

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

(I) 医 学 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。

第四册医学分册共52课,主要选自内科学、外科学、外科手术学、病理学等英美出版的原版书籍。本书在原1978年出版医学院试用教材“英语”第四册的基础上,增补了传染疾病及其他器质性疾病共20课。另增添了“讯问病史对话”16篇及“病史选读”7篇,作为附录,附于书后,以便学生练习医学方面的口语及写英文病例时参考用。为了便于自学,每课课文后,除词汇和注释外,都附有参考译文。由于学生可能按自己需要选读,而不按本书顺序学习,所以有些词汇注解,可在各课中不止一次出现。

本分册由梁梦非、陈翔凤(上海第二医学院)、金宏林(西安医学院)、王惠云(南京医学院)编写,并经谢大任教授(上海第二医学院)审阅。编写过程中,曾请有关专业人员审校参考译文,特此致谢。

对本书的缺点和错误,希望读者提出宝贵意见,以便今后修订提高。

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1. Pain—One of the Prominent Neurologic¹ Symptoms

Pain is a personal² experience, and communication³ about it depends upon the experience and vocabulary⁴ of the sufferer, just as^① its interpretation⁵ depends upon the experience and bias⁶ of the listener⁷. The physician, charged⁸ with alleviating⁹ suffering, must necessarily be concerned¹⁰ with pain. Being human, the physician experiences pain, and his attitudes¹¹ toward it may modify¹² his judgment¹³. He may be incuriously¹⁴ sympathetic¹⁵, too anxious¹⁶ to relieve pain^② without understanding its nature or source. He may too quickly dismiss¹⁷ the complaint, not recognizing its importance as a manifestation of complex and stressful¹⁸ problems that face the patient. Ultimately¹⁹, it is the physician who^③ must determine the source of pain and select²⁰ a means of relieving it.

Pain may produce suffering, but all suffering is not pain. A person may suffer from loneliness²¹, fear, anxiety²², or other emotional²³ responses to stress^④. However, pain also produces fear, anxiety, and loneliness; for^⑤ pain is the signal²⁴ that warns²⁵ of a threat²⁶ to the integrity²⁷ of the organism. This threat may alter the life pattern of a person and so color his interpretation of what he is experiencing that^⑥ the exact nature of his problem is obscured²⁸. The skilled physician must learn to separate the patient's reaction to pain from his perception²⁹ of pain; and, in obtaining this separation³⁰, he must view³¹ the patient in the setting³² of his past, his family, and his community.

The vocabulary for describing pain is limited. When interviewing³³, it is best to begin by asking the patient to describe what he feels without suggesting adjectives. Avoid^⑦ leading questions but direct³⁴ the interview as necessary by asking such questions as: Where is the pain? Does it go anywhere else? Is it continuous? How does this pain interfere with your life? When the patient's descriptive resources³⁵ are exhausted³⁶, directed questions regarding quality³⁷, radiation³⁸, and temporal³⁹ phasing^⑧ may be used to round⁴⁰ out the description. Generally, the history alone distinguishes the variety of pain, its likely source, and its cause. Examination provides corroborative⁴¹ data⁴².

In normal persons, pain serves to protect the body from exogenous⁴³ injury and internal disease. Pain demands attention; persistent⁴⁴ pain causes^⑨ withdrawal⁴⁵ of the organism, rest of the injured part, and avoidance⁴⁶ of further injury. These are normal reactions that protect the injured tissue and promote healing.

Insensitivity⁴⁷ or indifference⁴⁸ to pain is not the common human experience. During a lifetime⁴⁹, man is exposed⁵⁰ to a multitude⁵¹ of pain-inducing injuries and diseases. When pain is persistent, overwhelming⁵², or frightening⁵³, he turns⁵⁴ to the physician for help. To the patient and to the physician, pain signifies⁵⁵ an unnatural⁵⁶ state that warns of tissue injury and disease. The primary⁵⁷ attention is directed toward determining the source of the pain and correcting⁵⁸ the cause. Generally, relief⁵⁹ follows. However, pain may occur as a result of⁶⁰ disease that cannot be eradicated⁶⁰, as in widespread carcinoma⁶¹. Pain may also be the primary manifestation of diseases of the central and peripheral⁶² nervous system, such as tic douloureux⁶³, postherpetic⁶⁴ neuralgia⁶⁵, and causalgia⁶⁶. Finally, pain may be a manifestation of reaction to life stresses, as in migraine⁶⁷ headache, tension⁶⁸ headache, and myalgias⁶⁹ that can involve the entire musculoskeletal⁷⁰ system. Alleviating pain requires that⁷¹ the physician utilize⁷¹ his knowledge of the origin and transmission⁷² of pain and that⁷³ he understand the complex interactions⁷³ between perception and reaction to pain. No drug or operation is a panacea⁷⁴ for all pain.

Word List

- | | |
|--|---|
| 1. neurologic [njuə'rə'lɒdʒɪk] <i>a.</i> 神经病学的 | 14. incuriously [ɪn'kjʊəriəsli] <i>ad.</i> 不感兴趣的, 不爱穷究细问的 |
| 2. personal ['pɜːsənl] <i>a.</i> 个人的, 私人的 | 15. sympathetic [sɪmpə'tetɪk] <i>a.</i> 同情的, 有同情心的 |
| 3. communication [kəmjuːni'keɪʃən] <i>n.</i> (意见等的) 交换, 交流 | 16. anxious ['æŋkʃəs] <i>a.</i> 焦急的, 渴望的 |
| 4. vocabulary [və'kæbjʊləri] <i>n.</i> 词汇, 语汇 | 17. dismiss [dɪ'smɪs] <i>v.</i> 打发, 让...离开 |
| 5. interpretation [ɪntə'priːteɪʃən] <i>n.</i> 解释, 阐明 | 18. stressful ['stresfʊl] <i>a.</i> 紧迫的, 紧张的 |
| 6. bias ['baɪəs] <i>n.</i> 偏见, 倾向性 | 19. ultimately ['ʌltɪmɪtli] <i>ad.</i> 最后, 最终 |
| 7. listener ['lɪsnə] <i>n.</i> 听者 | 20. select [sɪ'lekt] <i>v.</i> 选择, 挑选 |
| 8. charge [tʃɑːdʒ] <i>v.</i> 使承担 (任务、责任) | 21. loneliness ['ləʊnlɪnɪs] <i>n.</i> 孤独, 寂寞 |
| 9. alleviate [ə'liːvieɪt] <i>v.</i> 减轻 (痛苦等); 缓和 | 22. anxiety [æŋg'zaɪəti] <i>n.</i> 忧虑, 担心, 焦急 |
| 10. concern [kən'sɜːn] <i>v.</i> 使关心; 使担心 | 23. emotional [ɪ'məʊʃənl] <i>a.</i> 感情 (上) 的; 情绪 (上) 的 |
| 11. attitude ['ætɪtjuːd] <i>n.</i> 态度; 看法 | 24. signal ['sɪgnəl] <i>n.</i> 信号 |
| 12. modify ['mɒdɪfaɪ] <i>v.</i> 更改, 修改 | 25. warn [wɔːn] <i>v.</i> 警告 |
| 13. judgment ['dʒʌdʒmənt] <i>n.</i> 判断; 评价 | 26. threat [θret] <i>n.</i> 威胁 |
| | 27. integrity [ɪn'tegriti] <i>n.</i> 完整 |

28. obscure [əb'skjuə] *v.* 使暗; 搞混 量
29. perception [pə'sepʃən] *n.* 感觉, 知觉 52. overwhelming [ouvə'hwelmin] *a.* 势不可挡的; 压倒之势的
30. separation [sepə'reiʃən] *n.* 分开; 分类 53. frighten ['fraitn] *v.* 使惊恐
31. view [vju:] *v.* 看; 考虑 54. turn [tɜ:n] *v.* 求助, 求教; 转向
32. setting ['setɪŋ] *n.* 环境; 背景 55. signify ['signifai] *v.* 表示; 意味
33. interview ['intəvju:] *v.* 接见, 会见 56. unnatural [ʌn'nætʃərəl] *a.* 反常的; 不自然的
34. direct [di'rekt, dai'rekt] *v.* 引导 57. primary ['praɪməri] *a.* 首要的, 主要的
35. resource [ri'sɔ:s] *n.* 办法, 对策; 资源; 物力 58. correct [kə'rekt] *v.* 纠正; 制止
36. exhaust [ig'zɔ:st] *v.* 用完, 耗尽 59. relief [ri'li:f] *n.* (痛苦等) 减轻; 解除
37. quality ['kwɒliti] *n.* 质; 特性 60. eradicate [i'rædikeit] *v.* 根除; 消灭
38. radiation [reɪdi'eɪʃən] *n.* 辐射; 放射 61. carcinoma [kɑ:si'noumə] *n.* 癌
39. temporal ['tempərəl] *a.* 时间的 (与 spatial 空间的相对) 62. peripheral [pə'riferəl] *a.* 外周的, 周围的, 末梢的
40. round [raund] *v.* 变圆 63. tic douloureux [tik du:lʊ:'ru:] *n.* 抽搐性, 三叉神经痛
- round out 使圆满 64. postherpetic [pousthə:'petik] *a.* 带状疱疹后的
41. corroborative [kə'rɒbəreɪv] *a.* 确证的 65. neuralgia [njue'rældʒiə] *n.* 神经痛
42. datum ['deɪtəm] *n.* (复) data ['deɪtə] (常用复数) 资料 66. causalgia [kə:'zældʒiə] *n.* 灼痛, 灼性神经痛
43. exogenous [ek'sɒdʒɪnəs] *a.* 外源的; 外因的 67. migraine ['mi:greɪn] *n.* 偏头痛
44. persistent [pə(:)'sɪstənt] *a.* 持续的 68. tension ['tenʃən] *n.* 张力, 紧张
45. withdrawal [wið'drɔ:əl] *n.* 退缩 69. myalgia [mai'ældʒiə] *n.* 肌痛
46. avoidance [ə'voidəns] *n.* 躲避 70. musculoskeletal ['mʌskjʊlə'skelətl] *a.* 肌骨骼的
47. insensitivity [ɪnsensi'tɪvɪti] *n.* 不敏感 (性) 71. utilize ['ju:laɪz] *v.* 利用
48. indifference [ɪn'dɪfrəns] *n.* 不关心, 冷淡 72. transmission [trænz'mɪʃən] *n.* 传导, 传送
49. lifetime ['laɪftaɪm] *n.* 一生, 终身 73. interaction [ɪntər'ækʃən] *n.* 相互作用
50. expose [ɪks'pəʊz] *v.* 使暴露 74. panacea [pænə'siə] *n.* 万应药
51. multitude ['mʌltɪtju:d] *n.* 大批, 大

Notes

① as 连词, 这里作“象…那样”解, 引出方式状语从句。

② too anxious to relieve pain 太急于想缓解疼痛

注意：这里“too...to...”组成的词组不能象一般语法书所注作“太...而不能...”解。

③ 本句是强调句型（参阅全国高等医药院校试用教材《英语语法》P. 134）。

④ other emotional responses to stress 直译为：其他情感上对抑压的反应
response 后要求用介词 to；stress 这里是名词。

⑤ 这里 for 是并列连词，作“因为，其理由是...”解。

for 与 because 的用法不同。for 连接彼此不相从属的并列句，而 because 是从属连词，只能引出从句。

⑥ so...that... 连词，作“如此...以致...”解，引出结果状语从句，说明谓语 color。
color 这里是动词，作“使涂上色彩”解。

what he is experiencing（宾语从句）是介词 of 的宾语。

⑦ Avoid...but direct... 避免...，只使得...

本句是祈使句，表示请求、劝告；主语“you”被省略。

⑧ directed questions regarding quality, radiation, and temporal phasing... 所引出有关疼痛的性质、辐射及时相性等问题...

directed 这里是过去分词，说明主语 questions。

regarding 是介词，作“关于”解，引出介词短语，也说明主语 questions。

⑨ persistent pain causes... 持续性疼痛引起...

动词 cause 后带有三个并列宾语。

⑩ as a result of 由于

⑪ that 连词，引出宾语从句，是动词 require 的宾语。

⑫ that 连词，引出宾语从句，也是动词 require 的宾语。

1. 疼痛——明显的神经症状之一

疼痛属个人感受。表达疼痛则取决于疼痛者的体验及语汇，在理解别人叙述疼痛时也是一样，取决于听者的经验与见解。负责减轻病人疼痛的医师，一定要关心疼痛。由于医师也是人，也经受过疼痛，故其本人对疼痛的态度，可影响其正确的判断。他也许表示同情，但不愿追根究底，在尚未弄清疼痛性质或来源前，就急于想使其缓解。他也可能匆匆放过主诉，未能认识疼痛的重要性，忽略了这正是患者所面临的复杂而紧急的难题。归根结蒂，只有医师必须去判断疼痛的来源，并且选定使其缓解的方法。

疼痛可产生痛苦，但并非一切痛苦都是疼痛。人们可因孤独、恐惧、焦虑或其它情感上的抑压等而感到痛苦。然而，疼痛也产生恐惧、焦虑以及孤独感；因为疼痛是一种信号，是威胁机体安全的警告。人受到威胁，就会改变自己的生活方式，并且把他所经受的疼痛大肆渲染，致使问题的实质反而模糊不清。高明的医师应懂得如何把病人对疼痛的感觉和他对疼痛的反应区分开来。做到这一点，医师应根据患者的既往、家庭及社会背景，对患者加以观察。

描述疼痛的语汇是有限的。当问诊时，最好先开始要求患者只叙述什么感觉，而不对其暗示形容词。避免引导性提问，只针对必须提出的问题问诊，如：何处疼痛？是否往他处转移？是否持续？如何影响你生活等等。当患者描述词汇耗尽，就可进一步提出

有关疼痛的性质、放射以及持续状态等方面的问题来完成其对疼痛的描述。一般说来,仅病史就可对疼痛的种类,可能的来源及发生原因作出区别。检查则提供确证的资料。

对正常人而言,疼痛是用来保护人体免受外原性损伤及内部疾患的。疼痛引起机体注意;持续性疼痛引起机体退却,使损伤部分得以休息,避免进一步受损。这些都是保护受伤组织并促进治愈的正常反应。

对疼痛感觉迟钝或淡漠,是人类很少见的现象。在人的一生中,要受到许许多多导致疼痛的损伤及疾病。当疼痛持续、不可忍受或令人恐惧时,患者才转向医师求救。无论对患者或对医师,疼痛标志一种反常状态,它警告我们存在着组织损伤或疾病。注意力首先要引向判定疼痛的来源及纠正病因。通常可随之得以缓解。然而,疼痛亦可因不治之症而引起,例如,广泛性癌。疼痛也可是中枢及周围神经系统疾病的主要症状,如三叉神经痛,带状疱疹后的神经痛以及灼性神经痛。最后,疼痛也可是生活紧张的反应,如偏头痛、紧张性头痛以及波及全骨骼肌系统的肌痛等。医生为减轻疼痛,就需要运用对疼痛来源及其传导方面的知识,并需要懂得疼痛的感觉与反应之间相互的复杂作用。无任何药物和手术可作为治疗疼痛的万应药。

2. Mumps¹

Mumps is an acute contagious viral infection, most commonly manifested² by① nonsuppurative³ swelling⁴ of the parotid⁵ glands. Other salivary glands, the testes⁶, pancreas, and central nervous system are among the various organs that may also be involved.

Diagnosis. Sudden onset⁷ of parotitis⁸ in a previously healthy patient with a negative⁹ history of mumps presents¹⁰ no diagnostic problem¹¹. Other causes of parotid swelling are suppurative¹² parotitis, an acute bacterial infection② in which③ there is marked¹³ tenderness¹⁴, the skin over the gland is red and hot, and pus¹⁵ can often be expressed¹⁶ from the duct¹⁷; preauricular¹⁸ and anterior cervical¹⁹ lymphadenopathy²⁰; and salivary calculi²¹ obstructing④ the duct and giving rise to⑤ recurrent parotitis⑥. Chronic enlargement²² of the gland occurs with tumors, Mikulicz's disease, and uveoparotid²³ fever of sarcoidosis²⁴.

Mumps infection in the absence²⁵ of parotitis is often difficult to recognize²⁶. Orchitis²⁷ can be due in rare²⁸ instances to⑦ infection with other viruses such as Coxsackie²⁹ B, ECHO⑧, and lymphocytic³⁰ choriomeningitis³¹ virus. A variety of viral agents cause aseptic³² meningitis or meningoencephalitis³³ that cannot be distinguished clinically from central nervous system involvement caused by mumps. In such situations specific laboratory tests are necessary to establish the etiology³⁴. Mumps virus can be isolated from saliva, urine, and, in meningitis, from the cerebrospinal³⁵ fluid. More commonly, confirmation³⁶ of the diagnosis is based on the demonstration

of a significant rise in antibody titer³⁷ (either complement-fixing³⁸, or hemagglutination-inhibiting³⁹) when acute and convalescent⁴⁰ serum samples⁴¹ are tested. If only a single convalescent specimen⁴² is available, the presence of a high titer is suggestive of recent infection. The skin test is of no value in diagnosis, because dermal⁴³ hypersensitivity⁴⁴ usually does not develop until three to four weeks after onset; it is less reliable than serologic⁴⁵ tests in determining immune status⁴⁶.

Routine⁴⁷ laboratory tests frequently indicate a relative lymphocytosis⁴⁸ in uncomplicated⁴⁹ parotitis; with orchitis, pancreatitis⁵⁰, or aseptic meningitis, the total leukocyte count often reaches 15,000 to 20,000, with a high percentage of polymorphonuclear⁵¹ cells. The blood amylase⁵² is usually elevated⁵³ as a result of parotitis and is therefore not a reliable indication of pancreatic⁵⁴ involvement.

Prognosis⁵⁵. Complete recovery is the rule^⑤, and mortality is virtually nil^⑥. A few fatal cases of postinfectious encephalitis⁵⁷ have been reported; bilateral⁵⁸ testicular⁵⁹ atrophy⁶⁰ with resultant⁶¹ sterility⁶² and permanent nerve deafness⁶³ are rare residua⁶⁴.

Treatment. Bed rest and symptomatic⁶⁵ therapy are all that can be offered. For parotid pain, aspirin⁶⁶ or codeine⁶⁷ is effective. Some patients find an ice bag applied to^⑩ the parotid region comforting, but others prefer⁶⁸ heat. The headache associated⁶⁹ with meningitis may be relieved by lumbar puncture⁷⁰. If orchitis is mild, no special treatment is required; if severe, meperidine⁷¹ (0.05 to 0.1 gram) or morphine⁷² (0.01 to 0.015 gram) may be necessary to control the pain. Local support and provision⁷³ of warmth by means of a nest⁷⁴ of absorbent⁷⁵ cotton are more effective than an ice bag to the scrotum⁷⁶. Corticosteroids⁷⁷ relieve the pain but do not appear to alter the duration⁷⁸ of illness, nor^⑪ do they protect against the subsequent⁷⁹ development of atrophy. They are not indicated in mild cases, but in severe ones hydrocortisone⁸⁰, 10mg. per kilogram per day^⑫, may be given for three to four days.

Word List

- | | |
|---|--|
| 1. mumps [ˈmʌmps] (复) <i>n.</i> (用作单数或复数) 流行性腮腺炎 | 9. negative [ˈneɡətɪv] <i>a.</i> 阴性的; 否定的 |
| 2. manifest [ˈmænɪfɛst] <i>v.</i> 显示, 表现 | 10. present [ˈpriːznt] <i>v.</i> 呈现, 出现; 介绍 |
| 3. nonsuppurative [ˈnɒnˈsʌpjʊrətɪv] <i>a.</i> 非化脓性的 | 11. problem [ˈprɒbləm] <i>n.</i> 问题, 疑难问题 |
| 4. swelling [ˈsweliŋ] <i>n.</i> 肿胀 | 12. suppurative [ˈsʌpjʊrətɪv] <i>a.</i> 化脓性的 |
| 5. parotid [pəˈrɒtɪd] <i>a.</i> 耳旁的 | 13. mark [mɑːk] <i>v.</i> 明显表示; 表示...的特征 |
| 6. testes [ˈtestiːz] (单 testis[-tɪs]) <i>n.</i> 睾丸 | 14. tenderness [ˈtendənɪs] <i>n.</i> 触痛 |
| 7. onset [ˈɒnset] <i>n.</i> 发病, 起始 | |
| 8. parotitis [pəˈrɒtɪtɪs] <i>n.</i> 腮腺炎 | |

15. pus [pʌs] *n.* 脓
16. express [iks'pres] *v.* 压出; 表达
17. duct [dʌkt] *n.* 管, 导管
18. preauricular [priə:'rikjulə] *a.* 耳前的
19. cervical ['sə:vikəl] *a.* 颈的
20. lymphadenopathy [limfædi'nɒpəθi] *n.* 淋巴结病
21. calculus ['kælkjʊləs] (复 calculi ['kælkjulai]) *n.* 结石, 石
22. enlargement [in'lə:dʒmənt] *n.* 肿大, 肥大; 扩大
23. uveoparotid [ju:viopə'rɒtid] *a.* 色素层腮腺的
24. sarcoidosis [sɑ:kɔi'dəʊsɪs] *n.* 肉样瘤病, 类肉瘤病
25. absence ['æbsəns] *n.* 缺乏; 缺席
in the absence of 缺乏, 没有
26. recognize ['rekəɡnaɪz] *v.* 辨认, 认出
27. orchitis [ɔ:'kæti:s] *n.* 睾丸炎
28. rare [ræ] *a.* 罕见的, 稀有的
29. Cocksackie ['kɒksæki] virus 柯萨奇病毒
30. lymphocytic [limfə'sitik] *a.* 淋巴细胞的
31. choriomeningitis [kɔ:riomenin'dʒaitis] *n.* 脉络丛脑膜炎
32. aseptic [ə'septik] *a.* 无菌的
33. meningoencephalitis [meningoensefə'laitis] *n.* 脑膜脑炎
34. etiology [i:ti'ɒlədʒi] *n.* 病因学, 病原学
35. cerebrospinal [seribro'spainəl] *a.* 脑脊髓的
36. confirmation [kɒnfə'meɪʃən] *n.* 证实, 确认, 证据
37. titer ['taɪtə] *n.* 效价, 滴度, 值
38. complement-fixing ['kɒmplɪmənt'fiksɪŋ] *a.* 补体结合的
39. hemagglutination-inhibiting [heməglu:ti'neɪʃən-in'hɪbɪtɪŋ] *a.* 血细胞凝集抑制
40. convalescent [kɒnve'lesnt] *a., n.* 恢复(期)的; 恢复期病人
41. sample ['sɑ:mpl, 'sæmpl] *n.* 样品; 标本
42. specimen ['spesimin, 'spesimən] *n.* 标本; 样品
43. dermal ['dɜ:məl] *a.* 皮肤的
44. hypersensitivity [haɪpəsensi'tɪvɪti] *n.* 过敏(性)
45. serologic [sɪərə'lɒdʒɪk] *a.* 血清学的
46. status ['steɪtəs] *n.* 状态, 情况; 体质
47. routine [ru:'ti:n] *a., n.* 常规(的)
48. lymphocytosis [limfosai'təʊsɪs] *n.* 淋巴细胞增多(症)
49. uncomplicated ['ʌn'kɒmplikeɪtɪd] *a.* 无并发症的
50. pancreatitis [pæŋkriə'taitis] *n.* 胰(腺)炎
51. polymorphonuclear [pɒlimɔ:fə'nju:kliə] *a.* 多形核的, 多形核白细胞
52. amylase ['æmɪleɪs] *n.* 淀粉酶
53. elevated ['elɪveɪtɪd] *a.* 升高的
54. pancreatic [pæŋkri'ætɪk] *a.* 胰(腺)的
55. prognosis [prɒɡ'nəʊsɪs] *n.* 预后
56. nil [nɪl] *n.* 无, 零
57. encephalitis [ensefə'laitis] *n.* 脑炎, 大脑炎
58. bilateral [baɪ'lætərəl] *a.* 两侧的
59. testicular [tes'tɪkjʊlə] *a.* 睾丸的
60. atrophy ['ætɹəfi] *n.* 萎缩
61. resultant [ri'zʌltənt] *a., n.* 结果的; (反应)产物
62. sterility [ste'rɪlɪti] *n.* 不育, 不孕;

- 无菌
63. deafness ['defnis] *n.* 聋 (症)
64. residuum [ri'zidjuəm] (复 residua [ri'zidjuə]) *n.* 残余, 剩余; 残渣
65. symptomatic [sɪmptə'mætɪk] *a.* 症状的
symptomatic therapy 对症治疗
66. aspirin ['æspɪrɪn] *n.* 阿司匹林, 乙酰水杨酸
67. codeine ['kəʊdi:n] *n.* 可待因
68. prefer [pri'fə:] *v.* 宁愿 (选择), 更喜欢
69. associated [ə'səʊʃieɪtɪd] *a.* 联合的
70. puncture ['pʌŋktʃə] *n.* 穿刺 (术); 刺伤
71. meperidine [me'perɪdi:n] *n.* 度冷丁
72. morphine ['mɔ:fi:n] *n.* 吗啡
73. provision [prə'vɪʒən] *n.* 供应; 防备
74. nest [nest] *n.* 一组同类物件; 巢
75. absorbent [əb'sɔ:bənt] *a.* 有吸收能力的
absorbent cotton 脱脂棉
76. scrotum ['skrɒtəm] *n.* 阴囊
77. corticosteroid [kɔ:tɪkə'stɪrɔɪd] *n.* 皮质甾[类] (化学), 皮质类甾醇 (生化)
78. duration [dʒuə'reɪʃən] *n.* 持续时间
79. subsequent ['sʌbsɪkwənt] *a.* 继...之后的, 随后的
80. hydrocortisone [haɪdrə'kɔ:tɪsɒn] *n.* 氢化可的松

Notes

- ① manifested by ... 表现为...
作定语, 说明 infection.
- ② an acute bacterial infection 一种急性细菌性感染
作同位语, 说明 suppurative parotitis 化脓性腮腺炎。
- ③ 这里 in which 引出以下三句定语从句, 都说明其先行词 an acute bacterial infection.
- 1) there is marked tenderness 有明显触痛
 - 2) the skin over the gland is red and hot 腺体上皮呈红色并发热
 - 3) pus can often be expressed from the duct 腺管常可挤出脓液
- ④ obstructing the duct 阻塞腺管
现在分词短语作定语, 说明 calculi.
- ⑤ giving rise to ... 引起
现在分词短语作定语, 与 obstructing the duct (注4) 并列, 说明 calculi.
- ⑥ 本句结构较为复杂。主句中动词 are 与其后的三个并列表语合成谓语。这三个并列表语是:
- 1) suppurative parotitis, 2) preauricular and anterior cervical lymphadenopathy,
 - 3) salivary calculi ...
- ⑦ due in rare instances to ... 在很少情况下由于..., 偶因...
词组 in rare instances 插入词组 due to 之间。
- ⑧ ECHO (virus) 埃可病毒, 人肠道孤儿病毒
ECHO 是 enteric cytopathogenic human orphan (virus) 各字词第一字母的缩写。
也有人用小写 echo 来表示。

⑨ the rule 惯例, 规律, 通例

Windy weather is *the rule* here during winter. 这里冬天总是刮风天气。

⑩ applied to 外敷, 搽

过去分词短语作定语, 说明 an ice bag 冰袋

⑪ nor do they protect against ... (它们) 也不能防止...

书面语中, 当句首是 nor, not only, no sooner, never, scarcely 等带有否定意义的词, 并在句中作状语时, 句中主谓结构倒装。本句借助动词 do 起倒装作用。

Not only was he a surgeon, but also good at mathematics.

他不但是外科医生, 而且还精通数学。

No sooner had the nurse explained it than she realized her mistake.

护士刚要作解释, 就发现自己的错误了。

Never did they work so hard like that.

他们过去从来没有象这样努力工作过。

⑫ 10 mg. per kilogram per day 每天每公斤 10 毫克

per [pə:] prep. 每 = for each

2. 流行性腮腺炎

流行性腮腺炎是一种急性接触性病毒传染病。其症状以非化脓性腮腺肿胀最为常见。其它的唾液腺、睾丸、胰腺及中枢神经系统等多种器官亦可累及。

诊断 对以往身体健康又无本病病史者, 腮腺炎突然发作, 不会发生诊断上的疑问。腮腺肿胀的其它原因是: 1. 化脓性腮腺炎——一种急性细菌性感染, 其感染部位有明显触痛, 披覆腺体上面的皮肤呈红色并发热, 常可由腺管挤出脓液; 2. 耳前及颈前区淋巴结肿大; 3. 唾液结石阻塞腺管, 引起复发性腮腺炎。腺体慢性肿大的起因是: 1. 肿瘤; 2. 米库利奇氏病; 3. 肉样瘤病的眼色素层腮腺热。

若无腮腺炎时, 本病感染常难辨认。睾丸炎偶因其它病毒感染而引起, 诸如 B 类柯萨奇病毒、埃可病毒和淋巴细胞性脉络丛脑膜炎病毒。各种病毒性因子可引起无菌性脑膜炎或脑膜脑炎, 致使在临床上不能与流腮引起的神经中枢疾病相鉴别。在此情况下, 需要特异性实验来确定病原。流腮病毒可自唾液及尿中分离出来, 脑膜炎时, 病毒则可得自脑脊髓液。确立诊断较为常用的根据是, 当对急性期和恢复期血清标本检验时, 抗体效价(补体结合或血细胞凝集抑制)显著上升。若仅有一份恢复期标本可被利用, 高效价的出现, 可提示为近期感染。皮肤试验对本病诊断并无价值; 因皮肤过敏通常在起病后三、四周内不会出现; 故其可靠性较测定免疫状态的血清试验为差。

无合并症的腮腺炎, 其实实验室常规检查常显示淋巴细胞相对增多; 若伴有睾丸炎、胰腺炎或无菌性脑膜炎, 白细胞总数常达 15,000 至 20,000, 多形核白细胞的百分比亦随之增高。腮腺炎常引起血清淀粉酶增高, 因此, 这不能作为胰腺受累的可靠说明。

预后 一般规律是健康完全恢复, 实际上并无死亡。曾有几例病后脑炎致死的报道。两侧性睾丸萎缩引起不育和永久性神经性耳聋等后遗症罕见。

治疗 卧床休息和对症治疗是唯一的疗法。阿司匹林或可待因治腮腺疼痛有效。有些患者用冰袋敷于腮腺部位感到舒适, 但有的则喜欢热敷。伴有脑膜炎的头痛, 可用腰

椎穿刺缓解。轻度睾丸炎，不需特殊治疗；若属严重睾丸炎，为控制疼痛，则可用度冷丁（0.05~0.1克）或吗啡（0.01~0.015克）。用一团脱脂棉作局部支托和保暖，对阴囊而言，要比用冰袋更为有效。皮质类甾醇可缓解疼痛，但未能改变病程期限，也不能防止其继而形成萎缩。轻患者不需用药，但对严重患者可给予氢化可的松，每天每公斤10毫克，3~4天。

3. Prevention of Whooping¹ Cough

The great communicability² of whooping cough, particularly during the first few weeks of illness, makes it^① desirable to isolate the patient for four to six weeks, or, ideally³, until^② cultures are negative. Unfortunately⁴, the diagnosis is usually not made until the end of the catarrhal⁵ stage⁶, and by then^③ spread of the disease has already occurred. Exposed⁷ susceptibles⁸ should be isolated from social groups until it is determined whether^④ disease is present. Unimmunized⁹ contacts¹⁰, especially infants, should receive 2 to 4 ml.^⑤ of hyperimmune¹¹ gamma globulin¹² intramuscularly¹³, the dose to be repeated in five days. Those young children who have not received a booster¹⁴ dose of vaccine in more than a year should receive an injection upon exposure¹⁵.

Recent studies have suggested that erythromycin¹⁶ may be effective in prophylaxis¹⁷ against pertussis¹⁸ in exposed, susceptible persons.

There is little doubt that the fall in incidence¹⁹ of whooping cough in the very young^⑥ is directly related to widespread²⁰ immunization²¹ with suitable, killed suspensions²² of *B. pertussis*. The highest risk²³ of serious morbidity²⁴ and mortality²⁵ is in the young infant. Women of child-bearing²⁶ age generally do not have significant levels of protective antibody²⁷ in their sera, and consequently²⁸ the newborn²⁹ are not protected by maternal³⁰ antibodies. Therefore, active immunization is begun as early as is^⑦ commensurate³¹ with the production of a satisfactory immune response³². At the present time, it is recommended³³ that the infant receive three injections of pertussis vaccine at one-month intervals beginning^⑧ at 6 to 12 weeks of age. Each injection provides four NIH^⑨ units. The NIH unitage³⁴ is based upon the ability of a vaccine to protect^⑩ mice against a standard intracerebral³⁵ infection. The pertussis suspension is usually incorporated³⁶ into a triple³⁷ vaccine with alum-precipitated³⁸ diphtheria³⁹ and tetanus⁴⁰ toxoids⁴¹ (DPT^⑪). Booster injections are given one, three, and five years after completion⁴² of the initial⁴³ course. Administration of pertussis vaccine to those over six years of age is not generally recommended because of an apparent increased incidence of untoward⁴⁴ reactions. There is no protection against parapertussis⁴⁵.