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阅读与应用

— 医学英语高级教程

Productive Reading

A THEME ENGLISH COURSE

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我国研究生、博士生英语教学应属大学英语应用提高阶段的教学范围。编者经过数年的探索和实验,发现人性(humanity)是英语教学和门类繁多的医学专业的结合点。为了让医学专业的学生在共同感兴趣的主体范围内,继续高级英语的阅读,特编写了以人性为主题的英语教材(Productive Reading — A Theme English Course);以人性主题为轴心,展开一系列耐人寻味的话题,从而将英语教学和医学专业融为一体。

本册共有十个单元。每一单元由课文(Text)、阅读理解(Comprehension Questions)、生词和词组(Words & Expressions)、注释(Notes)、综合填空(Integration)、和指导写作(Guided Writing)六部分组成。阅读中应注重输出是该教材编写的指导思想,旨在课堂上给学生创造运用英语表达思想的空间,让他们成为课堂的主体。为此,编者设计了独具匠心的阅读理解题(Comprehension Questions)和补充练习(Follow-up Activities)。

本册在课文和阅读理解的安排上独辟蹊径,在师生之间架起了一座交际桥梁,可进行多种形式的课堂交流。阅读理解中每一项题型都覆盖相应的段落篇章,与课文同步,轮流出现,对段落篇章进行不断重组,帮助学生深层次挖掘文章的含义。鉴于版面的限制,每项练习指令(Directive)都以字母缩写形式表示:

- 多项选择题 MCQs(Multiple-choice Questions)——根据段落阅读理解,选出最佳答案。
- 是非题 T/FQs(True/false Questions)——根据段落阅读理解,判断每个问题是否正确。
- 完成句子题 SCQs(Sentence Completion Questions)——根据段落阅读理解,完成(时常需要用自己的语言)每一句子。
- 概括大意题 GQs(Gist Questions)——在所阅读的某一段落的左上角印有上标,表示该段落落在这一页位于第几段落。缩写 GQ 的右上角印有相应的上标,表明该题的相应段落。根据段落大意,完成只给出首字母的单词。

补充练习包括:

- 综合题(Integration)——根据语言表现的规律和语言表达的逻辑性,在整篇阅读文章中腾出一个个合理的空间,同时配有相应的特定指令,将学生导入表达空间,要求学生在阅读中输出。有时指令要求学生运用已掌握的各方面语言知识,有时则要求学生根据上下文用自己的语言文字表达作者某一思想。题目大致涉及英语学习中的两个根本问题:语言形态和语言运用。
- 指导写作(Guided Writing)——该练习建于课文段落之上,将典型的段落作为范文,要求

学生领略,并模仿其框架结构和思路展开等写作技巧,真正起到写作的指导作用。

本册附带《参考答案》。值得一提的是,有些题目的答案往往不止一个。要鼓励学生输出,就要给他们自主表达的空间,自然也就会出现不同的答案。最佳的、或可接受的、或不可接受的答案只有在讨论中得到确认。表达空间创于课堂讨论之中,这种讨论本身就是一种双方互动的交际,负载大量参照信息。

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UNIT ONE

TEXT

My Hope for Medicine

Roger C. Bone

As a physician and as a terminally ill patient with metastatic renal cancer, I often find myself now reflecting back on what has happened in medicine during my lifetime. While there have been several remarkable advances made in recent history, still I worry about what will happen if the leaders of our beloved profession do not safeguard its future and let it fall to other medicine's course.

We chose medicine because we wanted to help people. I would like to think that our zeal for medical science will never fade as we continue to explore opportunities to assist patients with bedside care, instruct the physicians of tomorrow, and conduct groundbreaking research. This is indeed a noble calling.

Although I continue to pursue my professional goals and come into my office every day, I now view medicine through the eyes of a patient. Since I take an oral formulation of morphine to control intense pain from bone metastasis and radicular pain from spinal root metastasis, I do not subject patients to my decisions. However, I can still write, counsel the terminally ill patient (who is also commonly on morphine), and reflect upon my profession.

There is much that is right with medicine today. I would like to start by commenting on the quality of patient care I have received from my doctors and nurses. I have never seen a more caring, compassionate group of people in my life. I frequently visit the oncology ward to receive treatment with as many as 15 patients who also get outpatient infusion of their chemotherapeutic agents.

COMPREHENSION QUESTIONS

MCQs

1. In retrospect, the author seems to warn us that
 - a. his condition will get worse.
 - b. more and more people will die of renal cancer.
 - c. nobody will protect the future of medical profession.
 - d. the future of medical profession can be put on the wrong track.
2. However, he believes that medicine, as a noble calling, will continue to
 - a. hold us devoted.
 - b. assist patients with bedside care.
 - c. make breakthroughs.
 - d. all of the above.

SCQs

3. Even though he is terminally ill, the author

_____.
4. To the terminally ill patient he serves as _____
_____.
5. Now the author reflects upon his profession

_____.

T/FQs

6. The author is commenting on today's medicine with his own experiences. []
7. The quality of patient care he is receiving could not be better. []

The nurses there are the closest thing to angels on this earth. Over the last several months, I have watched them shower their patients with genuine love and compassion. I have never seen anything but smiles, empathy, and optimistic attitudes from the nursing staff. They have behaved this way even when a patient has been quite difficult. If they tire, I cannot see it.

② Despite the advances of medicine, most of us on the oncology ward will die of our disease. Do we tell these nurses often enough the true importance of the emotional and physical support they give to me and the other patients who receive such treatment? The spirit of Florence Nightingale still lives. I hope nurses continue to understand that love and compassion are the best medicines they can administer to us. They can help us live out what time we have with dignity and compassion.

③ I have also observed that the teamwork of physicians and nurses works, and it works well. I find that physicians often care in a different, but equally meaningful, manner. They are responsible for explaining the disease and, if there is progression, for developing a therapeutic plan for the patient. The physician/nurse combination is powerful. With this, I have hope for our profession. We are able to attend to the physical needs of the sick and provide medical care as well as give love, compassion, and empathy to patients like me and those on my oncology ward.

However, I worry about my profession as I prepare to leave it. We have allowed the bureaucrats and administrators to change the

8. He is deeply moved by the nurses' love and compassion. []

9. He really acknowledges the present medical services to patients. []

GQ^②

10. An Ardent H_____

MCQs

11. The author is reminding us of
 - a. the replacement of physical support with emotional support.
 - b. the negligence of Florence Nightingale's spirit.
 - c. the true importance of love and compassion.
 - d. the best medicines to save his life.
12. He hopes that
 - a. the spirit of Florence Nightingale will never die.
 - b. the spirit of Florence Nightingale will be revived.
 - c. we should respect the dignity of nursing.
 - d. he will be cured somehow.

GQ^③

13. Powerful T_____ of Physicians and Nurses

SCQs

14. The responsibilities of physicians are harmonious with _____.
15. Both the physicians and nurses care for the patient _____.
16. From this powerful combination arises _____.

T/FQs

17. What worries the author is that costly medical expenses have changed the goals of medicine. []

goals of medicine dangerously with the ruse that medicine is too expensive. The time and resources it takes to administer the type of loving care I described above are sometimes cited as one of the causes for the inflated price tag. Nothing could be further from the truth. The reason for the increase in the cost of medicine is due to medical *success*, not failure. Before World War II (at about the time of the discovery of antibiotics) medicine probably killed more patients than it saved. Since World War II, our progress has been astounding because of dedicated scientists who have applied their research and ingenuity to medicine.

As a result of these advances, we have been able to keep patients alive who at one time might have died from their diseases. Diabetes, stroke disorders, and previously terminal heart, brain, and lung diseases are a few examples. It is estimated that there are thousands of persons who are alive only they are hooked to a respirator. This is a major reason for the increase in the cost of medicine. It is not because of "fat in the system." Medicine in developing countries is inexpensive because there can be no heroic efforts made to keep chronically ill patients alive. I would guess that the individuals with severe diabetes and hypertension roaming the streets of these countries are precious few.

Medicine should be proud of its heritage since World War II. Its leaders should promote that and let people know why costs are high. I repeat, it is because of the success not the failure of medicine. Once people realize this, better ethical decisions can be

18. It is medical advances, he contends, that have increased the cost of medicine. []
19. He implies that modern medicine deserves the price. []
20. He thinks highly of scientists' commitment to medicine. []

MCQs

21. Admittedly, medical advances have
 - a. prevented both infectious and chronic diseases.
 - b. freed thousands of persons from a respirator.
 - c. been the result of costly medical expenses.
 - d. reduced the death rate of disease.
22. The author is convincing us of the fact that
 - a. there are few diabetics and hypertensives in developing countries.
 - b. medical advances could have reduced the cost of medicine.
 - c. the heroic efforts are surely expensive.
 - d. chronic diseases are preventable.

SCQs

23. The author makes a point of cherishing _____.
_____.
24. He repeats what he has clarified to punctuate _____.
_____.
_____.
25. The public should be aware of the reason, which helps _____.
_____.
_____.

made concerning these issues. Speaking as a pulmonary and critical care physician, I feel we have kept patients with no chance of recovery alive on machines because of the threat of litigation and because of habit and tradition. These are patients who have a greater chance of suffering from complications than of recovering.

We also need to acknowledge that death occurs before one can prove brain death. We need to teach the public this fact. We then need to develop an ethical, legal, and economic consensus. In addition, the population as a whole must be educated about how suffering can be stopped, how money can be saved, and how resources can be put back into research so that medicinal advances can continue.

Our greatest challenge in the future will be how to allocate these resources as the population ages. This decision must be made by the physician and the patient, and not by the government or the entrepreneur. To have resources allocated by the federal government or the business community is not merely pure lunacy, it is immoral. We have seen how government programs work and why plans to "reinvent government" are espoused even by those who created it. Now they want to take on medicine. And since government officials have failed in their attempts to pass health care legislation, the entrepreneurs have stepped in. They have made billions in profits from medicine by insuring healthy individuals and avoiding the poor-risk patient. Now insurance companies want to save money by tracking a physician's "efficiency rate." The

26. He seems to acknowledge the way we _____

_____.

T/FQs

27. We should recognize brain death as legal death. []
28. The author seems to favor physician-assisted suicide. []
29. It is of ethical, legal and economic significance to decide when death really occurs. []

MCQs

30. The author contends that it is ethical to have medical resources allocated
- a. by the government.
 - b. by the entrepreneur.
 - c. by the business community.
 - d. by the physician and the patient.
31. The entrepreneurs have stepped in
- a. to pass health care legislation.
 - b. to reinvent the government.
 - c. to allocate resources.
 - d. all of the above.
32. In the eyes of the entrepreneurs, medicine is
- a. bureaucratic.
 - b. an assembly line.
 - c. a profitable business.
 - d. none of their business.

result is this astounding bureaucracy with which we now must contend. They are treating medicine as a business with assembly-line mentality.

I find it abhorrent to apply business principles to medicine. To ask physicians to be anything other than good physicians and to use the assembly-line mentality is a troublesome concept. I'm sure it is for all patients. It certainly is for me. To save medical dollars by bureaucratic means is unethical in the extreme.

③The aging of America will stress the system even further. I hope we will not let our noble profession continue down the dangerous and fool-hardy road it is on now. We can be proud of our noble profession and its outstanding history of compassion and the application of scientific inquiry to patient care. My hope for medicine as a doctor and as a patient is that we will fight those who try to change our basic mission: "to care for the patient." This mission includes letting critically ill patients being kept alive on a ventilator die naturally and humanely. We should also care for those patients who have a chance for recovery regardless of how long it takes or how profitable it might be to do it another way. A patient is not a client or a customer but a human being who deserves the best that modern medicine can provide.

SCQs

33. To the author, to apply business principles to medicine is to _____.
34. He implies that prime objective of medicine is not profit but _____.

GQ®

35. S _____ Our Basic Mission

MCQs

36. The author is asking us to
- cherish the heritage of our noble profession.
 - put our noble profession on the right track.
 - safeguard our basic medical mission.
 - all of the above.
37. As a human being, the patient
- is ensured the right for care.
 - must be guaranteed recovery.
 - can enjoy no restraints on his/her rights.
 - must be kept informed of medical advances in modern medicine.

Words and Expressions

metastatic /ˌmetə'stætɪk/ a.

fall to

fade /feɪd/ vi.

bedside care

(肿瘤)转移的

to begin

to disappear or die gradually

临床护理

calling / 'kɔ:lɪŋ / n.	a profession
formulation / fɔ:mju'leɪʃən / n.	配制; 制剂
radicular / ræ'dɪkjulə / a.	(神经、血管)根的
compassionate / kəm'pæʃənɪt / a.	有同情心的
oncology / ɒŋ'kɒlədʒi / n.	肿瘤学
angel / 'eɪndʒəl / n.	天使; 守护神
empathy / 'empəθi / n.	感情移入; 同情
bureaucrat / 'bjʊərəukræt / n.	官僚
ruse / ru:z / n.	a trick
ingenuity / ɪndʒɪ'nju(:)ɪti / n.	skill and cleverness in making or arranging things
fat / fæt / n.	多余的东西(或部分), 不必要的东西(或部分)
roam / roum / vi.	to wander
precious / 'preʃəs / ad.	very
ethical / 'eθɪkəl / a.	伦理的; 道德的; 合乎道德的
litigation / ˌlɪtɪ'geɪʃən / n.	诉讼
consensus / kən'sensəs / n.	a general agreement
allocate / æləkeɪt / vt.	to divide and give as shares
entrepreneur / ˌɒntreprə'nɜ:/ n.	(法)企业家
lunacy / 'ljʊnəsi / n.	疯狂愚蠢的行为; 荒谬
reinvent / ˌri:ɪn'vent / vt.	彻底改造
espouse / ɪs'paʊz / vt.	to adopt; support
bureaucracy / ˌbjʊərəkrəsi / n.	官僚政治; 官僚主义
contend / kən'tend / vi.	to struggle in opposition
abhorrent / əb'hɒrənt / a.	hateful; detestable
in the extreme	extremely
foolhardy / 'fu:lhɑ:di / a.	too bold, reckless
ventilator / 'ventɪleɪtə / n.	a respirator

Notes

1. This text comes from *The American Journal of Medicine*, Volume 102, March 1997.
2. However, I can still write, counsel the terminally ill patient(who is also on morphine), and reflect upon my profession.

The preposition **on** indicates *being in a state , condition , or process* .

e.g.

The postmen are **on** strike.

The house is **on** fire.

3. The nurses there are **the closest thing to angels** on this earth.

This statement can be paraphrased as follows:

*The nurses there are **almost** angels on this earth .*

4. **Florence Nightingale** /'flɒrəns'naitɪŋgeɪl / (1820 – 1910) British nurse, hospital reformer, and humanitarian. Born in Florence, Italy, on May 12, 1820, Nightingale was raised mostly in Derbyshire, England, and received a thorough classical education from her father. In 1849 she went abroad to study the European hospital system, and in 1850 she began training in nursing at the Institute of Saint Vincent de Paul in Alexandria, Egypt. In 1853 she became superintendent of the Hospital for Invalid Gentlewomen in London.

At the close of the Crimean War in 1860, with a fund raised in tribute to her services, Nightingale founded the Nightingale School and Home for Nurses at Saint Thomas's Hospital in London. The opening of this school marked the beginning of professional education in nursing.

Florence Nightingale's contributions to the evolution of nursing as a profession were invaluable. She received many honors from foreign governments and in 1907 became the first woman to receive the British Order of Merit. She died in London on August 13, 1910. In 1915 the Crimean Monument in Waterloo Place, London, was erected in her honor.

5. **Nothing** could be **further** from the truth.

A negative is used with a comparative to form an affirmative statement. The statement can be paraphrased like this: *It is absolutely wrong* .

e.g.

I **couldn't** agree with you **more**. (*I agree with you .*)

It **could not** be **better**. (*It is perfect .*)

I have **never** seen a **more** caring, compassionate group of people in my life.

(*This is the most caring, compassionate group of people I have ever seen.*)

6. It is estimated that there are thousands of persons who are alive **only** they are hooked to a respirator.

The word **only** is used as a conjunction meaning *but*.

e.g.

You may go, **only** you come back early.

7. To have resources allocated by the federal government or the business community is **not merely** pure lunacy, it is immoral.

The linking phrase **not merely** is interchangeable with **not only**, and the other part of the phrase (**but also**) can be omitted.

FOLLOW-UP ACTIVITIES

I. Integration

Read the following essay carefully and complete each task according to its corresponding directive.

Doctor Weed in Montrose

by John T. Lynn

Dr. Lawrence Weed has always been a hero of mine. As a medical student in the 1970s, I admired the tidiness and near surgical precision of Dr. Weed's problem-oriented medical record. The Weed record made ¹⁾ _____ easy to trace each of a patient's complaints through a myriad^[1] of tests to diagnosis and treatment. The process of bringing order to such chaos appealed to my young mind.

This fall I had the opportunity to hear Dr.

- 1) Put the missing prepositive back into the blank.

[1] **myriad** /'miriəd/ *n.* an indefinitely great number