

全国高等医药院校试用教材
(供医学、中医、儿科、口腔、卫生专业用)

英 语

第 四 册

(3) 儿 科 分 册

上海第二医学院 主编

人 民 卫 生 出 版 社

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编写说明

本书是卫生部组织编写的高等医药院校英语教材，供医学、中医、儿科、口腔、卫生专业使用。第一、二两册供基础阶段用，占学时 180 左右。第三册供阅读提高阶段用，占学时 100 左右。第四册根据各不同专业分为(1)医学分册、(2)中医分册、(3)儿科分册、(4)口腔分册、(5)卫生分册等五种，供自学用。另一册为英语语法，供查阅参考。

儿科分册共 32 课，主要选自儿科学原版专业书籍。为了便于自学，每课课文后，除词汇和注释外，还附有参考译文。书后还附有“病例报告”。由于读者可能按需要选读，所以本分册各课以及病例报告的词汇有一定独立性，有些词汇在不同的课文中重复出现。

本书由三院集体编写。儿科分册主要由梁梦非、陈翔凤(上海第二医学院)、金宏林(西安医学院)编写，上海第二医学院儿科系教师协助选材和校阅参考译文，并经谢大任教授审阅。

对本分册的缺点和错误，希望读者提出宝贵意见，以便今后修订提高。

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1. Breast¹ Feeding²

Breast feeding continues to have practical and psychologic³ advantages⁴ which should be considered when the mother selects⁵ the way in which she will feed⁶ her baby^①. Milks produced by the various mammals⁷ are uniquely adapted to the needs of offspring⁸ of the particular species⁹. Human milk appears to be the most appropriate¹⁰ of all available¹¹ milks for the human infant.

Advantages of Breast Feeding. Human milk is always readily available at the proper temperature wherever^② the mother may be, no time is required in preparation of the feeding. The milk is fresh and free of^③ contaminating¹² bacteria, so that^④ the chances of gastrointestinal disturbances¹³ are lessened¹⁴. Although there is little if any^⑤ difference in mortality¹⁵ rates in formula-fed¹⁶ and breast-fed¹⁷ infants receiving good care, among the lower socioeconomic¹⁸ groups and where sanitary conditions are poor the breast-fed infant continues to have a much greater likelihood¹⁹ of survival^⑥²⁰.

Allergy²¹ and intolerance²² to cow's milk are responsible for^⑦ significant disturbances and feeding difficulties not seen in breast-fed infants. The list now includes diarrhea, intestinal bleeding and occult²³ melena²⁴ as well as the more commonly accepted manifestations²⁵ of milk allergy. "Spitting"²⁶, colic²⁷ and atopic²⁸ eczema²⁹ are less common in infants receiving human milk.

The influence of the various bacterial and viral antibodies in human milk on^⑧ resistance³⁰ to infection in the infant is not clear. Stevenson noted a slightly higher incidence of respiratory infections during the second 6 months of life in formula-fed babies. Human milk contains relatively high concentrations³¹ of secretory³² IgA³³ antibodies, but its meaning has not yet been clarified³⁴ in terms of^⑨ immunity³⁵ for the infant. Breast-fed infants of mothers with high antipoliomyelitis³⁶ titers³⁷ are relatively resistant³⁸ to infection by the attenuated³⁹ live poliomyelitis vaccine⁴⁰ viruses. The effect may be pronounced in the neonatal period, but does not seem to interfere⁴¹ with^⑩ active immunization⁴² at 2, 4 and 6 months of age. It has also been shown that growth of the mumps⁴³, influenza, vaccinia and Japanese B encephalitis⁴⁴ viruses can be inhibited⁴⁵ by substances in human milk. These ingested⁴⁶ antibodies from human colostrum⁴⁷ and milk may afford⁴⁸ local gastrointestinal immunity against organisms which enter the body via^⑪ this route.

The stool of the breast-fed infant has a lower pH than that^⑫ of the infant fed cow's milk, and its bacterial content is predominantly⁴⁹ of the lactobacillus⁵⁰ group in contrast to^⑬ preponderance⁵¹ of the coliform⁵² group in artificially fed infants. Many believe that the intestinal flora⁵³ of infants fed human milk endows⁵⁴ special

benefits, particularly against infections caused by species of *E. coli*.

Breast milk is the natural food for full-term infants during the first months of life. Milk from the mother whose diet is quantitatively⁵⁵ adequate and properly balanced will supply the necessary nutrients with the exception of^⑤ vitamin D, fluoride and iron. Iron stores will be sufficient for the first 3 or 4 months in term infants, but should be supplemented after 3 months of age by the addition of cereal⁵⁶ and meat to the diet or by administration of one of the ferrous⁵⁷ iron preparations. Although the community water supply contains adequate amounts of fluoride, the breast-fed infant may receive little of it, and fluoride should be supplied during the first months of life. Human milk contains sufficient vitamin C for the infant's needs, provided^⑥ the mother's intake of it is adequate.

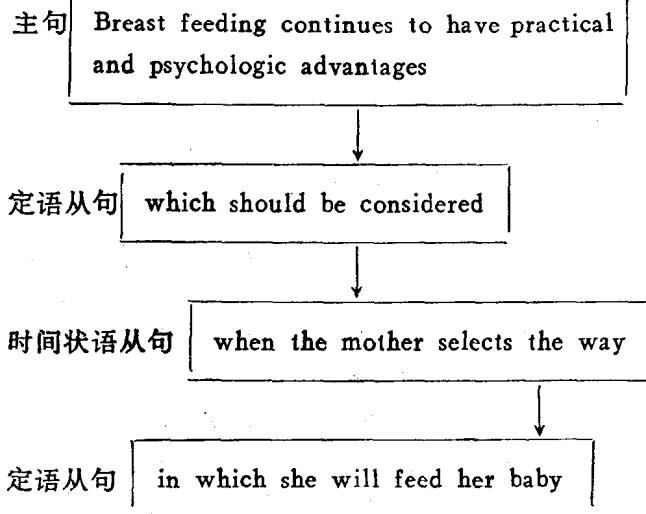
Word List

- | | |
|--|--|
| 1. breast [breɪst] <i>n.</i> 乳房 | 养的 |
| 2. feeding [fiːdɪŋ] <i>n.</i> 喂养, 哺
breast~母乳喂养 | 18. socioeconomic [ˌsoʊsiəʊiːkəˈnɒmɪk]
a. 社会经济的 |
| 3. psychologic [saɪkəˈlɒdʒɪk] <i>a.</i> 心
理学的 | 19. likelihood [ˈlaɪklihud] <i>n.</i> 可能(性) |
| 4. advantage [ədˈvɑːntɪdʒ] <i>n.</i> 优点,
好处 | 20. survival [səˈvaɪvəl] <i>n.</i> 生存, 幸
存 |
| 5. select [siˈlekt] <i>v.</i> 选择, 挑选 | 21. allergy [ˈælədʒi] <i>n.</i> 变应性, 过敏
性 |
| 6. feed [fiːd] (fed [fed]) <i>v.</i> 喂(养) | 22. intolerance [ɪnˈtɒlərəns] <i>n.</i> 不耐
(性), 不容忍 |
| 7. mammal [ˈmæməl] <i>n.</i> 哺乳动物 | 23. occult [əˈkʌlt] <i>a.</i> 隐藏的, 秘密的 |
| 8. offspring [ˈɒ(ː)fsprɪŋ] (复 off
spring(s)) <i>n.</i> 子孙, 儿女, 后代 | 24. melena [miˈliːnə] <i>n.</i> 黑粪 |
| 9. species [ˈspiːʃiːz] (单复数同) <i>n.</i>
种类 | 25. manifestation [ˌmænɪfɛˈteɪʃən] <i>n.</i>
现象, 表现形式 |
| 10. appropriate [əˈprɒpriɪt] <i>a.</i> 适当
的, 恰如其分的 | 26. spit [spɪt] (spat [spæt]) <i>v.</i> 吐 |
| 11. available [əˈveɪləbl] <i>a.</i> 可用的,
可得到的 | 27. colic [ˈkɒlɪk] <i>n.</i> 绞痛 |
| 12. contaminate [kənˈtæmɪneɪt] <i>v.</i> 污
染, 传染 | 28. atopic [əˈtɒpɪk] <i>a.</i> 特应性的, 异
位的 |
| 13. disturbance [dɪsˈtɜːbəns] <i>n.</i> 紊乱 | 29. eczema [ˈeksɪmə] <i>n.</i> 湿疹 |
| 14. lessen [ˈlesn] <i>v.</i> 减少 | 30. resistance [rɪˈzɪstəns] <i>n.</i> 抗力 |
| 15. mortality [mɔːˈtælɪti] <i>n.</i> 死亡率 | 31. concentration [kɒnsənˈtreɪʃən] <i>n.</i>
集中, 浓缩, 浓度 |
| 16. formula-fed [ˈfɒmjuləfed] <i>a.</i> 人工
喂养的 | 32. secretory [sɪˈkriːtəri] <i>a.</i> 分泌的,
促进分泌的 |
| 17. breast-fed [ˈbreɪstfed] <i>a.</i> 母乳喂 | 33. IgA = immunoglobulin A 免疫球蛋白 A |

34. clarify ['klærɪfaɪ] *v.* 阐明, 讲清楚
35. immunity [i'mju:nɪti] *n.* 免疫(力)
36. antipoliomyelitis [æntipoliomaɪə 'laɪtɪs] *n.* 抗脊髓灰质炎
37. titer ['taɪtə] *n.* 滴定价, 值, 滴度
38. resistant [rɪ'zɪstənt] *a.* 抵抗的, 有抵抗力的
39. attenuate [ə'tenjuːeɪt] *v.* 稀释; 衰减; 减弱
40. vaccine ['væksɪ:n] *a.* 疫苗的
41. interfere [ɪntə'fɪə] *v.* 妨碍, 干涉
42. immunization [ɪmju(:)naɪ'zeɪʃən] *n.* 免疫
43. mumps [mʌmps] *n.* 流行性腮腺炎
44. encephalitis [ensefə'laitɪs] *n.* 脑炎
45. inhibit [ɪn'hɪbɪt] *v.* 阻止、抑制
46. ingest [ɪn'dʒest] *v.* 摄取, 咽下, 吸收
47. colostrum [kə'lɒstrəm] *n.* (产妇的) 初乳
48. afford [ə'fɔ:d] *v.* 给予, 提供
49. predominantly [prɪ'dɒmɪnəntli] *ad.* 占优势
50. lactobacillus [læktobə'sɪləs] (复 lactobacilli [læktobə'sɪlaɪ]) *n.* 乳酸杆菌, 乳杆菌
51. preponderance [prɪ'pɒndərəns] *n.* 优势, 优越
52. coliform ['kɒlɪfɔ:m] *a.* 大肠杆菌的
53. flora ['flɔ:rə] *n.* 菌丛
54. endow [ɪn'dau] *v.* 赋予
55. quantitatively ['kwɒntɪteɪtɪvli] *ad.* 数量上
56. cereal ['sɪəriəl] *n.* 谷类, 食物(如麦片等)
57. ferrous ['ferəs] *a.* 含铁的

Notes

1. Breast feeding...her baby. 本句的句法关系如下:



2. wherever 引导的是地点状语从句。
3. free of = free from 没有……的

This district is now *free of* snails.

这个地区现在已没有钉螺。

4. *so that* 引导的是结果状语从句。

5. *if any* 即使有(也)

6. 本句主句是 *the breast-fed infant continues to have a much greater likelihood of survival*, 它带有状语 *among the lower socioeconomic groups* 和一个 *where* 引导的地点状语从句以及一个 *although* 引导的让步状语从句。

7. *responsible for...* 对...负责

在医学文章中常用作“...的原因”意思。

Lack of sleep is responsible for his headache.

缺乏睡眠是他头痛的原因。

8. *influence on...* 对...的影响

9. *in terms of...* 按照..., 以...(术语)来表示

Energy requirements of a person are usually measured in terms of calories.

一个人能量的需要通常用卡来衡量。

10. *interfere with...* 妨碍, 打扰:

The noise interferes with our work.

这噪声妨碍我们工作。

11. *via* 是介词, 作“经由”解。

Excretion of some absorbed substances is via liver and kidney.

有些被吸收了的物质通过肝和肾被排泄。

12. *that* 指 *the stool*。

13. *in contrast to* 和...对照, 和...形成对比

14. *with the exception of...* 除...以外

15. *provided* 是连词, 作“如果”、“假使”解, 引导条件状语从句。

1. 母乳喂 养

母亲在选择喂养孩子的方式时, 应考虑到母乳喂养仍具有实用的和心理学上的优点。

各种哺乳动物的乳专门适应于本类动物后代的需要。人乳对婴儿是所有可用的乳中最适当的一种。

母乳喂养的优点: 无论母亲人在那里, 人乳要用时总是有恰当的温度, 不需要喂养的准备时间。人乳又新鲜又没有细菌污染, 因此胃肠道紊乱的机会就减少。虽然得到很好照料的人工喂养和母乳喂养的婴儿在死亡率上没有什么不同, 但在社会经济下层的人群中和卫生条件较差的地方, 人乳喂养的婴儿存活的可能性却要大得多。

由于对牛乳的过敏和不耐性可引起显著的病态和喂养的困难, 人乳喂养的婴儿则没有这种情况。这种病症包括腹泻、肠出血、粪便潜血阳性和一些牛乳过敏的最常见的症状。在人乳喂养的婴儿中“吐奶”、肠绞痛和特应性湿疹就比较少见。

人乳中各种细菌性和病毒性抗体对婴儿抗感染方面的影响尚不清楚。史蒂文生报道在人工喂养的7个月到1岁的婴儿中呼吸道感染发病率略高。人乳含有浓度较高的分泌性免疫球蛋白A抗体,但它对婴儿免疫的意义尚未搞清楚。对脊髓灰质炎抗体滴度较高的母亲,其婴儿对脊髓灰质炎弱毒活疫苗病毒感染的抵抗力相对地要高些。其效果在初生儿阶段可能是明显的,但并不妨碍2,4,6个月婴儿的自动免疫。还有人发现流行性腮腺炎、流行性感胃、天花和日本乙型脑炎病毒的生长能被人乳中的有些物质所抑制。那些从人乳,包括初乳中被摄入的抗体可使胃肠道对进入其中的微生物产生局部免疫。

母乳喂养的婴儿粪便比牛乳喂养的婴儿粪便有较低的pH值。它所含的细菌大多是乳酸杆菌群,与此相比,人工喂养的婴儿粪便所含的大多是大肠杆菌群。很多人认为人乳喂养的婴儿的肠道菌丛有特殊益处,尤其是能抵抗大肠杆菌所引起的感染。

母乳对足月的婴儿在头几个月是天然的食物。如母亲的食物是充足而均衡的,她的乳汁会提供除了维生素D、氟和铁以外的必需的营养物。足月的婴儿在3或4个月时,铁的储量是足够的。但三个月以上就需要补充,在饮食中要增加谷类食物和肉类或者给予含铁的制剂。虽然供应的公共用水含有适量的氟化物,但母乳喂养的婴儿可能得不到什么。在头几个月应给予婴儿氟化物。如果母亲摄入维生素丙的量适当,母乳中就含有婴儿所需的充分的维生素丙。

2. First-Year Feeding Problems

Underfeeding¹. Underfeeding is suggested by restlessness² and crying. It may result from the infant's failure to take a sufficient quantity of food even when offered. In these instances the frequency of feedings, the mechanics of nursing, the size of the holes in the nipple³, the adequacy⁴ of eructation⁵ of air, and the possibility of systemic disease in the baby should be investigated. The extent and duration of underfeeding determine the clinical manifestations. Constipation⁶, failure to sleep, irritability⁷ and excessive crying are to be expected. There may be poor gain in weight or an actual loss. In the last instance the skin becomes dry and wrinkled⁸, subcutaneous⁹ tissue disappears, and the infant assumes¹⁰ the appearance of an "old man." Deficiencies of vitamins A, B, C and D and of iron and protein may be responsible for characteristic clinical manifestations.

Treatment consists in① increasing the fluid and caloric¹¹ intake, correcting deficiencies in vitamin and mineral intake, and instructing the mother in the art of infant feeding. The physician should anticipate¹² the possibility that② some infants will fail to thrive¹³ despite the institution of all the recognized corrective¹⁴ measures. In such instances careful clinical search is indicated to determine whether③ some underlying disorder is responsible for the failure to thrive.

Overfeeding¹⁵. Overfeeding may be quantitative or qualitative¹⁶. Regurgitation¹⁷

and vomiting are frequent symptoms of overfeeding. As a rule^④, infants can be depended upon not to take excessive quantities; but occasionally an infant who has postprandial¹⁸ discomfort from^⑤ eating too much may nonetheless gain weight excessively. Diets too high in fat delay gastric emptying, cause distention¹⁹ and abdominal discomfort and may cause excessive gain in weight. Diets too high in carbohydrate are likely to cause undue fermentation in the intestine, resulting in distention and flatulence²⁰ and in too rapid gain in weight. Such diets may be deficient in^⑥ essential protein, vitamins and minerals. Formulas too high in caloric content in the first week or two of life are likely to result in loose²¹ or diarrheal²² stools. Obesity²³ is undesirable at any time in life; all too frequently the excessively fed infant becomes the obese²⁴ child and adult.

Regurgitation and Vomiting. The return of small amounts of swallowed food during or shortly after eating is termed "regurgitation" or "spitting up". More complete emptying of the stomach, especially when it occurs some time after feeding, is termed "vomiting." Within limits, regurgitation is a natural occurrence, especially during the first half-year or so^⑦ of life. It can be reduced to a negligible amount, however, by adequate eructation of swallowed air during and after eating, by gentle handling, by avoidance of emotional conflicts²⁵ and by placing the infant on his right side or abdomen for a nap immediately after eating. One should also ensure that the head is not lower than the rest of the body during the rest period.

Vomiting is one of the most common symptoms in infancy and may be associated with a wide variety of disturbances, both trivial²⁶ and serious. Its cause should always be investigated.

Loose or Diarrheal Stools. Acute infectious diarrhea and chronic diarrheal conditions are discussed elsewhere; only milk disturbances of dietary²⁷ origin will be considered here.

The stool of the breast-fed infants is naturally softer than that of the infant fed cow's milk. From about the fourth to the sixth day of life the stools go through a transitional²⁸ stage in which they are rather loose and greenish yellow and contain mucus; within a few days the typical "milk stool" appears. Subsequently the use of laxatives²⁹ or the ingestion of certain foods by the mother may be temporarily responsible for an infant's loose stools. Excessive intake of breast milk may also increase the frequency and the water content of the stool. Actual diarrhea in a breast-fed infant is unusual and should be considered infectious until proved otherwise^⑧.

Though the stools of artificially fed infants tend to be firmer than those^⑨ of breast-fed infants, under certain circumstances loose stools may result from artificial feeding. In the first 2 weeks or so of life, overfeeding is likely to cause loose, frequent stools. Later, formulas which are too concentrated³⁰ or whose sugar content is too high, especially in lactose³¹, may be responsible for loose, frequent stools. Many

of the temporary diarrheal disturbances in artificially fed infants are the result of contaminations³² of food which would not disturb an older child. The ease with which artificially fed infants acquire diarrheal disturbances³³ and the potential³³ seriousness of them are strong arguments for extreme care in providing a food supply free of pathogenic³⁴ bacteria.

Mild diarrheal disturbances due to overfeeding respond quickly to³⁵ temporary decrease or cessation³⁵ of feeding. The withholding³⁶ of all solid food and of one or several milk feedings, with the substitution of boiled water or 5 per cent glucose in water or in a balanced electrolyte³⁷ solution, is usually all that is required³⁸.

Colic. The term "colic" describes a frequent symptom complex of paroxysmal³⁸ abdominal pain, presumably of intestinal origin, and of severe crying. It usually occurs in infants under 3 months of age.

The clinical pattern is characteristic. The attack usually begins suddenly; the cry is loud and more or less³⁹ continuous; so-called paroxysms may persist for several hours; the face may be flushed³⁹, or there may be circumoral⁴⁰ pallor⁴¹; the abdomen is distended and tense; the legs are drawn up on the abdomen, though they may be momentarily⁴² extended; the feet are often cold; the hands are clenched⁴³. The attack may terminate⁴⁴ only when the infant is completely exhausted, but often there is relief with the passage of feces or flatus⁴⁵.

Certain infants seem to be peculiarly susceptible to colic. The cause of recurrent attacks is usually not apparent, though they may be associated with hunger and with swallowed air which has passed into the intestine. Overfeeding may also cause discomfort and distention, but rarely to the degree seen in colic. Certain foods, especially those of high carbohydrate content, may be responsible for excessive fermentation in the intestines, but only occasionally does⁴⁶ a change in diet prevent further attacks of colic. Crying from intestinal discomfort is seen in infants with intestinal allergy, but colic is not limited to this group. Intestinal obstruction or peritoneal⁴⁶ infection may mimic⁴⁷ an attack of colic. Recurrent attacks commonly occur late in the afternoon or evening, suggesting that events in the household⁴⁸ routine may serve as possible causes. Worry, fear, anger or excitement may cause vomiting in an older child, and may result in colic in an infant. Certainly no single causative factor consistently accounts for⁴⁹ colic, nor does any method of treatment consistently provide satisfactory relief.

Word List

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| 1. underfeed ['ʌndə'fi:d] (underfed
['ʌndə'fed]) <i>v.</i> 喂养不足 | 4. adequacy ['ædikwəsi] <i>n.</i> 适合, 充
分 |
| 2. restlessness ['restlɪsnɪs] <i>n.</i> 不安宁 | 5. eructation [i:rak'teɪʃən] <i>n.</i> 打嗝,
暖气 |
| 3. nipple ['nɪpl] <i>n.</i> 乳头 | |

6. constipation [kɒnstɪˈpeɪʃən] *n.* 便秘
7. irritability [ɪrɪtəˈbɪləti] *n.* 烦躁
8. wrinkle [ˈrɪŋkl] *v.* 起皱纹
9. subcutaneous [sʌbkju(:)ˈteɪnjəs] *a.* 皮下的
10. assume [əˈsju:m] *v.* 呈(某种面貌)
11. caloric [kəˈlɒrɪk] *a.* 热(量)的, 卡的
12. anticipate [ænˈtɪsɪpeɪt] *v.* 预期, 期望
13. thrive [θraɪv] (throve [θrouv], thriven [ˈθrɪvn]) *v.* 发胖, 茁壮成长
14. corrective [kəˈrektɪv] *a.* 纠正的, 制止的
15. overfeed [ˈoʊvəˈfi:d] (overfed [ˈoʊvəˈfed]) *v.* 喂养过度
16. qualitative [ˈkwɒlɪtətɪv] *a.* 质量的, 性质上的
17. regurgitation [rɪ(:)gəːdʒɪˈteɪʃən] *n.* 反胃, 反吐, 反刍
18. postprandial [pəʊstˈprændiəl] *a.* 饭后的
19. distention [dɪsˈtenʃən] *n.* 膨胀, 扩张
20. flatulence [ˈflætjʊləns] *n.* 肠胃气胀
21. loose [lu:s] *a.* (腹)泻的, 松动的
22. diarrheal [daɪəˈriəl] *a.* 腹泻的
23. obesity [ouˈbi:sɪti] *n.* 过度肥胖, 肥大
24. obese [ouˈbi:s] *a.* 过度肥胖的, 肥大的
25. conflict [ˈkɒnflikt] *n.* 冲突, 抵触
26. trivial [ˈtrɪviəl] *a.* 轻微的
27. dietary [ˈdaɪətəri] *a.* 饮食的, 规定的
28. transitional [trænˈsɪʒənəl] *a.* 过渡的, 转变的
29. laxative [ˈlæksətɪv] *n.* 轻泻药
30. concentrate [ˈkɒnsentreɪt] *v.* 浓缩, 集中
31. lactose [ˈlæktəʊs] *n.* 乳糖
32. contamination [kəntæmɪˈneɪʃən] *n.* 污染, 污染物
33. potential [pəˈtenʃəl] *a.* 潜在的, 有可能性的
34. pathogenic [pəθəˈdʒenɪk] *a.* 致病的, 病原的
35. cessation [seˈseɪʃən] *n.* 停止, 休止
36. withhold [wɪðˈhəʊld] (withheld [wɪðˈheld]) *v.* 不给, 制止
37. electrolyte [ɪˈlektroʊlaɪt] *n.* 电解质
38. paroxysmal [pəˈrɒksɪzməl] *a.* 发作性的, 阵发性的
39. flush [flʌʃ] *v.* 使(脸等)发红
40. circumoral [səˈkəmˈɔ:rəl] *a.* 口周的
41. pallor [ˈpælə] *n.* (脸色等的)苍白, 灰白
42. momentarily [ˈməʊməntərɪli] *ad.* 短暂地, 顷刻地, 时刻
43. clench [klentʃ] *v.* 握紧, 捏紧
44. terminate [ˈtɜːmɪneɪt] *v.* 终止, 结束
45. flatus [ˈfleɪtəs] *n.* 肠胃内的气体
46. peritoneal [perɪtəʊˈni:əl] *a.* 腹膜的
47. mimic [ˈmɪmɪk] *v.* 酷似; 以……的形象呈现
48. household [ˈhaʊshəʊld] *a.* 家庭的, 家常的

Notes

1. consist in... 在于... 注意 consist of... 由...组成。
2. that 引导的是同位语从句, 说明 possibility.
3. whether 引导的是宾语从句。
4. as a rule 通常, 一般地
As a rule, we get up at six o'clock.
我们通常六时起身。
5. 介词 from 在这里表示“原因”的意思。另举一例如下:
He felt weak from loss of blood.
他由于失血而感到软弱无力。
6. 形容词 deficient 常与介词 in 连用。
He is deficient in energy.
他精力不足。
7. or so 大约, 左右
He will return in a week or so.
他一周左右就回来。
8. until proved otherwise = until it is proved otherwise
9. those 指 the stools.
10. with which artificially fed infants acquire diarrheal disturbances 是定语从句, 说明 ease.
11. respond to 在医学文章中常作“有效”解。
His illness quickly responded to treatment.
他的病很快被治好了。
12. that is required 是定语从句, 说明 all.
13. more or less 或多或少, 多少有点
14. does 在这里是助动词, 用来加重动词 prevent 的语气。
15. account for 说明, 是...的原因; (总计)占
Intestinal discomfort accounts for the crying of the child.
肠内不舒服是小孩啼哭的原因。

2. 第一年喂养的几个问题

喂养不足: 喂养不足的表现是不安宁和啼哭。这可能是由于在喂养时婴儿未能得到足够量的食物。在这些情况时, 应该调查喂食的次数, 喂奶的技巧, 奶头孔的大小, 适当的排气以及婴儿全身疾病的可能性。临床的特征决定于喂食不足的程度和持续时间。可有便秘、失眠、烦躁和过度啼哭。体重增加不够或甚至减轻。最后, 皮肤变得干燥而起皱纹。皮下组织消失。婴儿呈现出“老头”的面貌。维生素甲、乙、丙、丁、铁和蛋白质的缺乏可能是引起临床特征的原因。

治疗在于增加液体和热量的摄入, 纠正维生素和矿物质的不足, 指导母亲在喂养方

面的技术。医生应该预料到，有些婴儿尽管采取各种已知的纠正的措施还是长得不健壮。这时，应该作仔细的临床检查以判定是否有潜在的疾病使婴儿不能健壮成长。

喂养过多：喂食过多可能是数量上的或是质量上的。回奶和呕吐常是喂食过多的症状。通常婴儿不会吃得过量。但有时婴儿虽吃得太多而食后不舒服，体重却仍然大大增加。饮食中含有过高的脂肪会推迟胃的排空，引起腹胀和不舒服，也可使体重过分增加。饮食中含有过高的碳水化合物可能引起肠内发酵过度，结果产生腹胀、肠胃气胀以及体重增加过速。这样的饮食可能缺乏主要的蛋白质，维生素和矿物质。对出生第一～二周的婴儿给以热量过高的饮食可能会引起稀便或腹泻。在任何时候，肥胖都是不理想的。喂养过度的婴儿常常会长成胖子。

回奶和呕吐：在喂奶时或在喂奶后不久，已经吞咽的少量食物的回流叫回奶。胃更完全的排空，特别发生在喂食以后，叫做呕吐。在一定范围内，回奶是一种自然的现象，特别是在半岁左右。在喂奶时和喂奶后，适当地让吞咽下去的空气排出轻柔的动作，使婴儿情绪安定，以及在食后使孩子向右侧卧或俯卧片刻能减少溢奶。在婴儿休息时，应注意使婴儿的头部不低于身体的其他部分。

呕吐是婴儿期最常见的症状，可能与各种轻微的或严重的疾病有关。发生呕吐时，对它的原因务必加以调查。

腹泻：急性感染性腹泻和慢性腹泻将在其他章节中讨论。这里仅考虑由于服用牛乳引起的障碍。

人乳喂养的婴儿的粪便要比牛乳喂养的婴儿粪便软些。大约从出生的第四天到第六天起粪便经过一个转变阶段，它们比较稀薄和带黄绿色并有粘液。几天之内，便出现典型的“乳粪”。随后，母亲使用轻泻剂或摄入某些食物可以暂时引起婴儿的腹泻。过多地喂哺人乳也会增加大便的次数和粪便中的水份。对母乳喂养的孩子来说，真正的腹泻是不常见的。在未得到相反的证明之前，应认为是感染性的。

虽然人工喂养的婴儿粪便要比母乳喂养的婴儿粪便硬些，但在某些情况下，人工喂养可引起稀便。在生后半个月中，喂食过多易引起大便稀薄和次数频繁。以后，太浓缩和糖份太高，特别是乳糖含量太高的饮食可能引起大便稀薄和频繁。许多人工喂养的婴儿的暂时性腹泻是由于食物污染的结果，这种食物污染对年龄稍大的儿童并不会引起腹泻。由于人工喂养小儿易于腹泻及有潜在的严重性，故强调必须特别小心给予无致病菌的食物。

因喂食过多而引起轻度的腹泻，暂时减少和停止喂食迅速即可痊愈。通常只需停喂一切固体食物，减少一次或几次喂乳，而代以开水或5%的葡萄糖溶液或平衡的电解质溶液。

肠疼痛：疼痛这词用来说明一组常见的症状，包括肠源性的阵发性腹痛并伴有大声啼哭。常发生在三个月以下的婴儿。

它的临床表现是有特征的。发作常突然开始。哭声高亢而持续不断；这种所谓的发作可能持续几小时，脸色发红或唇周苍白，腹部膨胀而紧张；两腿上屈于腹部，有时也可暂时伸直，脚常寒冷，双手紧握。只有在婴儿完全疲乏时，发作才停息。但通常在排除粪便或肠胃内的气体后缓解。

有些婴儿似乎特别易患疼痛。反复发作的原因常不清楚，可能与饥饿和把空气咽入