegetarianism	
	阅读技巧(四): 推理和判断	
Lesson Twelve	Uncontrolled Cell Growth	(96)
	补充读物: Can Aspirin Prevent Cancer?	
Lesson Thirteen	AIDS	(105)
	补充读物: Gene Therapy for AIDS	
	阅读技巧(五): 得出正确结论	
Lesson Fourteen	The Dangers of Self-dosing	(115)
	补充读物: The Challenge of Antibiotic Resistance	
Lesson Fifteen	The Health-food Scene; Miracles or Rip-offs?	(123)

补充读物:Food and Drug Interactions

阅读技巧(六):使用信号词

Lesson Sixteen Mind (136)

补充读物:Child and Adolescent Development

Lesson Seventeen Nuclear Medicine for Diagnosis and Treatment (146)

补充读物:After Brain Death

Lesson Eighteen Reconsidering the Definition and Criteria of Death (154)

补充读物:Human Cloning Requires a Moratorium, Not a Ban

Glossary (总词汇表) (163)

练习答案..... (179)

参考译文..... (189)

Lesson One

Spoken English:

1. Now let me take your blood pressure.
2. Go for urine and blood tests, please.
3. You must have penicillin injections, rest in bed and drink plenty of water.
4. Your gastrointestinal tract has to be examined by X-ray.
5. The heart is slightly enlarged. The lungs and abdomen appear normal.

Text

Morning Reports

I was on call last night. There were 4 cases I would like to report as follows:

Case 1: Female medical ward, Bed 22, Bertha Austin, a fifteen-year-old, felt a headache and became suddenly unconscious for 3 hours. She vomited once at the onset of the disease. The patient was healthy before the attack and had not had the same disease in her past history.

O/E The patient looked poor. She was in deep unconsciousness. When her supraorbital nerve being pressed she was without any response. T. P. R. and B. P. were all normal. Both pupils were symmetric but small without light reflex. No stiffness of the neck. Heart and lungs were normal. Abdomen soft. Liver and spleen not felt. Nerve reflex could not be elicited. Blood film for M. P. was positive. The diagnosis on admission was cerebral malaria. The patient was treated with chloroquine, hydrocortisone, chloromycetin, coramin, and oxygen inhalation. In spite of the above mentioned treatments the condition of the patient didn't improve and she died at half past one a. m.

Case 2: Cot Ward, Ward 2, Bed 1, Alice Cowper, a 7-month-old female baby has run a high fever of 104° F. with coughing and convulsions since March 25th. On examination, the patient was semicomatose with moderate dehydration. No neck stiffness. Heart rate was speedy (160/min) but the rhythm was regular. Fine moist rales could be heard all over the lungs. The tentative diagnosis is cerebral malaria complicated with bronchopneumonia. She has so far been treated with critical measures without any evidence of improvement. (The patient so far is responding well to the treatment. The temperature has gone down and she has become conscious.)

Case 3: Female Medical Ward, Room 4, Bed 8, Nedra Robeson, a 16-year-old female patient, admitted on June 25th because of sore throat and difficulty in swallowing of 4 days' duration. Whenever she drank or ate anything, coughing was inevitably induced and part of

the food eaten was recovered from the nose sometimes with blood.

O/E She looked poor, weak and thin, and slightly dehydrated, conscious but anxious. No neck stiffness. Motion of the soft palate was lost and there was paralysis in the pharyngeal region. Heart and lungs N. A. D.. Abdomen was soft. Liver and spleen not felt. White blood count was within normal limits, but M. P. in blood smear was positive. The provisional diagnosis were: 1). Bulbar paralysis; 2). Cerebral malaria. Antimalarial and symptomatic treatment were started but without response. The patient's condition became progressively worse. Aspiration pneumonia developed and yesterday afternoon she suddenly had a cardiac arrest. Resuscitating measures including external cardiac massage, tracheal toilet, and injection of cardiac and cerebral stimulants were carried out at once. The patient came to herself in several minutes. But owing to the refractory condition the patient eventually died in the evening at seven.

Case 4: Being unable to pass urine, with distention and pain in the lower abdomen since yesterday morning, the patient was admitted to the Male Surgical Ward, Ward 1, Bed 6 yesterday morning. On examination, a round bulging mass above the pubic symphysis extending to the umbilicus, which was tender to touch and the enlarged prostate with second degree quality and disappearance of central groove was disclosed by digital examination of the rectum. The remainder of the physical findings was unremarkable. Acute retention of urine due to hypertrophy of the prostate was diagnosed. Urethral catheterization failed. The condition was relieved after S. P. C. done under local anesthesia.

That's all for last night's report.

New Words and Expressions

1. unconscious [ˌʌn'kɒnʃəs] *a.* 失去知觉的
2. vomit ['vɒmɪt] *v.* 呕吐
3. supraorbital [ˌsjuːprə'ɔːbɪtl] *a.* 眶上的
4. pupil ['pjʊːpl] *n.* 瞳孔
5. symmetric [sɪ'metrik] *a.* 对称的; 均称的
6. stiffness ['stɪfnɪs] *n.* 僵硬
7. spleen [spliːn] *n.* 脾
8. abdomen ['æbdəmen] *n.* 腹, 腹部
9. elicit [ɪ'lɪsɪt] *vt.* 引出, 诱出
10. positive ['pɒzɪtɪv] *a.* 阳性的
11. cerebral ['serəbrəl] *a.* 脑的; 大脑的
12. malaria [mə'leəriə] *n.* 疟疾
13. chloroquine ['klɔːrəʊkwɪːn] *n.* 氯喹
14. hydrocortisone [haɪdrəʊ'kɔːtɪzən] *n.* 氢化可的松
15. chloromycin [klɔːrəʊmaɪ'sɪtɪn] *n.* 氯霉素
16. coramin ['kɒrəmiːn] *n.* 可拉明(中枢神经系的刺激剂)
17. inhalation [ɪnhə'leɪʃən] *n.* 吸入; 吸入剂

18. cot [kɒt] *n.* 儿童病床
19. convulsion [kən'vʌljən] *n.* 惊厥, 全身痉挛
20. semicomatose [semi'kəumətəs] *a.* 半昏迷
21. dehydration [di:hai'dreiʃən] *n.* 脱水
22. moist [moist] *a.* 湿的
23. rale [rɑ:l] *n.* 水泡音, 罗音 moist rales 湿罗音
24. tentative ['tentətiv] *a.* 暂时的
25. complicate ['kɒmplikeit] *vt.* 复杂化, 使……错综
26. bronchopneumonia [brɒnkəunju:'mæunjə] *n.* 支气管肺炎
27. critical ['kritikəl] *a.* 危急的
28. duration [dju'reiʃən] *n.* 持续时间
29. inevitably [in'evitəbli] *ad.* 不可避免的, 必然发生的, 无法规避的
30. induce [in'dju:s] *vt.* 引起, 导致
31. palate ['pælit] *n.* 腭, 味觉
32. paralysis [pə'ræləsis] *n.* 麻痹, 瘫痪
33. pharyngeal ['færin'dʒi:əl] *a.* 咽的
34. smear [smiə] *n.* 塗片
35. provisional [prə'vizən] *a.* 临时的, 暂时的
36. bulbar ['bʌlbə] *a.* 球的; 球状的; 延髓的; 与延髓有关的 bulbar paralysis 延髓麻痹
37. symptomatic [sɪmptə'mætik] *a.* 有症状的, 根据症状的
38. progressive [prəu'gresiv] *a.* 进行性的
39. aspiration [æspə'reiʃən] *n.* 抽吸, 抽吸法; 吸入
40. cardiac ['kɑ:diæk] *a.* 心脏的
41. tracheal ['treikiəl] *a.* 气管的
42. toilet ['tɔilit] *n.* (手术前后的) 洗涤
43. stimulant ['stimjulənt] *n.* 兴奋药, 刺激药
44. resuscitate [ri'sʌsiteit] *vt.* (使) 苏醒, 复活; 恢复精力
45. refractory [ri'fræktəri] *a.* 难医的; 难治疗的; 不起反应的; 能抵抗疾病的
46. pubic ['pu:bik] *a.* 阴阜的; 耻骨的
47. distention [dis'tenʃən] *n.* 扩张, 膨胀
48. bulge [bʌldʒ] *vi.* 膨胀, 肿胀
49. symphysis ['sɪmfəsis] *a.* (骨的) 联合(线)
50. umbilicus [ʌm'bilikəs] *n.* 脐
51. prostate ['prɒsteit] *a.* 前列腺的
52. groove [gru:v] *n.* (器官, 骨的) 沟
53. digital ['didʒitəl] *a.* 数字的; 手指的
54. rectum ['rektəm] *n.* 直肠
55. acute [ə'kju:t] *a.* 急性的
56. retention [ri'tenʃən] *n.* 保留, 保持, 滞留

57. hypertrophy [hai'pə:trəfi] *n.* 肥大, 过度增大
 58. urethral [juə'riθrəl] *a.* 尿道的
 59. catheterization [kæθitərai'zeifən] *n.* 导管插入

1. at the onset of 在开始时, 在起病时
 2. be in deep unconsciousness 处于深度昏迷
 3. in spite of 尽管
 4. run a high fever 发高烧
 5. go down 下降, 减低; 下去
 6. have a cardiac arrest 心脏病发作; 心脏骤停
 7. come to oneself 恢复知觉

Notes to the text:

1. supraorbital nerve 眶上神经
 2. T. P. R. (temperature, pulse, respiration) 体温、脉搏、呼吸
 3. B. P. (blood pressure) 血压
 4. blood film 血(液)片
 5. cerebral malaria 脑型疟疾
 6. N. A. D (no appreciable disease; 无明显疾病; no abnormality detected: 无异常发现)
 7. white blood count 白细胞计数
 8. within normal limits 正常范围
 9. M. P. (malarial parasite) 疟原虫
 10. aspiration pneumonia 吸入性肺炎
 11. tracheal toilet 气管清洗
 12. pass urine 排尿
 13. S. P. C (suprapubic cystostomy) 耻骨上膀胱造瘘
 14. The patient so far is responding well to the treatment. The temperature has gone down and she has become conscious. 目前病人对治疗反应良好。体温已下降并恢复了知觉。respond to 对……有反应。
 e. g. By irritability we mean the ability of a living thing to respond to stimuli. 所谓刺激性是指有生物答应刺激的能力。
 The illness quickly responded to proper treatment. 疾病经适当治疗后很快好转了。
 15. Case 3: Female Medical Ward, Room 4, Bed 8, Nedra Robeson, a 16-year-old female patient, admitted on June 25th because of sore throat and difficulty in swallowing of 4 days' duration. 病例3: 女病房, 4室, 8床。南达·罗宾逊, 16岁。6月25日因喉痛, 持续4天吞咽困难而入院。
 admitted on June 25th because of sore throat and difficulty in swallowing of 4 days' duration 是过去分词短语, 修饰 patient。
 because of 是介词短语, 后接名词作宾语。
 difficult in 哪方面有困难

- e. g. The old man has difficulty in urination. 那位老人排尿有困难。
16. White blood count was within normal limits, but M. P. in blood smear was positive. 白细胞计数在正常范围内,血片见到疟原虫。
within normal limits 在正常范围内
e. g. His heart rate is within normal limits. 他的心率正常。
positive 阳性的,与之相对的词是 negative 阴性的
17. Aspiration pneumonia developed and yesterday afternoon she suddenly had a cardiac arrest. 发生吸入性肺炎,昨日下午,突发心脏骤停。
develop(逐步)显现出来,产生
e. g. She developed the symptoms of consumption. 她逐渐出现肺病症状。
18. Resuscitating measures including external cardiac massage, tracheal toilet, and injection of cardiac and cerebral stimulants were carried out at once. 立即给予胸外心脏按摩,气管清理,注射心脑血管兴奋剂等复苏措施。
句中 including external cardiac massage, tracheal toilet, and injection of cardiac and cerebral stimulants 为现在分词短语作定语,修饰 measures。
carry out 进行
e. g. As soon as the seriously wounded person was sent to the hospital, the critical treatments were carried out at once. 重伤患者一被送到医院,就立即进行了紧急治疗。
19. On examination, a round bulging mass above the pubic symphysis extending to the umbilicus, which was tender to touch and the enlarged prostate with second degree quality and disappearance of central groove was disclosed by digital examination of the rectum. 检查发现,在耻骨联合上方有一圆形隆起的肿块延伸至脐部,扪之疼痛。直肠指检发现前列腺肥大,质地 II 度,中央沟消失。
句中介词 on 引导时间状语,extending to the umbilicus 是现在分词短语作定语,修饰 mass。句中 which 引导的非限制性定语从句修饰 mass。
on 在……时候;在……后立即
e. g. On arriving there, we all set to enthusiastically. 我们一到那里就马上干劲十足地干起来。

On analysis about the symptoms, the case was diagnosed as acute retention of urine due to hypertrophy of prostate. 经症状分析,诊断为前列腺肥大所致急性尿潴留。

Exercises

I. Answer the following questions according to the text:

1. What's the text about?
2. What does a morning report include?
3. How many cases involved in this report?
4. Why is Bertha Austin's blood film positive?
5. What treatments did the nurse carry out for Bertha Austin? What was the result?

6. What disease did Alice Cowper suffer from according to the tentative diagnosis?
7. What observations did the nurse report about Nedra Robeson?
8. Which patient had bulbar paralysis?
9. Does any of the patients have difficulty in urinating? Who?
10. Did the nurse use local anesthesia during S. P. C. for one of the patients? How did the patient respond to it?

II. Choose the best answer according to the text.

1. Bertha Austin was healthy before the attack and _____ once at the beginning of the disease.
 - A. vomited
 - B. had a stomach
 - C. cried
 - D. had a stiff neck
2. On examination, Bertha Austin's _____ are all normal.
 - A. heart and lungs
 - B. T. P. R.
 - C. blood pressure
 - D. all of the above
3. A female baby, Alice Cowper has _____.
 - A. dry rales all over the lungs
 - B. had a high temperature
 - C. no response to the treatment
 - D. stiff neck
4. The tentative diagnoses about Nedra Robeson was _____.
 - A. malignant tumor
 - B. cerebral malaria
 - C. bulbar paralysis
 - D. both B and C
5. Due to the refractory condition Nedra Robeson _____ in the evening at seven.
 - A. came to herself
 - B. was in deep unconsciousness
 - C. died
 - D. suddenly had a cardiac arrest
6. Which of the following statements is false?
 - A. When pressing on Bertha Austin's supraorbital nerve she didn't respond to it.
 - B. Alice Cowper is responding well to the treatment.
 - C. Nedra Robeson's blood smear was negative for M. P.
 - D. The patient admitted to the Male Surgical Ward, Ward 1, Bed 6 had the difficulty in urination.

III. Fill in the blanks with the words and expressions given below and change the forms where necessary:

at the onset of	respond	moist	limit	relieve	pass urine
owing to	go down	within normal limits	come to oneself		

1. The air is always _____ in that area during summer.
2. Her illness _____ her to bed.
3. The doctor prescribed some pills to _____ the pains in the wound.
4. The patient _____ well to this kind of new drug.
5. Due to hypertrophy of the prostate he has pains in _____.
6. _____ the refractory condition the patient eventually died in the evening.

7. After treatment his fever _____ and he showed the evidence of improvement.
8. On examination her white blood count was _____.
9. After resuscitating measures were carried out at once, John Peter _____ in several minutes.
10. The old patient coughed heavily and had a sore throat _____ the disease.

IV. Rewrite each of the following sentences as shown in the Models:

Model: She did not know what she should do.

She did not know what to do.

Model: She told them when they could get off the bus.

She told them when to get off the bus.

1. The question is where the party should be held.
2. I am wondering whether I ought to tell the patient or not.
3. I really don't know which I should use.
4. I asked the teacher how I should use the dictionary.
5. I don't know which dictionary I should refer to.
6. Please tell me where I ought to put all these things.
7. The teacher told us how we should use a microscope properly.
8. The guide showed us how we should go to the Great Wall.
9. Let me know when we must get up.
10. The doctor told the patient when he ought to take the medicine.

V. Word formation (prefix):

ab- away from (especially from the median)

ad- toward (especially toward the median)

de- down from

pro- in front of; forward

Now guess the meaning of each of the following words:

1. abductor _____
2. adductor _____
3. deficiency _____
4. propel _____
5. propose _____

VI. Translate the following sentences into Chinese:

1. Is the patient sensitive to bright light?
2. Do both sides of the patient's chest rise and fall with respiration?
3. The nurse gives a prompt, thorough and accurate report at the end of the shift to nursing personnel of the oncoming shift.
4. By touching the patient you can collect information about skin temperature, feel if the skin is moist or dry and take the patient's pulse.
5. The basic observations you need to make include where the pain located, what the dura-

tion of the pain is and whether the skin is cool, warm or hot.

VII. Translate the following sentences into English:

1. 暂时诊断为前列腺肥大。
2. 病人面容憔悴,有轻微脱水,神智清醒但焦急不安。
3. 病人的情况逐渐恶化,已发展成了吸入性肺炎。
4. 经过体外心脏按摩,病人几分钟后恢复了知觉。
5. 由于不能排尿,并伴有下腹胀痛,她于昨天下午住进了女外科病房,2病室,5床。

Reading Material

The Taking of a Medical History

The taking of a competent medical history is a skill which requires, in addition to a broad knowledge of medicine, an awareness of the interactions occurring in an interview situation. When the patient first presents, he is often tense and anxious. He may be concerned that his symptoms reflect a serious underlying disorder. However, this anxiety may be due to his previous experiences with doctors, or he has a pre-conceived idea, perhaps based on rumor that the doctor may be unsympathetic. Consequently, to relieve this anxiety, the patient needs to be put at ease; this requires time. In addition to the empathic approach of the doctor, the setting in which the interview is conducted is important. Privacy, the way in which the room is furnished and the fact that the interview is conducted in a non-threatening manner facilitate the taking of the history. The doctor who attempts to hurry his patient and not allow him adequate time to give a full account of his story is unlikely to achieve the necessary rapport.

When the patient is at ease the history-taking may be initiated by the doctor asking "Tell me about yourself" or "What are our problems?" and "Tell me about them". If the patient has difficulty in dating the onset of his symptoms then this may be determined by asking the question "When were you last in good health?" The patient may not necessarily recount his symptoms in the order in which they occur. The emphasis is placed on the symptoms which are of most concern to the patient. Only when the full history has been obtained can it then be organized in a sequential fashion suitable for recording.

The manner in which the interview is conducted is set in the first few minutes. Should the interview begin with direct questions being asked requiring yes/no answer, then it will be extremely difficult to get the patient to speak spontaneously later in the interview or indeed at subsequent interview. The patient has expectations of what he will be told and as he is usually anxious to please the doctor, he will be sensitive to both conscious and unconscious cues given by the doctor. In fact, when leading questions are asked the answers may reflect what the patient thinks the doctor wants to hear, rather than the true facts. This is especially so when there is judgemental connotation in the words used—for example "Do you drink heavily?" The patient's answer to this question will almost certainly be "No". However if

the question is phrased in a different way, for example, "Tell me how much alcohol you drink" the answer is much more likely to be closer to the truth.

The patient should be encouraged to relate his history in his own words without the interviewer appearing to direct or disrupt the continuity of the history. Some patients will of course need more direction than others in relating their story. The amount of direct questioning needed with individual patients will come with experience and initially it is better to err on the side of less direction.

It may be impossible for reasons such as the physical ill-health of the patient to obtain a comprehensive history at the first interview, and subsequent interviews are required. It should also be realized that history-taking is an on-going process and the doctor must be prepared to re-assess the diagnosis and treatment at any time as new information is obtained.

Early in the interview it will be apparent that there are one or more symptoms which are of particular importance and later these must be analyzed in detail. This will require tracing the occurrence of the individual symptom by establishing the mode of onset—whether insidious or sudden; whether the symptom is steadily worsening, intermittent improving or changing in character, and whether there are any known exacerbating or relieving factors. It should also be noted what effect this symptom has on the patient's mental, physical, and wellbeing, and what relationship it has to any other symptoms. The patient's interpretation of his symptoms may be determined by asking a question such as "What do you think is wrong with you?" This may be very revealing as the answer will be influenced by what he has been told by her medical personnel, his own experience of personal illness, and the illnesses of relatives and friends, intermingled with folk-lore, myths and superstition. Thus, a significant component of his symptoms may be relieved by simple reassurance.

Notes:

1. the taking of a medical history 采取病史
2. interactions 相互影响
3. a serious underlying disorder 一系列潜在的重病
4. at ease 不拘束; 放松
5. empathic approach 感情投入方式
6. give full account of 详细叙述
7. in a sequential fashion 按顺序
8. spontaneously 自动的
9. connotation 涵义
10. relate 叙述
11. insidious 不知不觉加剧的
12. intermittent 间隙性的
13. interpretation 解释
14. intermingled with folklore, myths and superstition 与民间传说、神话和迷信活动相混合

Lesson Two

Spoken English:

1. You'd better go for fluoroscopy of your chest.
2. Come back tomorrow morning for fasting blood sugar.
3. Should I be admitted to the hospital?
4. You'd better go to the X-ray department to make sure if there is a fracture.
5. Tell me where you feel painful as I press hard.

Text

Surgeons of the Future Will Be Robots Injected into Your Body

Tiny crew members inside a microscopic submarine are injected into your bloodstream for an incredible mission that will take them deep inside your body to perform delicate surgery!

It sounds like the science fiction plot for the 1966 movie "Fantastic Voyage", but this amazing scenario is close to becoming science fact—Japanese researchers are designing "micro-robots" that will battle illnesses from inside human organs.

"The microrobots are almost like shrunken men, zipping around through the veins to destroy cancer or repair damaged tissue," explained Kenzo Inagaki, a deputy director of Japan's Ministry of International Trade and Industry—which is putting up a staggering \$170 million for the project.

The ground-breaking undertaking will begin in April. "It will give doctors the ability to fight diseases in areas of the human body that were previously unreachable except by surgery", says Hiroyuki Fujita, a spokesman for the fantastic project that will involve six universities and giant companies like Toyota, Hitachi, Nikon and Toshiba.

Researchers estimate it will take 10 years to carry out the plan, but they say that when it's completed it will dramatically change medicine as we know it! One robot they are planning is a "Smart pill"—a submarine-shaped capsule you swallow that can be guided to a diseased area inside your body.

"It will be about two-fifths of an inch in diameter, and enclose a tiny robot," said Fujita.

"In fact, the 'submarine' would be an incredibly tiny lab able to analyze conditions within the body."

Once it enters the stomach, the robot could be steered either by an external remote control or by a built-in guidance system.

When it reached a diseased area, the robot would be able to diagnose a condition close up and treat it with just the right amount of medication.

"Once it has served its purpose, the pill will harmlessly exit the body through the waste system," he said.

A second robotic device is a "micro-intelligent catheter" about one-fifth of an inch in diameter.

The catheter, a tube with a camera and a laser on the end, could be threaded into the gallbladder and pancreas.

"Its tiny size will eliminate much of the pain and discomfort experience by today's patients when much larger catheters are used," he said. "The probe will send doctors an accurate picture of what is happening inside without surgery."

And its laser tip will enable physicians to operate internally.

"Doctors will be able to use it to cut away cancerous growth, destroy blood clots or to repair breaks in the tissue," said Fujita.

Ironically, these trend-setting medical developments planned by the Japanese come from research started years ago in Bell Labs and the Massachusetts Institute of Technology in the U. S. but these effects faltered because of a lack of funding.

New Words and Expressions

1. tiny ['taini] *a.* 极小的
2. microscopic [maikrə'skɒpɪk] *a.* ①显微镜的, ②显微镜可看的
3. submarine ['sʌbməri:n] *n.* 潜艇
4. incredible [in'kredəbl] *a.* 不可思议的; 惊人的; 不可相信的
5. delicate ['delɪkət] *a.* 优美的; 精巧的
6. fiction ['fɪkʃən] *n.* 小说; 虚构的文学作品
7. scenario [si'nɑ:riəu] *n.* 电影剧本
8. shrunken ['ʃrʌŋkən] *a.* 干瘪的; 缩小的
9. zip [zip] *vi.* 突进; 直冲
10. staggering ['stægəriŋ] *a.* 数目大得令人吃惊的
11. project ['prɒdʒekt] *n.* 工程, 项目
12. previously ['prɪviəsli] *ad.* 在前, 在以前, 预先
13. fantastic [fæn'tæstɪk] *a.* 古怪的; 异想天开的; 极大的
14. estimate ['estimeɪt] *vt.* 估计; 判断
15. dramatically [drə'mætɪkli] *ad.* 戏剧性地; 激动人心地
16. smart [smɑ:t] *a.* 聪明的; 灵巧的
17. diameter [daɪ'æmɪtə] *n.* 直径
18. lab=laboratory ['læbərətəri]
19. steer [stiə] *vt., vi.* 操纵, 控制
20. remote [ri'məut] *a.* 遥远的
21. guidance ['gaɪdns] *n.* 向导, 指导, 指引