

医学英语阅读教程

READING COURSE IN MEDICAL ENGLISH

中国医药科技出版社

医学英语阅读教程

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中 国 医 药 科 技 出 版 社

登记证号(京) 075 号

内 容 提 要

本书是供全国医药院校本、专科使用的医学英语教材。本书选材广泛,全部课文选自英、美近几年出版的医学专著、教材、杂志等。内容主要涉及基础医学、临床医学的重点学科及医学应用文。内容丰富、语言规范、实用性强。每课由课文、生词和短语、注释以及阅读理解练习组成。书后附有医学词汇常用前缀、后缀及构词成分,课文参考译文,总词汇表和练习参考答案等。本书的主要目的是培养阅读国外医学书刊的能力,同时培养英译汉及英语写作能力。

读者对象:全国医药院校学生、临床各科医生。

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中国医药科技出版社出版

(北京海淀文慧园北路甲 22 号)

(邮政编码 100088)

承德市印刷厂印刷

全国各地新华书店经销

*

开本 787×1092 mm 1/16 印张 17 字数 420 千字

1994 年 8 月第 1 版 1995 年 7 月第 2 次印刷

ISBN 7-5067-1230-X/R·1087

印数 5001—11000 定价:14.00 元

前 言

为了使高等医药院校的学生在学完基础英语以后,能顺利阅读医学英语文献,更好地适应将来临床、科研和教学工作,我们编写了《医学英语阅读教程》。本书可作为大学本科、专科及成人高校的高年级医学生的专业英语教材,又可供具有一定英语基础知识的医务人员自学参考。

为便于教学,全书分三个单元,共 40 课,每课均选自近年英、美出版的著名医学教科书、专著和杂志等。第一单元选入 2 篇科普和 8 篇基础医学课文,涉及吸烟、解剖、药理、病理、生理、免疫、生化等。第二单元选收 20 篇,侧重临床医学主要学科如内外妇儿科,兼顾其它学科。第三单元选编了 10 课应用文,内容包括瓶签、处方、证明书、医用函件、履历、广告、摘要、医学学术会议报道、药品说明书和书评等。选材时既注意到专业内容的代表性,又着眼于专业内容的可接受性。第一、二单元每课由课文、生词和短语、课文注释和阅读理解练习组成。第三单元每课由课文及生词和短语组成。为了便于自学,书后附有常用医学词汇前缀、后缀和构词成分,课文参考译文,总词汇表和阅读理解练习参考答案。为了培养学生的翻译能力,还设计了 8 篇英译汉练习,分别附在三个单元后面。

本书在编写过程中,承蒙北京外国语大学语言所所长刘润清教授和美籍专家 Chyrel Rosa 审阅。另外,本书在编写中参阅了国内外有关书刊。在此,一并谨致以诚挚的谢意。

本书在出版后收到了大量来信并得到了兄弟院校同行的大力支持,编委会对全书进行了部分修订,使之更适合广大医学生的使用。由于编写时间仓促,加之编者水平有限,恐有不妥和错误之处,欢迎广大读者批评指正,以便我们及时地修订和改进。

编 者

1995 年 8 月

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Unit I

Lesson One

Health and Development in the 1990s

In spite of improvements in the world health situation, the disparity between developed and developing countries—and even between population groups in some countries—remains great. The high rate of avoidable maternal mortality in many developing countries, and the difference in life expectancy between the rich and the poor, are unacceptable.

Despite the economic problems that characterized the 1980s, there has been some progress even in the lesser developed countries. Global trends in such critical indicators as infant mortality and life expectancy at birth are improving. During the past decade, three to four years have been added to life expectancy, which globally is now about 61.5 years. Now, on average, the number of children who die in infancy is 15 per thousand in the developed countries, and 79 per thousand in the developing world. Some 60% of the children in developing countries who reach their first birthday have been immunized against the major childhood diseases, compared with fewer than 5% in 1974. ①

These and other social indicators show that even at low income levels, impressive human development can be achieved. Yet we still have a long way to go to realize the goal of health for all people, everywhere.

AIDS is rapidly becoming a most serious threat to human existence. WHO estimates that 8~10 million adults may currently be infected with the human immunodeficiency virus. More than half of these will develop AIDS within ten years, and most will die. Of great concern is the increasing rate of infection among women of child-bearing age, and the risk of transmission from mother to unborn child, or to the child during the process of birth. ②

The international community is acutely aware of the problem of the spread of drug abuse, especially among young people, with its threat of destroying future productive lives. The link between HIV transmission among injecting drug users and the spread of AIDS is well established. Greater emphasis is now being placed on reducing the demand for drugs. Demand reduction is recognized as an indispensable aspect of the struggle against illicit trafficking in, and use of, psychoactive substances.

Cardiovascular diseases claim 12 million lives each year and cancer 4.8 million. Much suffering and many deaths from these diseases could be prevented by adopting a healthy life-style, particularly in regard to food and nutrition, moderating alcohol consumption and significantly reducing the use of tobacco.

The global malaria situation has become critical in recent years, which is partly at-

tributable to development activities. The disease is endemic in some 100 countries, placing ~~about~~ 40% of the world's population at risk. Greater attention must be paid to prevention and control measures, specific treatment and the problem of resistance of mosquitos and parasites.

In West Africa, where 18 million people are infected with onchocerciasis, aerial spraying of the larval breeding sites has already ensured that four million children are no longer at risk of losing their sight. It has also been possible to recommence agricultural development activities in the fertile Upper Volta River basin area.

The fact is that much of the suffering, disease and premature death afflicting the world today is from preventable causes. The issue is how to stem the rising tide of socioeconomic conditions that deprive millions of fellow human beings of the basic conditions for health, and for leading a decent and productive life.³ As primary health care is the most cost-effective approach to sustainable health care of an acceptable quality for all people, priority must always be given to its implementation. Countries facing serious economic constraints, especially in planning and rationalizing the financing of health care, should be given stronger technical and economic support.

The relationship between the environment and health, and implications for sustainable development are critical. WHO has therefore set up a Commission on Health and Environment chaired by Mrs Simone Veil. The Commission will help to shape WHO's strategies and priorities and to prepare WHO's contribution to the 1992 United Nations Conference on Environment and Development. A problem of particular concern is the extent of the effect on health of the nuclear power reactor accident at Chernobyl, USSR, on 26 April 1986. There is no doubt that the resulting contamination poses an important health and development problem in parts of the Byelorussian Soviet Socialist Republic, the Ukrainian Soviet Socialist Republic, and the district of Bryansk of the Federal Republic of Russia. But this is also an issue of worldwide concern. In both developed and developing countries, wherever nuclear power is used to produce energy, there is a risk that an accident might occur; we can only hope that such accidents will be few and small in scale. Given the complexity of the technology, it is difficult to ensure that any failsafe system will be completely reliable.⁴ The only certainty is that the impact on the human population of any accident that results in the release of large amounts of radiation is unquestionably serious. We must seize the opportunity to learn from Chernobyl, and we must make the knowledge acquired widely available for the benefit of all people living on this beautiful and matchless planet.

Another critical area is nutrition. Widespread malnutrition and improper nutritional practices are evident, even in areas where food is plentiful. In collaboration with the Food and Agriculture Organization of the United Nations, it is planned to organize an international conference to arouse public awareness on nutrition in December 1992. High priority must be given to the education of people in sound dietary habits, and to infant and young child feeding and nutrition. Iodine deficiency disorders are a special case, which we have the technology to solve. The World Health Assembly therefore decided to aim at eliminating iodine deficiency disorders as a major nutritional public health problem by the year 2000.

Despite the prevailing situation, in many developing countries there has been a steady decrease in real government expenditure on health. Accompanied by the lack of economic growth, rising unemployment, diminishing expenditures on other health-related sectors (such as education, water supply, and sanitation) and the natural disasters that beset certain countries and regions, this means that millions of people remain critically vulnerable at the start of the new decade. In fact some have already lost part of their hard-won social gains.

All of us who value life as sacred, and good health as man's most prized possession, must respond to this situation boldly. We must come to regard the health of people as the *sine qua non* of development, and therefore we must invest in human health. We cannot allow governments' economic debts to become debts in human lives. People play the central role in development; they are the means of production as well as of consumption. The progress of nations is built on the aspirations of people. Moreover, it is a human right to have the opportunity to be healthy. Fulfilment of this human right can only be assured if there is peace, equity and justice. We must strive to reduce debt and the economic burdens that weigh so heavily on certain countries, especially on the poor and disadvantaged. Let us build on the improved international relations and the demands of people everywhere for a better life to carve out a "dividend for health".

New Words and Expressions

disparity [dis'pærɪtɪ]	n.	差距, 不等, 不一致	illicit [ɪ'lɪsɪt]	a.	违法的, 违禁的, 不正当的
maternal [mə'tə:nl]	a.	母亲的, 母性的	trafficking ['træfɪkɪŋ]	n.	违法买卖, 违法偷运
mortality [mɔ:'tælɪtɪ]	n.	致命性, 死亡率; 失败率	psychoactive [ˌsaɪkəu'æktɪv]	a.	(药剂)对神经引起副作用的
expectancy [ɪks'pektənsɪ]	n.	期待, 预期	cardiovascular [ˌkɑ:diəu'væskjələ]	a.	心血管的
life ~		预期寿命, 估计寿命	nutrition [nju(:)'trɪʃən]	n.	营养, 营养物
indicator [ɪ'ɪndɪkeɪtə]	n.	指数, 指示者, 指示物	malaria [mə'leəriə]	n.	疟疾
immunize [ɪ'mju(:)naɪz]	vt.	使免除, 使免疫	attributable [ə'trɪbjutəbl]	a.	可归因的, 可归属的
immunodeficiency [ɪ,mju:nəudi'fɪʃənsɪ]	n.	免疫缺陷, 免疫缺损	endemic [en'demɪk]	a.	地方性的, 地方病的
virus ['vaɪərəs]	n.	病毒		n.	地方(性)流行病
abuse [ə'bjʊ:s]	n.	滥用, 妄用, 恶习	mosquito [mə'ski:təu]	n.	蚊子
indispensable [ɪ'ɪndɪs'pensəbl]	a.	必不可少的, 必需的	parasite ['pærəsɪt]	n.	寄生虫, 寄生物(胎)

onchocerciasis	[ˌɒnkəʊsə:'kaɪəsis]	n.	盘尾丝虫病	iodine	['aɪədi:n; 'aɪədaɪn]	n.	碘, 碘酊
aerial	['eəriəl]	a.	空气的, 航空的	sanitation	[ˌsæni'teɪʃən]	n.	(环境)卫生; 卫生设备
larval	['lɑ:vəl]	a.	幼虫的, 幼虫形的	sector	['sektə]	n.	部门, 部分
breeding	['brɪ:dɪŋ]	n.	(动物的)生育, 繁殖	beset	[bi'set]	vt.	困扰, 包围住
recommence	['ri:kə'mens]	vt.	再开始, 重新开始	vulnerable	['vʌlnərəbl]	a.	易受伤的, 脆弱的
premature	[ˌpremə'tʃuə]	a.	早熟的, 不到期的	sine	['saini]	prep. (L)	无
		n.	早产的婴儿, 过早发生的事物	~ qua non	[kwei'nɒn]		绝对必要的条件, 必要的资格
afflict	[ə'flɪkt]	vt.	危及, 折磨	equity	['ekwɪti]	n.	公平, 公道
stem	[stem]	vt.	扼制	aspiration	[ˌæspə'reɪʃən]	n.	抱负, 抽吸, 抽入
cost-effective		a.	有成本效益的, 值得花费的, 合算的	dividend	['dɪvɪdend]	n.	股息, 红利
sustainable	[ˌsəs'teɪnəbl]	a.	持续的	AIDS: acquired immunodeficiency syndrome			获得性免疫缺陷综合征, 艾滋病
rationalize	['ræʃənəlaɪz]	vt.	对...作合理化改革, 使合理化	WHO: World Health Organization			世界卫生组织
implication	[ˌɪmplɪ'keɪʃən]	n.	涉及, 牵连	HIV: human immunodeficiency virus			人(类)免疫缺陷病毒
strategy	['strætɪdʒi]	n.	战略(学), 策略	Upper Volta River			上沃尔特河(在非洲)
priority	[praɪ'ɒrɪti]	n.	重点, 优先	Chernobyl	['tʃɜ:nəbɪl]	n.	切尔诺贝利(位于俄罗斯)
contribution	[ˌkɒntri'bju:ʃən]	n.	投稿, 贡献, 献身, 投入	USSR: Union of Soviet Socialist Republics			(前)苏联
contamination	[kənˌtæmɪ'neɪʃən]	n.	污染	Byelorussian	[ˌbjelə'rʌʃən]	a.	白俄罗斯的
pose	[pəʊz]	vt.	提出, 造成	Ukrainian	[ju'kreɪnɪən]	a.	乌克兰的
failsafe	['feɪlseɪf]	a.	具有自动防止故障特性的	Bryansk	['braɪənsk]	n.	勃良斯克(俄)
radiation	[ˌreɪdɪ'eɪʃən]	n.	放射	build on			依靠, 依赖
available	[ə'veɪləbl]	a.	可得到的	carve out			创立(一番事业), 发(迹)
malnutrition	['mælnju(:)'triʃən]	n.	营养不良				
collaboration	[kə'læbə'reɪʃən]						

Notes

1. Some 60% of the children in developing countries...

这是个复合句; the children 是主语, who 引导的定语从句修饰 the children; have

been immunized 是谓语; compared with fewer than 5% in 1974 是比较状语。

2. Of great concern is the increasing rate of ...

这是个倒装句; of great concern 是介词短语作表语。由于主语很长, 所以把表语和系词提到了主语的前面, 构成了倒装句; and 连接一个并列句, 省略了“ of great concern is”。

3. The issue is how to stem ...

动词不定式短语 how to stem 作表语; that 引导的定语从句修饰 socioeconomic conditions; 两个 for 引导的介词词组并列。

4. Given the complexity of ...

本句中 given 为介词, 意为: “考虑到”; it 是形式主语, 真正的主语是 to ensure that ...; that any failsafe system will ... 是宾语从句, 作 ensure 的宾语。

Review Questions

1. During the past ten years, life expectancy has globally increased for ___ years.
a. 61.5 b. 2 c. 3~4 d. 2~4
2. According to the passage, ___ is rapidly becoming a most serious threat to human existence.
a. cancer b. malaria c. drug abuse d. AIDS
3. Malaria is prevalent in ___ countries.
a. about 100 b. 80 c. 40 d. about 10%
4. According to the passage, the relationship between ___ are critical.
a. nutrition and health, and iodine deficiency disorders
b. the environment and health, and natural disasters
c. the environment and health, and implications for sustainable development
d. environment and nutrition, and endemics
5. According to the passage, which of the following statements is true?
a. Life expectancy between the rich and the poor is the same.
b. All of the suffering, disease and premature death afflicting the world today can be prevented.
c. Malnutrition and improper nutritional practices are only found in poor areas.
d. There has been a steady decrease in real government expenditure on health in many developing countries.

Lesson Two

Why It's So Hard to Quit Smoking

A new report declares that tobacco, like heroin, is addictive.

Anyone who has ever tried to give up smoking cigarettes knows the meaning of being hooked. ^① Even those who succeed in quitting for the first time suffer the same 75% relapse rate as recovering alcoholics and heroin addicts. Last week the U. S. Surgeon General ^② made official what everyone has recognized for a long time: tobacco, like cocaine or heroin, is addictive. ^③ In a no-holds-barred, ^④ 618-page report, the forthright C. Everett Koop not only proclaimed that "cigarettes and other forms of tobacco are addicting" but also urged that they should be treated with the same caution as illegal street narcotics.

Based on two decades of research by more than 50 scientists, Koop's 1 $\frac{1}{2}$ -in thick treatise, titled *The Health Consequences of Smoking: Nicotine Addiction*, earned unanimous accolades from the medical community as well as praise from politicians. "The Surgeon General's report is a clear challenge to all who care about the health of smokers," says Ovide Pomerleau, professor of behavioral medicine at the University of Michigan. "This socially approved habit is going to go the way of the spittoon." Among Koop's recommendations: warning labels about addiction on packages of tobacco products, a ban on cigarette vending machines in order to curb availability to children and tighter regulation of tobacco sales through licensing. Democratic Senator Bill Bradley of New Jersey has already introduced legislation in Congress that would require tobacco companies to print an additional caveat on their products: "Smoking is addictive. Once you start you may not be able to stop."

The tobacco industry, as expected, blasted the Surgeon General's report. "The claims that smokers are 'addicts' defy common sense and contradict the fact that people quit smoking every day," said Brennan Moran, a spokeswoman for the Tobacco Institute. "The Surgeon General has mistaken the enemy," declared Democratic Senator Terry Sanford of North Carolina. "In comparing tobacco—a legitimate and legal substance—to insidious narcotics such as heroin and cocaine, he has directed 'friendly fire' at American farmers and businessmen."

Koop's retort was devastating. "I haven't mistaken the enemy," he countered. "My enemy kills 350,000 people a year." In the U. S. in 1986, smoking-related lung ailments accounted for 108,000 deaths; heart disease, 200,000 more. By comparison, Koop continued, cocaine and opiates such as heroin dispatch about 6,000 people a year and alcohol about 125,000. He said, "I think we're way ahead on deaths". ^⑤ As for nicotine's addictive qualities, the Surgeon General cited several national surveys that reveal 75% to 85% of the nation's 51 million smokers would like to quit but have so far been unable to do so.

The panic of a heavy smoker bereft of cigarettes speaks alarmingly of a physiological force at work that is more powerful than mere desire. Not long after taking up the habit, smokers become tolerant of nicotine's effects; as with heroin and cocaine, dependence quickly follows. Tobacco only seems safer because it is not immediately dangerous. Nicotine is not likely, for example, to fatally overstimulate a healthy heart, cause disorienting hallucinations or pack anywhere near the same euphoric punch as many other drugs⁷⁷. "People die with crack immediately", explains Alexander Glassman, a psychopharmacologist at the New York State Psychiatric Institute in Manhattan. "With cigarettes the problems occur 20 years down the line. Nobody lights up their first cigarette and dies."

Like many drugs that affect the nervous system, nicotine at once stimulates and relaxes the body. Because it is inhaled, it takes only seven to ten seconds to reach the brain—twice as fast as intravenous drugs and three times faster than alcohol. Once there,⁷⁸ it mimics some of the actions of adrenaline, a hormone, and acetylcholine, a powerful neurotransmitter that touches off the brain's alarm system, among other things.⁷⁹ After a few puffs, the level of nicotine in the blood skyrockets, the heart beats faster and blood pressure increases. Result: smokers become more alert and may actually even think faster. In addition, nicotine may produce a calming effect by triggering the release of natural opiates called beta-endorphins. Thus a smoker literally commands two states of mind—alertness and relaxation.

Nicotine operates on other parts of the body as well. By constricting blood vessels, it casts a pallor over the face and diminishes circulation in the extremities, often causing chilliness in the arms and legs. It relaxes the muscles and suppresses the appetite for carbohydrates. Since nicotine cannot be stored in the body, smokers maintain a relatively constant level in the blood by continuing to smoke. "Because you take 200 to 400 of these hits a day, there's a lot of reinforcement of nicotine," says Nina Schneider, a psychopharmacologist at the University of California, Los Angeles. "It's self-administered, and it controls mood and performance. That's what makes it so powerfully addicting."

Despite all this, smoking can be conquered. Although ex-heroin users have reported that tobacco's grip was harder to break than their illicit drug habit, 43 million Americans have managed to quit smoking, mostly succeeding on their own. Increasingly, though, the one-third of all Americans who still smoke are seeking help in antismoking programs, which generally stress that the tobacco habit is a treatable addiction. "The best stop-smoking programs," says Thomas Kottke, a senior consultant at the Mayo Clinic in Rochester, Minn., "combine several approaches with plenty of long-term support for the struggling nonsmoker." In a study published last week in the *Journal of the American Medical Association*, Kottke's team compared 39 different regimens—from selfhelp books to sensory deprivation—and found that they all worked about the same. The real key to success, the researchers discovered, lies in the amount of face-to-face encouragement smokers get from physicians, friends and relatives. Even if it takes repeated attempts, the ultimate benefits of quitting far outweigh the anguish that accompanies it.

New Words and Expressions

- heroin ['herəʊɪn] n. 海洛因
- addictive [ə'dɪktɪv] a. 使成瘾的, 上瘾的
- relapse [ri:'læps] n. 旧病复发
- alcoholic [ˌælkə'hɒlɪk] n. 饮酒过度的人
- addict [ə'dɪkt] n. 成瘾者
vt. 使吸毒成瘾
- cocaine [kə'keɪn] n. 可卡因
- proclaim [prə'kleɪm] vt. 宣布, 声明
- narcotic [nɑ:kə'tɪk] n. 吸毒成瘾的人; 麻醉剂
- nicotine ['nɪkə'ti:n] n. 烟碱, 尼古丁
- forthright ['fɔ:θraɪt] a. 直率的
- treatise ['tri:tɪz] n. (专题) 论文
- unanimous [ju(:)'nænɪməs] a. (全体) 一致的, 一致同意的
- accolade [ækəleɪd] n. 表扬, 授奖
- spittoon [spi'tu:n] n. 痰盂
- vend [vend] v. 出售
- curb [kə:b] vt. 控制; 约束
- license ['laɪsəns] vt. 发许可证给..., 发执照给...
- legislation [ˌledʒɪs'leɪʃən] n. 立法, 法规
- caveat ['keɪvɪət] n. 要求停止某些行为的警告
- blast [blɑ:st] vt. 公开批评; 攻击
- defy [dɪ'faɪ] vt. 公然反抗; 蔑视
- contradict [ˌkɒntrə'dɪkt] vt. 反驳, 否认
- legitimate [lɪ'dʒɪtɪmɪt] a. 合法的, 合理的
- insidious [ɪn'sɪdiəs] a. 阴险的
- devastate ['devəsteɪt] vt. 压倒
- counter ['kauntə] vt. 反对, 反击
- ailment ['eɪlmənt] n. 小病, 疾患
- opiate ['əʊpiət] n. 鸦片制剂, 镇静剂, 麻醉剂
- dispatch [dɪs'pætʃ] vt. 杀死
- panic ['pænik] n. 恐慌, 惊慌
- bereave [bi'reɪv] (bereaved 或 bereft [bi'reft]) vt. 使失去
- disorient [dɪs'ɔ:riənt] vt. 使迷惑
- hallucination [hə'lu:si'neɪʃən] n. 幻觉
- euphoric [ju:'fɔ:rik] a. 欣快症的, 欣快的
- crack [kræk] n. 裂缝, 开裂;
<美俚> 愉快, 刺激, 精神错乱;
- psychopharmacologist [ˌpsaɪkəʊ'fɑ:mə'kɒlədʒɪst] n. 精神(病) 药理学家
- psychiatric [ˌsaɪki'ætrɪk] a. 精神病学的
- inhale [ɪn'heɪl] v. 吸入; 吸气
- intravenous [ˌɪntrə'veɪ:nəs] a. 静脉内的
- mimic ['mɪmɪk] vt. 模仿, 摹拟
- adrenaline [ə'drenəlɪn] n. 肾上腺素
- hormone ['hɔ:məʊn] n. 荷尔蒙, 激素
- acetylcholine [ˌæsetɪl'kəʊlɪn] n. 乙酰胆碱
- neurotransmitter [ˌnjuərəʊ'trænz'mɪtə] n. 神经递质
- puff [pʌf] n. 烟团
- skyrocket ['skai'rɒkɪt] vi. 突升, 扶摇直上
- trigger ['trɪgə] vt. 激发起, 引起
- beta-endorphine [ˌbeɪtə'endəʊfɪn] n. β-内啡肽
- constrict [kən'strɪkt] v. 压迫, 收缩, 缩窄
- pallor ['pælə] n. 苍白, 灰白
- diminish [dɪ'mɪnɪʃ] vt. 减少, 缩减
- extremity [ɪks'tremɪti] n. (人体的) 一肢; (人的) 手、足

suppress [sə'pres] vt.	压制, 抑制	n.	补充, 增加
carbohydrate [ˌkɑ:bəu'haidreit]		a.	自我调节的
	n. 碳水化合物, 糖类	Minn. : Minnesota	明尼苏达[美国州名]
hit [hit] n.	〈俚〉一口大麻烟	anguish [ˈæŋɡwɪʃ] n.	痛苦, 苦恼
grip [ɡrɪp] n.	控制	account for	(指数量等)占
regimen [ˈredʒimən]		take up	开始(从事于)
	n. 摄生方法, 戒烟方法	light up	点燃
deprivation [ˌdeprɪ'veɪʃən]		touch off	触发, 激起
	n. 剥夺, 丧失	down the line	完全地, 彻底地
reinforcement [ˌri:ɪn'fɔ:sment]		(be) bereft	失去, 丧失

Notes

- being hooked: 上钩。此处用以比喻陷入圈套, 难以摆脱。
- the U. S. Surgeon General: 美国公共卫生总署署长。
- ...made official what everyone...is addictive.
正常语序应为...made what everyone...is addictive official. 因 what 引导的宾语从句太长, 故宾补 official 被提至从句前; made ...official 表示“公布”。
- no-holds-barred: 不受法规戒律约束的。此处用以比喻“数量(页数)多”。
- go the way of the spittoon: 被人唾弃。
- I think we are way ahead on deaths: “我认为我们向着死亡走出很远了”。句中 way 是副词, 表示“远远地, 非常”, way ahead = far ahead 意为“远远向前”。
- Nicotine is not likely, for example, to fatally ...or pack anywhere near the same euphoric punch as many other drugs.
句中 not ... anywhere near = nowhere near = not nearly, 作“远不如, 根本不”解。如: The train is not anywhere near as fast as the plane.
pack a punch: 〈口〉猛击一拳; 具有力量, (强)有力, 此处可理解为“强烈地引致”; pack a euphoric punch 表示“引致强烈的欣快感”。
- Once there, ...为省略句, 可理解为 Once it gets there (into brain)。
- among other things = among others: 其中, 尤其。

Review Questions

1. Koop's report titled *The Health Consequences of Smoking: Nicotine Addictive* met with objection from _____.
 - a. politicians
 - b. the medical community
 - c. smokers
 - d. the tobacco industry
2. In Koop's recommendations, it is suggested that cigarette vending machines should be banned in order to _____.
 - a. tighten regulation of tobacco sales
 - b. control the price of cigarettes
 - c. avoid children buyers
 - d. decrease the quantity of tobacco sales
3. According to the article, Koop's enemy is _____.
 - a. smoking-related lung ailments
 - b. heart disease
 - c. cocaine
 - d. cigarette smoking
4. So far, 43 million Americans have managed to give up smoking, most of them succeeded _____.
 - a. on their own
 - b. with the help of some medicine
 - c. with the help of physicians
 - d. with the help of their friends and relatives
5. In the last sentence of the third paragraph, "friendly fire" was used _____.
 - a. mildly
 - b. politely
 - c. seriously
 - d. ironically

Lesson Three

Muscles

Muscles enable the body to move from place to place and to move various parts of the body with respect to other parts. Movement is carried out by specialized cells called muscle fibers. Two general categories of muscle are recognized: striated and nonstriated. Striated muscle exhibits regular microscopic transverse bands along the length of the muscle fibers, whereas nonstriated muscle is composed of individual muscle cells without striations. Striated muscle is commonly subdivided into two types, skeletal and cardiac. The contraction of most skeletal muscle fibers is under voluntary control, whereas the rhythmical contraction of cardiac muscle is involuntary.

Striated Skeletal Muscle

It is commonly called “skeletal” because most of it is attached by at least one end to some part of the skeleton. Most skeletal muscles move the skeleton. Skeletal muscles are often called voluntary muscles because they can usually be controlled voluntarily.

At each end of a skeletal muscle the connective tissue blends with the strong connective tissue that anchors it to the structure on which it pulls.^① In some cases the muscle tapers into a long tendon of collagenous fibers. In certain regions the muscles are attached by sheetlike tendons called aponeuroses. They are fibrous membranous expansions of muscle, such as those of the flat muscles of the abdomen. The fleshy part of a muscle, composed of muscular fibers, is often called its belly.

A skeletal muscle has at least two attachments on bone or cartilage. Some muscles are inserted into the dermis of the skin, whereas other muscles are attached to the mucous membrane. A few muscles are attached to fascia, and other muscles form circular bands called sphincters. For purposes of description, most muscles are described as having an origin and an insertion. The origin is the attachment that moves the least, whereas the insertion is the attachment that moves the most. Generally the origin is the more proximal attachment and the insertion the more distal.

The structural unit of a muscle is a muscle fiber. The functional unit, consisting of a motor neuron and the muscle fibers it controls, is called a motor unit. The number of muscle fibers in a motor unit varies according to the size and the function of the muscle. Large motor units, where one neuron supplies several hundred muscle fibers, are found in the large trunk and thigh muscles, whereas in the small eye and hand muscles, where precision movements are required, the motor units contain only a few muscle fibers. When a nerve impulse reaches a motor neuron in the spinal cord, a nerve impulse is initiated which makes all the muscle fibers