医学英语系列丛书之三

ENGLISH

面向21世纪课程教材

高级医学英语

主编 庄启辉 邱陶生

中国协和医科大学出版社

医学英语系列丛书编写策划组：

陈　嫌（总策划）　解培英　贾增福

邱陶生　崔树起　线福华　鲁厚桢

面向21世纪课程教材

高级医学英语

——医学英语系列丛书之三

主　编　[illegible]　[illegible]陶

编　委（按姓氏笔画为序）

张　华　肖　晖　郑胡镛

俞乃昌　赵　锋　高元明

中国协和医科大学出版社

图书在版编目（CIP）数据

高级医学英语/庄启辉、邱陶生主编．—北京：中国协和医科大学出版社，2001.1

（医学英语系列丛书）

面向21世纪课程教材

ISBN 7－81072－158－5

Ⅰ．高…　Ⅱ．首…　Ⅲ．医学－英语－高等学校－教材　Ⅳ．H31

中国版本图书馆CIP数据核字（2000）第50753号

·面向21世纪课程教材·

高级医学英语——医学英语系列丛书之三

主　　编：庄启辉　邱陶生

责任编辑：徐允盛

出版发行：中国协和医科大学出版社

（北京东单三条九号　邮编100730　电话65228583）

经　　销：新华书店总店北京发行所

印　　刷：北京丽源印刷厂

开　　本：787×1092毫米　1/18开

印　　张：24

字　　数：491千字

版　　次：2001年1月第一版　　2001年1月第一次印刷

印　　数：1—5000

定　　价：40.00元

ISBN 7－81072－158－5/R·153

（凡购本书，如有缺页、倒页、脱页及其他质量问题，由本社发行部调换）

前　　言

我国正处在建立社会主义市场经济体系和实现现代化建设战略目标的关键时期，为了适应21世纪现代化建设和我国卫生事业改革和发展的需要，高等医学院校必须全面推进素质教育，培养出具有创新精神和实践能力的高级医学专门人才。

改进外语教学方法，提高医学生的外语水平，尤其是专业外语的应用能力，是新世纪人才素质的重要内涵。外语是医学事业借鉴他人和宣传自己的重要工具。

首都医科大学自1994年起开设了专业外语课程，并列入正式教学计划，在所有附属、教学医院中实施。但仍感到专业外语教学是一个相对薄弱的环节，学生毕业后，很难达到用外语进行专业技术的对外交流。为此，我们策划、编写、出版了这套"医学英语系列丛书"，共三册，即：《医学英语分科常用词汇》、《医学英语分科阅读文选》和《高级医学英语》。我们的目的是使学生一踏入医学院校的大门就开始接触到医学英语，并以医学专业的各门课程为依托，在学习专业课程中加强专业外语学习。《医学英语分科常用词汇》和《医学英语分科阅读文选》就是由专业课教师指定学生背诵和阅读的，而《高级医学英语》则是高年级本科生专业英语课的教材，目的是提高学生阅读和翻译医学文献以及进行专业交流的初步能力。

这套丛书具有四大特点：一是取材新，多取自近几年原版教科书和专业杂志。二是内容覆盖广，涉及医学专业各类课程。三是编写体例有特色，如每个词汇后加注国际音标；对专业内容有详尽的注释；为了方便学生自学编写了各种练习题并注明重点掌握内容等。四是用途广，它不仅适用于医学专业本科生作为专业英语教材使用，也同样适用于研究生学习以及住院医师规范化培训的辅助读物。

本套丛书是由我校基础和临床各专业教研室近百名教师经过两年多辛勤劳动编写的。《高级医学英语》主编之一、我校客座教授、美籍专家庄启辉（Chi-Hui Chuang）先生具有渊博的医学知识，英语也有很深的造诣，为本书的编写作出了不可磨灭的贡献，在此谨表衷心的谢忱。

在本系列丛书出版之际，谨向所有参与组织策划、编写、打印、编辑的全校有关教职员工表示诚挚的感谢。对出版社的支持和合作表示衷心感谢。

本书编写之中难免有错误和不足之处，希望得到读者和同仁们的指正。

首都医科大学副校长
陈　嫣
2000年8月

编者的话

本书是首都医科大学组织有关人员编写的医学英语系列丛书的第三册，供医学院本科生、七年制学生和研究生作为专业英语教材，也供临床医师自学之用。所选课文涵盖临床各科题材，内容有一定深度，课末附练习和参考答案。最后一课《自考》包括一个病例和五十道考题，供结束临床课学习同时学完本书的学生以及临床医师测试自己的临床分析能力和所掌握的医学和英语知识的深广度，并借以了解西方国家医师资格考试的一般内容，每题都附答案和解说。

医学生学完基础医学和基础英语课程以后，刚进入临床医学和医学专业英语学习时，对临床问题尚不熟悉，对英语医学文献的文体、表达方法和专业词汇都甚生疏，尤其是对以医学知识为依托的英语长句、难句更会感到阅读费力难解。因此，为引导学生入门，编者对本书前半部的课文以课堂讲解的形式来处理，注释力求详尽，以便学生未经教师指导自己预习就能大致读懂，也借此辅导临床医师学习。

在英语方面，除了语法分析以外，着重于普通英语词汇在医学上的特殊用法。对多义词尤其是需要加以引伸转义才能切合医学实义的词，多举例示范。遇必须运用词性转换和词语增删的读法才能理解的句子，也浅释英汉两种语言的不同思维和表达方法，让学生初步了解翻译的原则，学习较通顺、较准确、较专业地将他人和自己的思想表达出来，以利于获取专业信息和对外交流。

在医学知识方面，特别重视基本概念的科学性、准确性。对一些专业术语不仅提供相应的汉语译名，而且解释含义。查对几种版本的原文医学词典和英汉医学词典（汇），凡译名释义有出入者，悉以原文词典和原文专著所立定义为准。对沿袭误译者，根据医学基本知识论证指出，旨在启发学生在求学时期就树立严谨治学的态度。本书部分课文选自最近两三年的期刊，有的资料很新，词书未及收载者，皆广阅有关文献，并且直接向美国专科医师求证，不敢揣意妄释。对一些临床和实验室检查项目，除注译名外，还介绍其方法和临床意义，使学生不致只知其名而已。课文提到的基础医学知识，必要时予以简要复习，加注原文，帮助学生回忆并掌握、扩大专业词汇。

课文涉及的社会背景，编者也酌情介绍，诸如美国的医学教育、住院医师培训、医师资格考试、医师执照、医疗管理、医疗保险、老人和残疾人的医疗福利等，也旁及社会习尚问题。

此为试读，需要完整PDF请访问：www.ertongbook.com

按教学进度和学时分配，学生学完本书前半部后，当已进入临床课的第二学年，临床知识和英语水平都有所提高，应能循前半部分课文指引的方向续学后半部分。编者不再详注细析，学生可培养结合专业、善用词典、独立思考的自学能力，长远效果当会更好。当然，学生课业多门，时间有限，仍需教师指导。世间学问，语文最难精通；科技术语，又以医学为多。作为课本，内容深浅尽可不同，但毕竟都是初阶。愿学生细读此书，打下基础，今后多读多学。学海无边，学生勉之。

本书编法，无例可循，乃属尝试，是否合适，请教师和学生提意见，以利改进。编者虽已尽力，但疏误难免，尚祈贤达指正。

庄启辉　邱陶生

2000年8月于首都医科大学

目 录

1. Traditional Medical Record …… (1)
2. Principles of Preoperative Preparation of the Surgical Patient …… (26)
3. Sinusitis, Common Disorders of the Voice and Otitis Media …… (53)
4. Pharmacotherapy for Diabetes Mellitus …… (80)
5. Antepartum Testing …… (98)
6. Acquired Immunodeficiency Syndrome …… (115)
7. Child Abuse and Neglect …… (136)
8. Overview of Pneumonia …… (151)
9. Dental Caries, Periodontal Disease and Oral Ulcers …… (168)
10. Anemia …… (180)
11. Disseminated Intravascular Coagulation …… (196)
12. SINGLE-GENE DEFECTS …… (208)
13. Management of Chronic Renal Failure …… (219)
14. Thyrotoxicosis and Graves' Disease …… (233)
15. Cataract, Glaucomas and Refractive Errors …… (249)
16. The Acute Abdomen …… (266)
17. Fractures and Dislocations …… (287)
18. The Role of Combination Therapy in the Treatment of Hypertension …… (303)
19. Acute Ischemic Stroke: Medical Treatment …… (317)
20. Self-examination …… (329)
Vocabulary …… (346)
Appendix: Key to the Exercises for Lesson 1——Lesson 20 …… (395)

1. Traditional Medical Record

[**编者按**] 医学院高年级学生从临床见习起，经临床实习到以后当临床医师，无日不与病历打交道，所以选用这份病历作为课文，其目的在于介绍病历的格式和文字特点。病历的书写，为了简便，只要不引起误解，不产生歧义，除了多用缩略词以外，往往省略某些句子成分，英汉语的病历皆如此。从语法结构的角度来看，病历的语言是不规范的，但已约定俗成，可把它当作一种特殊形式的医学英语来学习。原文省略的词语都予注释补足，以帮助读者理解。

Mrs Jane Doe
Registration 12345[1]
432 Maple Avenue
Babylon, California
Tel (123) 456-7899
August 31, 1982
2:00 P.M.

CHIEF COMPLAINT

This 45-year-old married mother of two has had episodic right upper quadrant "knifelike" pain for the past 2 days.[2]

HISTORY OF PRESENT ILLNESS

Mrs Doe was in her usual good state of health until 2 days ago (August 29) when, having just finished a porkchop dinner, she had severe "knifelike" pain in the right upper quadrant of her abdomen, radiating to her epigastrium.[3] She concurrently felt "sick to her stomach" (without vomiting), "sweaty",[4] and faint (without loss of consciousness). She immediately lay down on her bed and felt better "after a minute". The severe pain grew rapidly less, as did the nausea,[5] but she had a "dull

ache" in her right upper quadrant for several hours. She took no medication. Position did not affect the pain. She felt well enough after an hour to clean up the dinner table, and slept well that night. She has had two subsequent almost identical "attacks", the first at lunch yesterday (August 30) following a hamburger and French fries. The most recent episode was at breakfast today after two slices of bacon.[6]

She's had no fever, chills, vomiting, or diarrhea. She denies past history of similar episodes. She has no current or past history of jaundice, white stools, dark urine, or change in bowel habits. She is unaware of a history of anemia (other than a mild "low blood" associated with her first pregnancy).[7] She has not had tarry or black stools, hematemesis, burning abdominal pain or other "indigestion", kidney stones, polyuria or hematuria, hepatitis, or foreign travel. She has had no cough, shortness of breath, or pleurisy. She has no calf pain.[8] She regularly examines her breasts and has noted no masses. There is a history of breast cancer in her mother. She has no known heart disease.[9] She denies trauma to her chest, back, or legs. Her menses have been normal. She takes no regular medications and specifically denies the use of antacids, aspirin, clofibrate (Atromid), or alcohol.

She currently feels quite well.

PAST MEDICAL HISTORY

Childhood illness: Mumps and chickenpox as child. No measles, rheumatic fever, scarlet fever.

Adult illness: None significant.[10] Hospitalized only for childbirth[11] (Soma Hospital, Babylon-1961 and 1963)

Trauma: Fractured left clavicle as child. No sequelae.

Surgery: Tonsillectomy as child of 6 (Soma Hospital). Episiotomy with each childbirth.

Allergies: Penicillin-urticarial rash without wheezing, stridor, (last dose 1976, at which time reaction occurred).

Medications: None at present. Has taken occasional aspirin for headache in past.[12]

Travel: Never outside California.

Habits: Has never smoked tobacco or cannabis. Occasional dinner wine[13] (none in past 2 weeks). No illicit drugs. Regular diet, 3 meals a day.

Immunizations: Does not remember childhood shots other than oral polio vaccine in early 1950s. Last tetanus shot 7 years ago.

FAMILY HISTORY

No family history of renal disease, liver disease, hypertension, anemia, tuberculosis.

SOCIAL HISTORY

Mrs Doe was born and raised in Babylon,[14] where she married her current husband after her graduation from high school in 1955. She worked as a secretary in his construction firm until their first child was born in 1961. She remained at home to raise her two sons,[15] both of whom are college students (majoring in art and mathematics, respectively), and has recently returned to night school to gain college credits herself. She describes her life as full and her marriage as happy. Activities include housekeeping, gardening, and reading "romantic novels".[16] Her husband's medical coverage extends to her,[17] and she is not worried about money. She does admit to some unhappiness at not having gone to college as a young woman, but "is making up for it now". She is worried that her pain may represent an illness that will interfere with her studies, and she has "a test coming up next week".[18] She is also fearful of cancer, as her mother has metastatic cancer of the breast, which is painful and emotionally draining on Mrs Doe, who visits her in a nursing home every day.[19]

REVIEW OF SYSTEMS

General: See HPI. No weight change.

Head: Occasional "stress" headache. No dizziness. "Faintness" with her recent attacks as described in HPI.[20]

Eyes: Last tested 1 year ago at 20/20. No blurring, double vision, pain, discharge.

Ears: No decreased hearing, tinnitus, pain. Otitis media once as child (R ear).

Nose: No epistaxis, sinusitis.

Throat and mouth: Teeth in good repair. Infrequent sore throats.

Chest: See HPI. No wheezing, hemoptysis, sputum. Chest X-ray normal on screening exam 1 year ago. Negative TB skin test 1 year ago.

Heart: No pain, palpitations, orthopnea, cyanosis, edema. No history hypertension.

GI[21]: See HPI.

GU[22]: See HPI. No dysuria, frequency, urgency, incontinence. No history venereal disease or urinary tract infection.

Menstrual: Menarche age 13. Periods light flow for 3 days every 28 days and regular, with slight cramping on 1st day of flow.[23] Last period normal, ended August 19, G2P2A0.[24]

Neuromuscular: Faintness as in HPI, without syncope. No vertigo, dysesthesias, seizures. No history emotional disease.

PHYSICAL EXAMINATION

August 31, 1982

2:30 P.M.

General: Mrs Doe is a slightly obese pleasant 45-year-old white woman who is somewhat anxious but in no acute distress.[25]

Weight: 132lb, Height: 5′6″

Vital Signs: T 99°F orally, P85 regular, R12

BP R arm sitting[26]: 140/90

L arm sitting: 148/92

L arm standing: 155/95

Skin: Warm and dry. No petechiae, purpura, excoriations. Anicteric. Hair and nails normal. No cutaneous lesions or rashes.

Nodes: No cervical, supraclavicular, epitrochlear lymphadenopathy. 1 × 1cm, soft, nontender, mobile node R axilla. Scattered shotty inguinal nodes bilaterally.

Head: Normocephalic, without trauma. No scars, tenderness, bruits.

Eyes: Conjunctivae normal. Slight scleral icterus bilaterally. Lids without lesions. Pupils equal, round, and react to light and accommodation. Vision grossly normal (reads newspaper). Visual fields full to confrontation.[27] Extraocular motions full, without strabismus or nystagmus. Fundus shows normal discs and vasculature.

此为试读，需要完整PDF请访问：www.ertongbook.com

No arteriovenous nicking,[28] silver-wiring, hemorrhage, or exudate.

Ears: External ears normal. Tympanic membranes normal bilaterally. Weber midline.[29] Air conduction greater than bone bilaterally.[30]

Nose: Nasal mucosa normal, without inflammation, obstruction, or polyps.

Mouth: Lips, buccal moucosa without lesions. Tongue well papillated, pink, midline.[31] Teeth in good repair.[32] Uvula midline. Oropharynx without inflammation or lesions.

Neck: Supple. Trachea midline. Thyroid not enlarged and without nodules. Jugular veins flat. Venous pulses normal. Carotid 4 + without bruits, normal pulse contour bilaterally.

Chest and lungs: Chest wall contour normal, with symmetrical full expansion. No rib tenderness to palpation. Tactile fremitus normal.[33] Diaphragmatic excursion 5 cm bilaterally.[34] No percussion dullness. Lungs are clear to auscultation save for an isolated musical wheeze on forced expiration at the right base posteriorly.[35] There is no egophony over this area.[36] No rubs heard.

Heart: No visible lifts,[37] PMI palpable 8 cm from the L sternal border in the 6th intercostal space.[38] No palpable thrills, lifts, heaves.[39] Rhythm regular, rate 80. S_1 normal, S_2 physiologically split.[40] There is no S_3, but a soft S_4 at the apex. There is a 2/6 systolic ejection murmur[41] at the L sternal border, without radiation. No rubs, no diastolic murmurs.

Breast: R breast slightly larger than L. No retractions, visible dimpling or skin changes. Nipples normal, everted.[42] 2 × 2 cm cystic, mobile, nontender mass without skin fixation in upper outer quadrant R breast. No nipple discharge.

Abdomen: Slightly protuberant. No scars or visible masses. Venous pattern normal.[43] Bowel sounds normal. No hepatic or splenic rubs. No bruits. Liver is 15 cm to percussion, and is 3cm below the right costal margin. Liver edge is smooth and tender to palpation, with positive Murphy's sign. No epigastric tenderness. Spleen and kidneys not palpable. No shifting dullness or fluid wave. No hernia.

Pelvic and rectal: External genitalia normal, including Bartholin's and Skeine's glands.[44] Vaginal vault without lesions or discharge. Cervix parous,[45] without lesions or discharge. Pap smear taken.[46]

Bimanual: Fundus normal in size & position.[47] No tenderness. Ovaries and broad ligament felt and are without masses or tenderness.

Rectovaginal: Confirms bimanual.[48]

Rectum: No anal lesions. Sphincter tone normal. No masses. Stool is clay-colored and negative for occult blood.[49]

Extremities: Pulses full and symmetrical, without bruits . Skin and hair normal on extremities.

Pulses:

		Carotid	Supra-Clavicular	Radial	Brachial	Aorta	Femoral	DP[50]	PT[50]
4+ = Nl[51]	R	4+	3+	4+	4+	0	4+	4+	4+
	L	4+	3+	4+	4+	0	4+	4+	4+

No clubbing,[52] cyanosis, or edema. No swelling, redness, tenderness, limitation of movement of joints. No visible variocosities. No calf tenderness or cords.[53] Muscle mass normal bilaterally.

Back: Slight cervical kyphosis. No spinal tenderness, CVA[54] tenderness, or sacral edema.

Full range of motion spine

Neurologic:

Mental status: Alert, oriented.[55] Memory, judgment, mood normal.

Cranial nerves:

I- Not tested.

Ⅱ-Pupils react to light. Reads newspaper.

Ⅲ, Ⅳ, Ⅵ-No strabismus. EOM[56] normal.

Ⅴ-Corneal reflex intact.

Ⅶ-Face symmetrical.

Ⅷ-Hearing normal.

Ⅸ, Ⅹ-Uvula elevates symmetrically.

Ⅺ-Trapezius, sternomastoid normal.

Ⅻ-Tongue protrudes midline.

Cerebellar: Gait, finger-nose, and heel-shin normal.[57]

Station and gait: Romberg negative; Heel-toe walk normal.[58]

Motor: Muscle mass normal. Good strength in arms, legs.

Deep tendon reflexes: 2+ = Nl

No pathologic reflexes.

Sensory: Normal to touch, pinprick, vibration.[59]

LABORATORY FINDINGS

Hemogram: Hgb14.2, Hct 45%,[60] WBC 8500, Polys 65, Bands 5, Monos 10, Lymphs 19, Eos 1, Baso 0.

Peripheral smear : Normocytic , normochromic RBCs. No fragments, targets, nucleated RBC. WBC morphology normal. Platelets abundant on smear.

Urine: Clear, dark yellow. SG1015. Dipstix neg.[61] heme, protein, glucose, ketones. 3+ for bilirubin, pH = 6. Micro: 0 – 1 WBC, 0 RBC, no organisms per high-power field. No crystals, casts.

Serologies:

Electrolytes: Na = 140, K = 4.2, Cl = 100, Ca = 10, P = 3.4, albumin = 4.0, Glob = 3.5, SGOT = 123, SGPT = 85, Alk'tase = 210,[62] Bilitotal = 4.0, direct = 3.5, Amylaseserum = 236, Gl = 123, Cr = 1.0, BUN = 10.

Chest X-ray: Bones normal, without blastic or lytic lesions.[63] Heart shows slight straightening L heart border. Parenchyma clear except for slight linear atelectasis R base posteriorly (R lower lobe, basal seg). No evident effusion.

KUB:[64] Bones normal. Psoas shadows seen. Nephrograms show normal-size kidneys. Bowel gas normal. No evident ascites. Speckled calcification medial RUQ[65] in area gallbladder.

ECG: Rate = 80, rhythm = sinus, PR = .15, QRS = .10, QT = .32, axis = + 30. P waves normal. QRS normal. No T wave flattening or ST segment abnormalities. No LVH[66] by voltage. Impression-normal ECG.

IMPRESSIONS

1. RUQ pain

a. R/O[67] cholecystitis with cholelithiasis. This is supported by the historical relationship of RUQ sharp pains associated with fatty foods, scleral icterus, hepatomegaly, and + Murphy's sign, clay-colored stools, and laboratory findings of bilirubinuria, abnormal liver function studies with an obstructive pattern, hyperamylasemia, and calcifications on KUB that might represent gallstones. The RLL atelectasis on chest film is not inconsistent with an intra-abdominal process.[68]

b. R/O carcinomatosis of the liver. With her family history of breast cancer and the breast mass and axillary node on physical examination, this diagnosis must be considered. The episodicity of her pain, the lack of nodularity of the liver,[69] and the absence of evident disease elsewhere makes this less likely.

c. R/O pulmonary embolism. Though unlikely, the RLL wheeze on P. E.[70] and atelectasis on chest film could represent the site of lodgment of pulmonary embolism from the legs (for which there is no local evidence of phlebitis) or peripelvic (She has had 2 children) areas. The liver disease in this circumstance would represent congestive hepatopathy from transient right heart failure of pulmonary embolism.

d. R/O myocardial infarction or ischemia. This is very improbable with her history, but should be considered in light of her recent stress in classes[71] and the association of her pain with eating. Her hypertension, though mild, could predispose her. In this circumstance, her liver disease would be transient congestive hepatopathy.

Although other diagnosis are possible (infective pneumonia, pancreatitis, peptic ulcer, infective or toxic hepatitis), there is little to support them in the history or physical examination.

PLAN

1. RUQ pain

Plan: I will hospitalize her today and obtain an ECHO[72] of her gallbladder and biliary tree. Should this prove nondiagnostic, I would proceed to prepare her for an oral cholecystogram.[73]

I will ask the surgeon to see her today, should another attack occasion the need for emergency surgical intervention.[74]

Serial physical examination, urine bilirubin testing, and serum liver function tests will allow monitoring of her process.

2. Right breast mass and axillary node with FH[75] cancer of the breast.

Although the cystic lesion of the breast probably does not represent a malignancy, her FH and deep concern are troublesome.

Plan: Mammography and probably biopsy of the mass are in order.[76] These can be done on this hospitalization.

3. Hypertension

Although this might be due to anxiety, the presence of the S_4 and the straighten-

ing of the left heart border on chest film suggest a fixed hypertension rather than a labile one.[77]

Plan: I will monitor her pressures in hospital. Should they remain elevated, salt restriction, weight loss and probably diuretic therapy will be instituted.

4. Allergy to penicillin

Her urticarial response could presage anaphylaxis.

Plan: I will instruct the nurses to flag her chart[78] as allergic to penicillin. On discharge, Mrs Doe should obtain a Medic-Alert to the effect that she is allergic to this drug.[79]

5. Systolic heart murmur

This is probably a flow murmur.

Plan: Observe.

(Signature)
I. H. Galen, M.D.

Notes

1. Registration12345: 登记号 12345 。从格式和内容看，这是一份住院病历，按照中国习惯，这个号数应该写明为住院（admission）号而不该是笼统的登记号（挂号）。从这份病历最后部分医师所定诊疗计划的第一步（我今天就要收她住院）看，采集病史、进行各项检查到完成这份病历时，病人尚未住院。美国一般医院的做法是（各州规定和做法不全相同），新病人到门诊、急诊，先予登记编号，以后不论是否收住入院，所有诊疗过程和检查记录均按此号存入病人档案（file），以后需要查阅时，根据此号，立时可得。许多外科手术（如择期胆囊摘除术）在门诊施行，术后观察数小时至十几小时，病人回家，并不住院，称为 one day surgery（当日手术），其病历包括手术记录、术后观察记录也按此号存档。病人在急诊病床观察十几小时最终不收住院者十分常见，这和当前美国的医疗保险制度有关。（参见本书“外科病人的手术前准备”一课的注释 10 关于 managed care 的说明）

2. This 45-year-old married mother of two has had episodic right upper quadrant “knifelike” pain for the past 2 days. 这句话作为病人的主诉（chief complaint），把病人的性别、年龄、婚姻现状都包括进去。另举一个实例：A 23-year-old man was admitted to the hospital because of fulminant hepatorenal failure（因暴发性肝肾功能衰竭住院），可见不是每份病历都一样。课文此句在 mother of two 后

面省去 children 一词，upper quadrant 后面省去 of her abdomen，从 episodic 至 “knifelike” 这几个词共同做 pain 的定语。

3. radiating to her epigastrium（向心窝部放射）是现在分词短语作定语，修饰 pain，表示痛的特点。

4. felt “sick to her stomach”（病人原话：想要呕吐），sick 在此作表语，“sweaty”（直冒汗，汗湿透的）是跟在 felt 后面的另一个表语。

5. The severe pain grew rapidly less, as did the nausea, but…：剧痛迅速缓解，恶心也很快减轻，但是…。as did the nausea 是从句，倒装，did 代表主句的 grew rapidly less，nausea 是主语。

6. at breakfast …two slices of bacon：bacon 是咸猪肉或熏猪肉，但美国人早餐用的 bacon 则是已切成薄片的带皮的猪背部或身躯两侧的咸猪肉，脂肪层没有腹部那么厚，食用前在平底锅里煎过，去油，再用纸巾（paper towel）把油吸干。这种薄片 bacon 是现成的，已切好，包装好。

7. other than a mild “low blood” associated with her first pregnancy：除了第一次妊娠时有轻度“贫血”以外。Other than 意为“除了…以外”。“low blood”是病人原话，associated with 不必译为“与…有关”，可理解为同时出现，句中没有暗示贫血因怀孕而发生，其相关只是指时间而言。

8. She has no calf pain：无小腿肚（腓肠肌）疼痛（指症状，非体征）。这是客观地记录病人的回答，医生询问这个问题是想初步了解病人有无下肢动脉粥样硬化所致的行动时下肢供血不足的症状（参见注释 53）。

9. She has no known heart disease（直译：她没有已知的心脏病），意思是没有人（医师）说过她有心脏病。句中用形容词 no，不用副词 not。试比较：she has not known heart disease（她还不懂心脏病），这句话语法没有错，但没有人会这么说。

10. Adult illness（成年得过的病）：None significant（等于汉语说“无足述者”），省略谓语 is。

11. Hospitalized only for childbirth（只因分娩住过医院），省去主语 she 和谓语的一部分 was。

12. Has taken occasional aspirin for headache in past（过去偶因头痛服过阿司匹林）。句中省去主语 she，past 之前省去 the，用形容词 occasional（偶然的）修饰药名，参见下条注释。

13. Occasional dinner wine（= she occasionally drinks wine at dinner）：偶尔晚餐时喝（点）酒。美国人说 dinner 除非特指宴会、聚餐或到餐馆用膳则皆指晚餐（美国的正餐）。occasional dinner（名词作定语用）修饰 wine。

此为试读，需要完整PDF请访问：www.ertongbook.com